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**The Healthy Child in an
Unhealthy Family setting**

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Abstract

This phenomenological narrative research study aims to understand the pathway of the individuals who have managed to adapt successfully into adulthood in spite of their dysfunctional family setting, and understand how they became the persons they are today by shedding a light on how they have re-constructed themselves from their past experiences, present situations, and their hopes and longings for the future.

A cross-sectional research design was conducted in Iceland, and the participants were found with the use of a purposive sampling method. This allowed the researcher to recruit participants whose experiences were relevant to the research aims. Furthermore, the participants were required to be 30 years of age or older as they were in better position to reflect on how their past, present and imagined futures have shaped their narrative identities. Semi-structured narrative interviews were applied so that participants would be encouraged to reflect over their life stories and pick out the important elements that contributed to their success in adulthood. Finally, narrative analysis was applied to interpret and structure their life stories into themes in conjunction with the concepts that were discovered to influence participants' successful journeys from childhood to adulthood.

My conclusion is that healthy children who are brought up in unhealthy dysfunctional family settings are able to adapt more successfully into adulthood when they have a positive social support around them as children such as the support from grandparents, friends or siblings. This support helps them create a solid foundation to build their lives on as they enter adulthood, which is consistent with previous research studies. My findings also suggest that children who are living in dysfunctional family settings are more prone to use emotion-focused coping in order to manage the traumatic situations occurring in their families due to the fact that, as children, they are powerless to change the situation happening in their homes. However, as adults they are more likely to use problem-focused coping as now they have the power to change the situation in regards to how involved they continue to be in their parents' problems. This is especially true if their parents' behavior is still causing them harm in adulthood.

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1. Introduction

When a healthy child is brought up in dysfunctional ‘unhealthy’ family environment it can have detrimental effects on their overall well-being in the long-term. Many researchers have established a connection between multiple stressful events (e.g. physical, emotional, and sexual abuse and emotional and physical neglect) in childhood and developing negative mental health, or emotional and behavioral problems throughout the life span (Werner and Smith 1992, Luecken and Gress 2009). However, some of these children seem to be able to positively adjust in spite of being brought up in dysfunctional family environments, but their success has been attributed to their resilient nature which they have acquired from life journey elements such as protective factors, coping behaviors and turning points (Werner and Smith 1992). This research aims to understand the pathway of the ones who have managed to adapt successfully into adulthood, and understand how they became the persons they are today by shedding a light on how they have re-constructed themselves from their past experience, present situations, and their hopes and longings for the future.

1.1. Motivation for the Study

I have always found it interesting that some individuals who were brought up in traumatic and unhealthy family settings have managed to fare well in life, while others have not been so fortunate. My interest on this subject stems from my own personal experience as being one of these individuals that have fared well in life, whereas I witnessed my twin brother go in the opposite direction in life. Subsequently, during the course of my life I have often wondered which characteristics these successful individuals possess over the ones that have not been so fortunate. My curiosity on understanding which factors these successful individuals have over the other less fortunate ones, led me to looking up the various studies that have previously been done about children growing up in unhealthy settings, but who have also adapted well into adulthood. I found out that these characteristics have been ascribed to being resilient. These characteristics of being resilient mean that these types of individuals are able to bounce back quicker from traumatic experiences and move on with their lives without having any major effect on their overall well-being.

My assumptions for this research in the beginning stages was that individuals were either born with a resilient nature or not. However, as I started reading more about resilient factors I found

out that there are actually ways for individuals to develop these characteristics within their environments. These ways are especially connected to their social support systems and also to their own personal characteristics. With this knowledge that there are ways to enhance resiliency among individuals that are experiencing difficulties within their family settings led me on a quest of wanting to know more. I wanted to understand what aspects influence their resiliency and what helps them adapt successfully into adulthood.

1.2. Research Questions

A large number of studies have been conducted on how children who were brought up in difficult family environments have managed to fare in life, while relatively few studies have been done about this topic in Iceland. So, I am hoping to shed a light on how healthy Icelandic individuals who were brought up in unhealthy dysfunctional family settings have managed to adapt into successful and competent individuals. Concepts such as dysfunctional family settings, resiliency, protective factors, coping behavior, turning points, and the framework within narrative research will help guide me in the search of answering my research questions. I will elaborate in more detail what those concepts denote in the *Theory* chapter, and there I shall explain the relevancy these concepts have for my research.

My research questions are:

1. *What has helped resilient adults who have experienced the dysfunctional family setting in childhood adapt successfully into adulthood?*
2. *What coping behaviors have helped individuals who were raised within a dysfunctional family setting deal with their situation in the past and in the present?*

2. Theory

This chapter provides an overview of important concepts and middle-range theories which are useful to understand and explain how we can interpret participants' lived experiences regarding growing up in dysfunctional homes as children and emerging into successful adults. This will also provide a better understanding regarding the basis of my research, as well as be a tool in the analysis process (Bryman 2012). These important concepts originated from my research questions and will be defined in this section. In addition, they will be explained as to how they are in line with my research, while the relevant theories will denote to the structure of my thesis, which has served as a guide throughout this process, and has given me a solid theoretical foundation to work from.

2.1. Important Concepts

2.1.1. *Dysfunctional 'Unhealthy' Family*

Dysfunction refers to something that is not functioning as it was intended to do (Stoop 2011), whereas family denotes a social institution in our societies which individuals generally create through marriage, blood, or adoption, and can be in the form of the parent-child dynamic as well as the extended family dynamic which refers to grandparents, cousins, and others (Nam 2004). In the past the term family used to be solely defined as a mother, father and their children (biological or adoptive) when denoting to the nuclear family, which was the social norm at that time. Nowadays, the term family has received a broader meaning as we have many different forms of family structures existing in our society. All the same, the term family still refers to two or more persons that are related through marriage, blood, or adoption but there has been an addition to that term which is 'and living in the same residence.' This opens up for more family configurations such as, childless parents, single parents, one parent, or same-sex parents, as well as other family formations (Nam 2004). Nevertheless, family does not only represent people that share a home together but also as a system where each family member shapes and is shaped by other members from the family by influencing their attitudes, emotions and values, either in a healthy or unhealthy way (Stoop 2011).

So, if we are to make meaning out of these two concepts combined together 'dysfunctional family', indicates a family that exists in various forms in our society, but for some reason is not behaving as the norms for family are intended to function. However, this is only a simplified

explanation, and to understand fully what a ‘dysfunctional family’ is referring to then we need to take a closer look in regards to ‘what is making the family not function as it should be’.

The psychologist David Stoop (2011) wrote a book on how adult individuals can heal themselves after being brought up in dysfunctional families. Stoop claims that every family is dysfunctional in some type of way since no one can be considered as being perfect. Stoop clarifies this by saying: “I often say that I grew up in a dysfunctional family and that when I married and had children, I created a new dysfunctional family. Now I watch my sons create their own dysfunctional families. Our goal is not to stop being dysfunctional – that we cannot do. Our goal is to become more and more healthy in the ways we function as a family” (Stoop 2011, 12).

Stoop (2011) explains that it is more appropriate to say that some families are healthier in how they function than other families. Those families that are not operating as they should are therefore considered as being unhealthier in the ways they function. Accordingly, we can all think of ourselves as being a part of a dysfunctional family, but it all depends on whether the family dynamic is healthy or unhealthy for us (Stoop 2011). Stoop asserts that living within a healthy family provides children with a secure and loving family environment where they are encouraged to grow into independent individuals that have their own beliefs, attitudes and feelings. As well with the guiding hand from their parents, children learn about the social norms that exist in their society so they know what is considered the right thing or the wrong thing to do, and their parents lead by example. Moreover, family members have secure attachments to each other and treat one another with respect. They allow each other to experience up and down moments as individuals by giving one another their own space and time to process those moments without necessarily trying to fix the situation for the individual. Family members are given time to gather and analyze their thoughts in these up and down times with the support and understanding of the family (Stoop 2011). In contrast, Stoop explains that growing up in unhealthy families offers children unsecure attachments within the family, and he describes the family dynamic as being ‘isolated islands’ where everyone is disengaged and disconnected emotionally from each other. Equally, when a parent fails to provide a child with a secure and safe foundation to grow up in, and is dismissive towards the child’s needs and longing for love, attention, and secure attachment to his or her parent, then

the child will ultimately learn not to depend on the parent and becomes more self-sufficient or an 'isolated island'. However, these dysfunctional 'unhealthy' families do have many different forms and dynamics, but what they all have in common is their harmfulness to children's health and development. Some of these children are subjected to their parents' addictions to alcohol or drugs, while others might be dealing with being sexually abused by a family member (Stoop 2011). In accordance to the World Health Organization (WHO) when children are exposed to any type of neglect or abuse from their family it is considered to be child maltreatment, and to be damaging to the child's development and mental health. Abuse is defined as emotional-, physical- and sexual abuse whereas neglect refers to emotional- and physical neglect (WHO 2016). Here is a brief definition about what abuse and neglect can entail for children who are living in a dysfunctional 'unhealthy' family environment:

Emotional, Physical, and Sexual Abuse:

Emotional abuse is when a parent or caregiver uses a threatening tone with the child and makes the child feel that it could be physically hurt, or by insulting the child and putting it down for no reason at all. Physical abuse is when a parent or caregiver is violent towards the child by using their fist to slap, push, and/or kick the child or by throwing objects at the child so it leaves marks or injures the child. *Sexual abuse* is when an adult or individual over five years old attempts to touch the child in a sexual way, or forces the child to touch their own body in a sexual way, or has or tried to have oral, vaginal, or anal intercourse with the child (CDC 2014).

Emotional and Physical Neglect:

Neglect is when a parent or caregiver fails to meet a child's fundamental emotional and physical needs which could do serious harm to the child's health and development. This neglect can be when the parent or caregiver fails to provide the child with adequate nutrition, housing and clothing. It may also be when a parent or caregiver fails to protect the child from danger and abuse, or by neglecting the child's psychological needs. Likewise, this can be in the form of not providing access to a health care facilities or medical treatment (Munro 2008, 49).

The World Health Organization (2013) states that the longer the exposure to re-occurring traumatic family circumstances is for the child, the more likely the child is developing negative mental health and well-being in the long run (WHO 2013). Consequently, children that are being brought up in dysfunctional 'unhealthy' family settings are more at risk for developing

negative mental disorders in adulthood; this includes mental disorders such as depression, suicide attempts, anxiety, substance use and abuse, and violent behavior. Nonetheless, some individuals seem to adapt successfully into adulthood without any major effects on their overall well-being in spite of exposure to re-occurring traumatic family environments (Werner and Smith 1992, Luecken and Gress 2009). Their well-being has been ascribed to the various internal and external factors of the individual, family and community level which is apparent within concepts such as resiliency, protective factors, coping behavior and turning points.

2.1.2. *Resilience*

Resiliency is the dynamic process of adapting successfully in spite of being exposed to significant traumatic and stressful situations in the past or in the present (Luthar, Cicchetti, and Becker 2000), and the ability of individuals to "bounce back" from traumatic life experiences (APA 2015) and recover from those experiences (Reich, Zautra, and Murray 2010).

According to the book editors Reich, Zautra, and Murray (2010) of the *Handbook of Adult Resilience* there are two ways of identifying resilient personality characteristics, and they are with the assistance of recovery and sustainability. Recovery signifies the person's ability to pull through traumatic and stressful situations and overcome them. The nature of resilient people is that they are able to recover rather quickly after traumatic experiences, and regain equilibrium within themselves again. Sustainability denotes the person capability to move on with his or her life despite the occurrence of the traumatic event (Reich, Zautra, and Murray 2010). With that said, although a person has a resilient nature it does not mean that he or she will not be affected emotionally from the traumatic experience. Resilient people that have gone through difficult times in their lives often experience depression and sadness, but who are not resilient (APA 2015). Nevertheless, being resilient is not a trait that people are either born with or without. This is a characteristic that everyone can learn through behavior, beliefs, actions, and by having access to loving and supportive relations with family members and/or with members outside the family circle (APA 2015). This involves having access to protective factors and adaptive coping resources that can help them deal with the stressful times in their environment, and enhance their resiliency.

2.1.3. *Protective Factors*

The focus in resilience studies has nowadays been focused on understanding what acts as a buffer for individuals who have experienced great hardship in childhood but managed anyway to adapt successfully into adulthood. This buffer can be in the form of protective factors that are connected to the available resources a person has on an individual, family and community level, which can mitigate their reactions to stressful situations in their environment and can lead to their successful adaption into adulthood. Therefore, protective factors are seen as an important aspect which can reduce the impact of maladaptive outcomes, for example, in the case of children who are living in a dysfunctional family setting who are able to increase their self-esteem and efficacy in a way that can lead to their success as adults (Werner and Smith 1992).

This focus on protective factors came to light through a longitudinal research study that was conducted by Emmy Werner and Ruth Smith in Kauai, Hawaii. This innovative study contained Kauai's entire birth cohort of 1955 (698 children), and the aim was to study "the long-term consequences of perinatal complications and adverse rearing conditions on the individuals' development and adaption to life" (Werner and Smith 1992, 1). Werner and Smith (1992) managed to follow 505 individuals from the prenatal period to adulthood and monitor their development with the use of various methods and checkpoints at different stages in their lives. Werner and Smith found out that there was a causal connection between being brought up in a dysfunctional 'unhealthy' family environment and the development of significant problems later in life, but to their surprise not all of the children developed such problems as some of them managed to develop into competent and caring adults despite their dysfunctional 'unhealthy' family settings. They labeled those children as being resilient and attributed their resiliency to the protective factors in their environment that influenced them to be so. Werner and Smith (1992) argued that these protective factors were directly related to the individual-family- and community levels. However, how do these protective factors present themselves at each respective level?

Protective factors within the individual were linked to good temperament, having control over one's emotions and not getting upset easily, and also being socially active. These resilient children in Werner and Smith's research also had good problem-solving skills, and a positive

outlook on their future. Also, their positive belief that everything would work out fine for them acted as protective factor because “they could control their fates by their own actions” (Werner and Smith 1992, 177). For the *protective factors within the family*, the educational level of the opposite-sex parent had an instrumental effect on the child’s ability to adapt successfully into adulthood. For the boys having a self-confident and intelligent mother acted as a protective factor for them, and for the girls it was having a mother that was steadily employed. For both genders having parents or caregivers who were accepting and responsive towards their children’s needs acted as a protective buffer for them and added to their successful adaption into adulthood. Also, having rules and structure in their homes were also found to be positive protective factors (Werner and Smith 1992). *Protective factors within the community* was related to the children’s relationships with caring adults outside of the family, such as grandparents, cousins, nieces, uncles, aunts, spouses, mother-in-law’s, father-in-law’s, youth leaders, teachers, and church group members (Werner and Smith 1992).

In similar notes, Professor Guðrún Kristinsdóttir (2004) conducted a research study about the subjective experiences of sixteen young people who had been placed in foster care as children in Iceland. Her participants had been removed from the care of their biological parents due to their parents’ problems with substance abuse and/or serious mental or social disorders. Most of her participants had a positive experience being in foster care and were happy with the arrangement while others were not as successful. Kristinsdóttir classified the ones who adapted successfully as being resilient, and remarks what had operated as a protective factor in their lives was the strong social ties they had with their foster parents, living in a stable environment, having close friends, and being in a committed relationship (Kristinsdóttir 2004).

Ingeborg Marie Helgeland (2009) explains in her longitudinal research study, which was conducted in Norway, how adolescents with serious behavioral problems were able to change their lives for the better with the influence from positive ‘significant others’. Helgeland followed 85 children from the age of 14-15 years old till they were 30 years old who had serious behavioral problems such as absence from school, being in constant conflict with teachers and fellow classmates, engaging in criminal behavior by stealing and breaking into people’s homes, and substance abuse and vagrancy. In addition, two thirds of these children came from dysfunctional families where their parents had substance abuse problems

(Helgeland 2009). Helgeland clarifies the importance ‘significant others’ had for her participants and how these ‘significant others’ were able to affect their development in positive or negative ways. These ‘significant others’ denote people that her participants interacted with on a regular basis, who they had established a close attachment to, and who they considered being important figures in their lives. As Helgeland points out her participants’ development was based on these interactions with negative or positive ‘significant others’ in their social environment, and through the interactions with their ‘significant others’ her participants acquired values, knowledge, attitudes, abilities, and developed social ties that were essential for them to exist within their social environment. Helgeland elaborates that these ‘significant others’ can be “both positive/good and negative/bad role models, seen in relation to “society’s” values and norms (...) Negative or bad ‘significant others’ represent relationships with people that are living in the outskirts of so-called socially unacceptable values, as in this example, contribute to the socialization and learning of drug use and belonging in criminal groups” (Helgeland 2009, 70). Whereas, positive and good ‘significant others’ are people that live normal traditional lives set by the standards of their society (Helgeland 2009). Helgeland has explained how these positive ‘significant others’ can work as a protective factor in her participants’ lives and help them adapt into competent adults, but she has also managed to shed a light on how these positive ‘significant others’ can operate as influential turning points in her participants lives which I will discuss further in the chapter entitled *Turning Points*. However, Helgeland points out that the women in her research have higher recovery rates in getting their lives in order in comparison to the men. Also, the participants who did not grow up with parents struggling with substance abuse were more inclined to change their lives for the better which worked as protective factor for them. This is interesting since my research involves children that were brought up with parents that struggled with substance abuse among other things but managed, in spite of this challenge, to become successful members of their society.

These previous studies that I have mentioned above are all about individuals who managed to adapt successfully into adulthood with the help of protective factors in their environment. However, these studies also show us that individuals vary in their successful adaption into adulthood since some of them entered destructive pathways as adolescents before being able to adapt into competent and successful adults while others were able to adjust positively without any major complication on their pathway to adulthood.

2.1.1. *Coping Behaviors*

Coping has been broadly defined as phenomenon where people use a combination of behavioral and psychological coping behaviors to tolerate, minimize, master and eliminate stressful events in their environment which cause them emotional distress (Lazarus and Folkman 1984). Emotional stress “is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus and Folkman 1984, 19). Thus, adaptive coping behavior refers to the ways people learn to deal with stressful situations happening in their lives in healthier ways, which in turn helps them stabilize their well-being in the long-term (Holahan, Moos, and Sarason 1987), and describes their efforts to manage that stress with the use of cognitive appraisal and coping (Lazarus and Folkman 1984). While maladaptive coping behavior can be defined as actions which people temporarily take to reduce stressful situations occurring in their lives, it is only regarded to function as a solution for people in the short-term. However, if these maladaptive coping behaviors are continued in the long run it can have detrimental effects on their overall health and well-being (Cartwright and Cooper 1996).

The researchers, Richard S. Lazarus and Susan Folkman (1984) elucidate that cognitive appraisal denotes how an individual interprets or appraises a stressful situation that he or she might encounter, and the assessment of which social resources the individual needs to use in order to manage the stressful situation in his or her environment. Lazarus and Folkman elaborate that cognitive appraisal can be differentiated into two kinds of appraisal processes which are *primary appraisal* and *secondary appraisal* (Lazarus and Folkman 1984).

Primary appraisal evaluates the significance of an encounter in three ways, either as 1) *irrelevant* (the encounter has no significant effect on the individual’s well-being), 2) *benign-positive* (the encounter has a positive outcome for the individual, and enhances or maintains his or her well-being), and 3) *stressful* (the encounter is appraised as stressful and involves harm/loss, threat, or challenge in regards to the well-being of the individual). *Harm/loss* comprises of damage that has already happened to the individual, such as the loss of an important person, or a harmful action that affects the individuals’ self-esteem in a negative way. *Threat* consists of potential harm or loss which has not happened but could happen in the future, and is associated with negative emotions like fear, anxiety and anger. A threatening

situation can be construed as getting sick or the repeated experience of a child living in a dysfunctional family setting. Situations like these threaten the child's well-being - the child anticipates his or her parent's behavior will cause them some type of harm or loss when his or her parents are angry or under the influence of substances, since this is what the child has experienced in the past (Lazarus and Folkman 1984). Lazarus and Folkman (1984) explain that when individuals anticipate an event to occur in the future it can be considered as an anticipatory coping effort which allows individuals in some ways to prepare themselves emotionally to deal with the situation before it happens. *Challenge*, on the other hand represents events where the individual is challenged by some type of dilemma and their coping effort is to confront that dilemma with a positive attitude that can lead to their success of mastering and overcoming the dilemma. Challenge has been associated to positive stress and the emotions that emerge from such encounters have been linked to enthusiasm, excitement and joy (Lazarus and Folkman 1984). Challenge has been described to enhance the knowledge and experiences of the individual and to develop additional instruments so that he or she can deal with stress and the future challenges to come (Stone and Han 2007). This phenomenon can be easily explained as when one door closes another one opens. So, if the individual assesses that an event is irrelevant or positive then there is no need to be stressed, but if the individual evaluates that a situation is stressful then secondary appraisal follows with the primary appraisal process, however, both play an influential role throughout the stressful situation (Folkman and Lazarus 1980).

Secondary appraisal is an evaluating process where the individual explores what coping options are available to him or her, and what he or she can do to reduce or eliminate the stressful situation. This especially applies if the stressful situation is considered a harm/loss, threat, or challenge to the individual (Lazarus 1999). As to which coping options are available to the individual in order to problem solve the stressful situation and deal with the emotional reactions that may ascend from the stressful encounter, Lazarus and Folkman have distinguished between problem-focused- and emotion-focused coping behaviors. Problem-focused coping refers to people being active in dealing with stressful situations, while emotion-focused coping denotes the ways that people use to control their emotions (Lazarus and Folkman 1984). Moreover, coping is seen as a shifting process where the individual deals with a stressful situation in his environment. So, if the individual evaluates that the situation is

unchangeable then emotion-focused coping is used. In contrast, when the individual appraises the situation as something that can be changed or controlled then problem-solving coping is applied. Likewise, emotion-focused and problem-solving coping often happen simultaneously (Folkman and Lazarus 1980). According to Lazarus and Folkman (1984) the coping behavior that is used depends on the context of the stressful person-environment situation, where emotion-focused coping, problem-focused coping, or both emotion-focused and problem-focused coping can be used to alleviate the tension that the stressful situation is causing them. In addition, individual differences play a part as well since people differ in their responses to stressful situations, where some people are more sensitive and vulnerable to certain types of situations than others. Lazarus and Folkman explain that under similar circumstances people can respond with totally different emotions and attitudes, for example, one person might under similar circumstances respond with anger while another will react with fear (Lazarus and Folkman 1984), but gender differences have also been established in regards to how men and women respond to similar stressful situations. Women tend to employ emotion focused coping, for example by seeking social support and talking about how they feel while men are more prone to use problem-focused coping and behave more aggressively (Ruglass and Kendall-Tackett 2014).

Lazarus and Folkman developed a measure of coping which they named the *Ways of Coping Checklist* (WOCC) and it comprises of 66 coping behaviors that have been loaded on 8 factors which includes both problem-focused and emotion-focused coping behaviors (Folkman et al. 1986). However, WOCC does not display every coping behavior under the sun, but it will give us a basis to work with in the analyses part of this thesis. The following list of the WOCC is set up in direct quotation from Folkman et al. (1986):

1. ***Confrontive Coping*** – includes 6 items and refers to efforts to change the situation such as being firm and fighting for what you want, trying to change the person mind who is responsible causing the stress, expressing anger towards the person who is causing the problem, letting your feelings out in some ways, taking a risk, and trying to make a change by doing something constructive.
2. ***Distancing*** - includes 6 coping behaviors and refers to efforts to detach yourself from the situation, e.g. did not take the situation to seriously and making light of it,

pretending as nothing happened, refusing to think about what occurred, or trying to forget the whole situation. As well as trying to see things in a positive way by looking for the silver lining, or by believing that the stressful situation was just bad luck.

3. ***Self-controlling*** – includes 6 coping items and refers to efforts to stabilize your feelings, such as keeping your emotions to yourself, and hiding from others how bad things really are, keeping all options open, and taking well thought out actions or decisions. Moreover, not allowing your emotions to interfere with other things, and trying to emulate how a person you admire would deal with the situation.
4. ***Seeking social support*** – includes 5 coping behaviors and refers to efforts to attain informational support, for example, talking to someone for more information about the situation, or talking to someone who could do something about the situation, asking a friend or a relative whom you respect for advice, or ventilating about how you feel to someone, accepting empathy from others or getting some professional help.
5. ***Accepting responsibility*** – includes 4 items and refers to taking accountability for your role in the problem and involves actions such as criticizing yourself, and understanding whether you are responsible for the problem, apologizing or doing something to repair the situation, and promising to yourself that everything will be different next time.
6. ***Escape-Avoidance*** – includes 8 coping behaviors and refers to wishful thinking about a better life and that the whole situation would just go away, hoping for a miracle, trying to make you feel better by sleeping, eating, drinking, smoking or using drugs. Also, by refusing to believe that the situation happened, avoiding interaction with people or by taking it out on other people.
7. ***Planful problem-solving*** – includes 6 items and refers thoughtful problem-focused efforts to change the situation e.g. doubling your effort when you know what has to be done, making a plan of action and following it through, and concentrating on what you have to do, making changes in order for things to work out, making use of your past experiences and coming up with various other solutions to the same problem.
8. ***Positive reappraisal*** – includes 7 coping items and refers to efforts used to construct a positive view by focusing on personal growth, for example, the situation helped you grow as a person in a positive way, or feeling that you came out of the situation as a better version of yourself, finding new faith, praying, and rediscovering what is

important for you. As well as being motivated to do creative things or changing something about yourself.

Joan M. Patterson and Hamilton I. McCubbin (1978) found out in their research on adolescents' coping styles and behaviors that females were more inclined to use coping behaviors focused on developing social support, solving family problems, investing in close friends and developing self-reliance (the first three factors are connected to social bonds, whereas males were more disposed to being humorous in order to cope with stressful happenings in their lives. Both females and males most often used relaxing coping behaviors to reduce tension by listening to music or driving around in a car, but the coping behavior they least used was seeking professional support from a counselor or a teacher (Patterson and McCubbin 1987). Interestingly, Patterson and McCubbin discovered that the three factors, ventilating feelings, investing in close friends, and developing social support, appeared to be linked to substance abuse, which are among the three factors that females are scored highest on as a coping behavior to alleviate stressful situations. The coping behaviors that were helpful for the youth abstaining from substance abuse were solving family problems, seeking spiritual support, and engaging in demanding activities (Patterson and McCubbin 1987).

On a similar note, Erica Frydenberg and Ramon Lewis (1991) investigated gender differences in the ways adolescents cope with stressful situations. Frydenberg and Lewis' results were that girls were more probable to employ wishful thinking and daydreaming, and seeking and giving social support while the boys were more likely to take chances, and stand their ground, and when things were bad they made light of the whole situation. Frydenberg and Lewis concluded that the main gender differences were in regards to the emotion-focused area since both girls and boys engaged similarly in the problem-focused area (Frydenberg and Lewis 1991). Werner and Smith (1992) found out that the men in the Kauai research who dealt with maladaptive coping behavior in childhood depended more on emotional support from friends while the resilient men relied more on themselves. This was especially apparent in the ways the resilient men were able to make important decisions without the influences from friends or others. Furthermore, resilient women tended to be keener on helping their friends with their problems whereas resilient men were not. Werner and Smith also noticed that both resilient women and men who experienced traumatic childhoods had distanced and detached themselves from their

families and refused to be involved in the problematic family dynamics which is among one of the coping behaviors in the WOCC. The resilient women's and men's determination and competence to have better and more satisfying lives than they had experienced as children guided their way to more fulfilling pathways as adults (Werner and Smith 1992).

Helgeland (2009) noted that the youth in her research, both men and women, who had behavioral problems and/or came from dysfunctional homes were more likely to have established a close social bond with peers that were involved in substance abuse and in criminal activities. Being a part of a delinquent gang served as a coping approach for the youth since in that social group they received some type of approval and validation that their presence was cared for, which they may have not receive from their families (Helgeland 2009). The trauma survivor specialist Charles L. Whitfield (1998) claims that people who have not recovered from traumatic life experiences engage in maladaptive coping behaviors "such as excessive risk-taking, tobacco, alcohol, and other drug use, illegal and injected drug use, promiscuity, and a variety of other harmful and/or unusual behaviors" (Whitfield 1998, 362). Whitfield says that when people engage in these risky coping behaviors they are merely unconsciously re-enacting parts of their initial trauma as an attempt to eventually heal from the traumatic experience (Whitfield 1998).

This cognitive appraisal theory regarding stress and coping is an important basis to understand the coping process that individuals go through when it comes to appraising stressful situations and deciding on which coping behavior would be most effective for them to use in order to minimize or change the stressful situation. In relation to the context of this study my aim is to understand how my participants were able to cope with the stress and strains related to living within a dysfunctional family setting as adolescents. Therefore, my focus will be on which coping behaviors they used to reduce the stress and negative emotions that were caused by their dysfunctional family environment. Furthermore, it is important to clarify how youth learn to cope with the stress their dysfunctional family environment causes them to experience since it seems to influence whether they manage to adapt successfully or unsuccessfully into adulthood. As I wrote in the chapter *dysfunctional 'unhealthy' family* previous studies have clearly correlated a link between growing up in a dysfunctional family setting where the child's needs are not being met and to the development of negative mental health in adulthood, but then

again some individuals manage to adapt successfully without any major consequences on their well-being (Werner and Smith 1992, Luecken and Gress 2009). Consequently, adaptive coping behaviors seems to be an important instrument that can lead people to a more successful adult adaption as it encourages them to learn to cope successfully with stressful situations in their environment.

2.1.2. *Turning Points*

Turning points are significant moments in individuals' lives that can change or alter the direction of their lives for the better or for the worse. In addition, they are perceived to have a long-lasting changing effect on the individual. These moments are specific to the individuals themselves because they dedicate a profound change in their behaviors and attitudes to these events (Pillemer et al. 2001). Therefore, the key component of turning points are that they have a significant long-lasting change on individuals lives which directs them towards either a more successful or unsuccessful pathway in their lives (Rutter 1996). Also, turning points are generally not noticeable to individuals until some time has passed-and only then are they able to attribute a life altering change within themselves to that specific event (Gotlib and Wheaton 1997). Moreover, turning points can be seen as being negative (e.g. death of family member or divorce) or positive (e.g. marriage or birth of a child). Nonetheless, turning points could have a negative meaning for individuals but does not necessarily lead to a negative adaption in their lives (Rutter 1996). For example, divorce could be seen as a negative experience for the individual as it is happening, but as time passes their view might change to see the divorce as a positive turning point which led them to better pathways in their lives and contributed to a profound change within themselves.

Further in regards to turning points, John H. Laub and Robert J. Sampson have for a long time researched what makes men who were on criminal pathways as adolescents capable of distancing themselves from crimes in emerging adulthood. Laub and Sampson (2003) determined that social bonds and strong attachments which the men had established through marriage, work, or military service acted as turning points in their lives, and helped the men break away from their criminal ways and adapt to a more traditional lifestyle (Laub and Sampson 2003).

Similarly, Werner and Smith (1992) have in their longitudinal cohort study in Kauai identified high-risk men and women who were on destructive pathways as adolescents but managed to adapt as capable and caring adults in adulthood. Werner and Smith attribute their changed ways to 'second chance opportunities' or critical turning points in their lives that changed their behaviors and attitudes, and directed them towards a more successful and happier path in their lives. Werner and Smith concluded that these individuals credited a change in their lives to marriage, or a long-term relationship, birth of a child, being in active employment and creating a career for themselves, seeking education, graduating from school, or entering military service to achieve additional educational and vocational abilities, and lastly being an active member in a religious church group (Werner and Smith 1992).

Likewise, Helgeland (2009) illustrated what worked as turning points for the girls and boys in her longitudinal research study, and what had helped them adapt successfully into adulthood. Among the *turning points for the girls* was to establish a new social network with positive/good 'significant others', and to stay away from the influences of negative/bad 'significant others'. Also, having a baby and being responsible for another human being who was dependent on them also helped the girls since their children became their 'significant other' and they also became the 'significant other' of their children. Similarly, having a stable relationship with a partner helped, and correspondingly, their partners' families and friends gave them access to a new social network. Moreover, some of them had help from the child protection agency but the agency acted both as a support and control system in their lives. For example, the girls who had children and were in abusive relationships with negative/bad 'significant others' were given the option to leave their partner and start a new life with their children with the support of the child protection agency. The agency helped the girls with housing, financial support and to attain education/work which helped create a stable foundation for them to stand on (Helgeland 2009). *Turning points for the boys* were moving into a new environment such as a foster home or residential homes where their interactions with the negative/bad 'significant others' were cut off. In their new environment they socialized with positive/good 'significant others' and learned the norms and values of their society by taking part in school, employment, and in leisure activities. Moreover, being in a loving and stable relationship with a woman who signifies a positive/good 'significant other' acted as an instrumental turning point for the men in regards to staying away from substance abuse and the criminal pathway for good, but

Helgeland notes that the birth of a child did not have the same importance for the boys as it did for the girls (Helgeland 2009).

These are just some of various turning points that people have considered to alter their lives in a more positive and successful direction. And this gives us a clue that competent and resilient adults who have experienced a traumatic childhood due to a dysfunctional family setting are most likely able to identify critical turning points in their lives that led them to a more positive, fulfilling and successful pathway as an adult.

2.2. Relevant Theories

2.2.1. Narrative Research

The main element of narrative research is to collect stories from individuals about their lived experiences. “These stories may emerge from a story told to the researcher, a story that is co-constructed between the researcher and the participant, and a story intended as a performance to convey some message or point” (Creswell 2013, 71). This means that there is collaboration between the researcher and the participant as the untold story emerges through their interactions. Narrative research within the field of life stories usually involves events that cover participants’ pasts, presents and futures and is directed towards the evolving changes that occur in their lives from childhood to adulthood (Creswell 2013). Narrative research relies on participants’ abilities to retrospectively re-evaluate their pasts, evaluate their presents, and prospectively anticipate their futures so that they can better understand how the use of protective factors, coping behaviors, resiliency and turning points within the individual, family and community setting have shaped them to become the person they are today.

2.2.1.1 Narrative

Narrative or story refers to the act of telling a story or narration about events and experiences either in non-fictional detail or fictional fabrications¹ which are generally chronologically linked (Czarniawska 2004) and can be in the form of oral, written and in visual texts (Seale 2012). On a similar note, Anne Jansen explains in her book *Narrative Kraftfelt* (2013) that telling stories is embedded in our human existence and that “we are what are called a *homo narratus*, a species with the ability and the need to tell stories” (Jansen 2013, 27). Jansen says

¹ <http://www.dictionary.com/browse/narrative> (11.09.2016)

that the fundamental idea within narrative psychology is that we as humans create meaning about our lived experiences in order to make the continuously evolving world around us more understandable to ourselves as well other people (Jansen 2013).

The scholar Jane Elliott (2005) says that with the use of narratives we can better understand the meaning of events because they bring a sequential order of the events together as a singular unit, and the meaning construed from each event can be understood and tied to that unit. She claims that there are three important elements when it comes to how narrative is constructed within the field of sociology. Firstly, they are *chronological* in the ways that they describe the sequential order of events alongside the plot of the story (beginning, middle, and an end). Secondly, they are *meaningful* since narratives provide us with a rich description from the individual's point of view about their lived experiences. Thirdly, they are *social* since narratives are generally produced for a specific audience in mind (Elliott 2005).

Similarly, the sociolinguist William Labov (1972) set together his version on how to structure a fully formed narrative or story with the use of six elements: 1) *an abstract* (overview over what the story is about), 2) *an orientation* (gives information about the time, place, persons, and behavior of those that are involved in the story), 3) *a complicating action* (this is the plot of the story), 4) *a resolution* (how does the story end), 5) *an evaluation* (the interpretation of the plot of the story), and 6) *a coda* (returns the story to the present) (Seale 2012). Labov's six elements on how to structure a story came to good use for me during the writing process in relation to how to encapsulate my participants' life stories. This was important since this research study is built on my participants' lived experiences (past – present – future) and their evaluation on how they became the person they are today. However, the chronological narrative only gives us a small indication about the causal connections tied to their lived experiences. Therefore, we also need to understand the plot of their life stories to get the full picture of what their stories entail.

2.2.1.2 Plot

The scholar Barbara Czarniawska (2004) illustrates how a plot can be understood with the use of Tzvetan Todorov's (1971/1977) description of a minimal plot. Todorov (Todorov 1971/1977, quoted from Czarniawska 2004, 19) explains that a plot involves a pathway of one equilibrium to the next, where equilibrium can be seen as a balanced situation. He continues with saying that a narrative generally starts with a display of a stable situation where everything

is going well but then all of the sudden the situation gets disturbed by some complication or force that throws everything off balance until the situation is resolved, which re-establishes the state of equilibrium once again (Czarniawska 2004). Czarniawska adds that this is a very simplified explanation of plot from Todorov, and says that plots are generally more complex and contain a chain of actions and events. However, with the use of Todorov's definition of a plot allows me to analyze the narrative from my participants in a simpler way. The common denominator in my participants' life stories is that they continuously as children dealt with an unbalanced equilibrium which was triggered by their dysfunctional family environments, and they constantly tried to find ways to restore the equilibrium again with the help of the various resources available to them.

Moreover, Czarniawska also notes that the historian Hayden White (1973) claims "that historians do not find plot in history but put it in themselves" (Czarniawska 2004, 122). White has a valid point, because we as researchers are the ones who put the plot in the stories we are told by our participants. And we do so in the analyzing process by re-structuring the told story in a chronological order, and with a clear plot, to better understand all of the factors and influences that shaped them to become the person they are today.

2.2.1.3 Collective Stories

On the word of the sociologist Kenneth Plummer, "the individual tale becomes a collective tale: the one voice may be the voice of many" (Plummer 2001, 31). Plummer emphasized that an individual narrative story in relation with society is at all times connected with history and environment, and that the social science disciplines have started to use these collective stories to draw more attention to the life stories and narratives by linking them to a wider societal context (Plummer 2001). From this we can interpret that the collective story in this study is the four voices of my participants on how they became competent and successful members of their society in spite of their dysfunctional family setting in childhood, combined into one meaningful voice.

In similar veins as Plummer, the sociologist Laurel Richardson, has written more extensively about collective stories, and she asserts that collective stories give detailed accounts of the lived "experience of a sociological constructed category of people in the context of larger sociocultural and historical forces" (Richardson 1997, 14). However, Richardson says that

when individuals talk about their subjective lived experiences in order to make sense of what has happened in their lives, they generally do not talk about how sociological categories (i.e. gender, race, etc.) have molded them, or how historical events have affected them. Likewise, these individuals who have had similar lived experiences might not see themselves as fellow participants to others in a collective story. So, this is where the researcher comes in and gives these individuals a platform to tell their stories by presenting these individuals as historical actors in their society and allowing them to tell their collective stories (Richardson 1997).

The collective story in this study comes from four Icelandic individuals who have all experienced a dysfunctional family environment as children but have managed to develop into a successful member of their society. This will be evidenced with the help of their narrative identities, protective factors, coping behaviors, resiliency and turning points. Furthermore, their subjective individual experience also becomes a collective story for other individuals who have gone through similar experiences as well as those who are still figuring out how get to a better place. This collective story gives my participants and those people who have experienced a dysfunctional childhood a sense of unity and a comprehensible understanding of themselves as an individual.

2.2.1.4 Narrative Identity

Anne Jansen (2013) notes that as we tell stories about our lives we are creating our narrative identity for ourselves and those around us (Jansen 2013). Dan P. McAdams (2006) has discussed in more detail defined narrative identity as: “the internalized and changing story of your life that you begin to work on in the emerging adult years” (McAdams 2006, 83-84). McAdams claims that we start constructing our narrative identities as children and we progressively develop our life stories through our narrative identities as we enter adulthood. Our continuously evolving story is re-constructed by us in the present from which we mold our past experiences as well as our hopes for the future. Moreover, McAdams asserts that it is not until we become adults that we can create our narrative identities in order to convey ‘how we came to be who we are today’ and ‘where we want our lives to be heading in the future’ (McAdams 2006). Jansen (2013) contends that McAdams has had his share of criticism by maintaining that a narrative identity does not exist until emerging adulthood. Jansen points out that we do not only form our narrative identities from our entire life story which she talks about

as the ‘big story’, but that we also negotiate our narrative identities from our everyday lives, or the ‘small story’ both as adults and as children (Jansen 2013).

In a similar fashion, Jerome Bruner (2003) has written about how people create their own identities with the use of narratives. Bruner, however, uses the term ‘self’ to explain this phenomenon, but as I see it, it has the same meaning as ‘narrative identity’. Bruner argues that with the use of our memories of the past and our longing for a good future we are continuously structuring and re-structuring ourselves to be able to work through our situation in the present (Bruner 2003). This is exactly what my narrative research project requires my participants to do since I am asking them to tell me their life stories, and how they became to be who they are today. Or in other words, I am asking them, how they have created their narrative identity or self in their present state of mind with the influences from their past experiences and their anticipating future outcomes in order to understand how they became the person they are today.

3. Methodology

3.1. Study Design

I approached this research with an interpretive perspective acquired from the interpretive phenomenology standpoint. My starting point on the topic was my own interest on why some individuals who were brought up in traumatic and unhealthy family settings managed to fare well in life, while others have not been so fortunate. As a result, my research aimed to understand how my participants comprehended their social world around them, and how it has influenced them to become the person they are today. For that reason, qualitative research was the most appropriate tool for this study.

Qualitative research is “an umbrella term covering an array of interpretive techniques which seek to describe, decode, translate, and otherwise come to terms with the meaning, not frequency, of certain more or less naturally occurring phenomena in the social world” (Van Maanen 1979, 520). In other words, by using qualitative research I as the researcher attempt to explore and understand individuals’ subjective meaning which they themselves attribute to the social world around them. So, to get an even better understanding of what my participants have experienced over their lifetime narrative research provides me with the platform to dig deeper

into their life stories. Narrative research will help me provide a richer account of how my participants make sense of their life stories, gain a better understanding from their standpoint what factors assisted them to become the person they are today, and reveal any turning points that contributed to their success.

This is a descriptive research study which involves building meaning from participants' experiences and generating a further knowledge basis about the research topic (Chambliss and Schutt 2010). The primary data was collected with the use of semi-structured, in-depth life story interviews that allowed participants to attend to events that they found significant and valuable. The interviews were cross sectional, which means that they were only conducted at a single point in time (Bryman 2012). The reason for conducting the interviews only at one point in time was due to the time constraints that I was obliged to follow in handing in a completed master thesis and a limited budget. These time constraints and budget issues did not allow for me as a resident of Norway to fly back to Iceland to conduct follow up interviews with the participants. However, if I felt that I needed some further details or clarification from the participants then my solution was to send them an email and simply ask them to elaborate more on the topic in question.

3.2. Interpretive Phenomenology

Epistemology is the theory of knowledge, and is an approach “of understanding and explaining how we know what we know” (Crotty 1998, 3). While “ontology is the study of being. It is concerned with 'what is', with the nature of existence, with the structure of reality as such” (Crotty 1998, 10). The approach to understanding as it pertains to this study is to explain how my participants managed to adapt successfully into adulthood in spite of their traumatic childhood experiences. My theoretical perspective will therefore be construed from interpretive phenomenology, since this approach focuses on people's subjective and everyday experiences by understanding the participant's point of view, and how they make sense of the world around them (Crotty 1998).

The mathematician Edmund Husserl is the founding father of phenomenology, as well as other phenomenological concepts such as transcendental phenomenology. Husserl claimed that researchers need to 'bracket' or set aside their preconceived knowledge to be able to understand participants' subjective meanings on phenomena without tainting the data with the researchers'

assumptions or beliefs (Crotty 1998). Husserl's student, Martin Heidegger, did not fully agree with his approach and developed hermeneutic phenomenology, or interpretive phenomenology. Heidegger explains that we as researchers play an unavoidable role in what we are trying to make sense of, and therefore it can be difficult for us to completely 'bracket' away our personal knowledge on the subject. Instead, we should embrace and use our previous knowledge during the research process to advance our understanding and interpretation of our participants' lived experiences (McConnell-Henry, Chapman, and Francis 2009). McConnell-Henry et al. (2009) also assert that the researcher has an inevitable part in the social world and with that which is being researched, and the researcher's understanding and prior knowledge could be considered as an asset when it comes to the interpretation of the collected data. McConnell-Henry adds that 'bracketing' researchers' previous understanding of phenomena does not belong within interpretive phenomenology (McConnell-Henry, Chapman, and Francis 2009) since it can be difficult to set aside all of our preconceived views and influences which we have already ascribed to phenomena (Finlay 2008). Finlay (2008) also states that: "the phenomenological process, in this view, does not involve a researcher who is striving to be objectivist, distanced or detached. Instead, the researcher is fully involved, interested and open to what may appear." (Finlay 2008, 3). However, Finlay recognizes that we as researchers must bring forward or 'bracket' what has influenced and biased our knowledge on how we perceive the world so that we can be open to participants' meanings and lived experiences in order for new meaning to emerge (Finlay 2008).

Our personal knowledge of phenomena should not be viewed upon negatively but should rather be considered as a positive aspect of our research process as it can help us see under the surface and provide a richer description of the participant's lived experience. Nevertheless, we must be mindful to 'bracket' our influences and prejudices to allow new meanings to emerge in our research process.

3.3. 'Bracketing' of the Researcher as a Co-Constructor

As the qualitative researcher seeks to understand a specific phenomenon, the researcher becomes the main instrument in the research process. The interaction between the researcher and participant in the interview produces the collected data, and after the data collection the researcher starts interpreting the data in ways that are relevant to his research aims. This

approach is termed double hermeneutic, and involves the process of the participants reflecting over their lived experiences while trying to make sense of their story; the researcher is also trying to make sense of how the participants themselves make sense of their lived experiences (Smith and Osborn 2008). By bracketing my experience on this phenomena I want to be able to “identify, understand, describe and maintain the subjective experiences of the respondents” (Crotty 1998, 83) and how they make sense of their lived experiences, as well as allowing new meanings to emerge as the research evolves. It is therefore vital that the researcher ‘brackets’ his or her previous knowledge, prejudices and assumptions before entering the research to avoid tainting participants’ subjective voices, and allowing new meanings to emerge during the research process. ‘Bracketing’ is used to diminish any possible prejudices and assumptions that the researcher might have towards the research topic, and is a way to increase the rigor of the research (Crotty 1998).

From the interpretive phenomenology perspective, my foreknowledge and interest on the research topic can be considered helpful when it comes to understanding participants’ subjective meanings on how they make sense of their lived experience. It is after all my interest to understand why some individuals who were brought up in traumatic and unhealthy family settings have managed to fare well in life while others have not been so fortunate. My own experience as a child growing up in a dysfunctional family setting and becoming a successful functioning member of society provided me with a deeper understanding and genuine empathy in what my participants had to go through over the course of their lifetimes. Since being a part of my own research, I had to be attentive in letting my participants’ subjective lived experiences stream through during the interviews, and hold back my personal understanding of their experiences. This allowed me to better understand their perspectives on what had helped them get to a better place in adulthood, and not let my own understanding control the flow of the interview. In the beginning of the interview, I asked my participants to tell me their life stories after explaining to each of them the research goals. After their narration I asked them themed questions from my interview guide, and asked detailed questions about specific events which they had told me about during the interview. By arranging the interview in these two parts I was able to keep the spotlight on their detailed lived experiences. But then again during the data analysis stage my previous knowledge was useful and allowed me to see under the surface of the participants’ life stories.

4. Methods

4.1. The Selection of Existing Literature

The selection of existing literature consists of gathering relevant studies, theories, concepts and information pertaining to my research questions with the use of systematic review. The purpose of a systematic review is to find appropriate studies that are similar to my study by using transparent techniques during the search process (Bryman 2012).

My initial search for material began with the usage of terms situated in my research questions. Terms such as *resiliency*, *resilient children*, *resilient adults*, *child maltreatment*, *adversity*, *adverse childhood experiences*, *coping behaviors and skills*, *child protections programs*, and *risk and protective factors of resilient children*. The terms were accessed through various databases and at the library (e.g. EBSCO, BIBSYS, SAGE journals, Springer and Google Scholar) in scholar books. Furthermore, with this literature search I was able to discover relevant theories which helped explain the context, obstacles and experiences my participants have gone through in their life stories. The theories portray processes my participants have experienced in their lives and can be better explained with the use of narrative research as has already been discussed in more detail in the *Theory* chapter.

4.2. Recruiting the Participants

When recruiting the participants, I used a purposive sampling method which allowed me to recruit participants who had experiences that were relevant to my research goals. This is a non-probability form of sampling which means that I did not recruit my participants by random. By using this method it gave me leeway to reach my target group with various sampling techniques such as volunteer sampling and snowball sampling (Bryman 2012, 418).

Since I wanted to interview individuals that were able to reflect on how they became the person they are today. The most appropriate age group was adults at the age of 30 years or older, who were able to reflect on how their past, present and imagined futures have shaped their narrative identities. Furthermore, I wanted to gain further knowledge if there were any gender differences among females and males in regards to their coping behavior and protective factors. For these reasons, I decided to recruit two females and two males for my research.

Hence, the inclusion criterion were that my participants had to be 30 years or older, and they had to have had experience with being brought up in a dysfunctional family environment, either on behalf of their parents or caregivers. However, as adults, they must have managed to grow into successful members of their society. Therefore, people under 30 years old and those who had had only a one-time incident occur during their childhood were excluded since my focus was on re-occurring incidences. In addition, people that met my age criteria were excluded if they were still dealing with addiction, or experienced themselves as being victims of their circumstances due to their dysfunctional childhood since my focus was to understand the subjective perspectives of the ones who succeeded to overcome their dysfunctional family experiences from childhood.

I began recruiting participants with a voluntary sampling technique by advertising for participants on Facebook, which is a public forum. Volunteer sampling is free from any coercion and gives people the freedom to volunteer to participate in the research because of their own longing to be part of the sample. I started recruiting through an open advertisement status from my personal Facebook account, and I asked people who were on my friends list to share my advertisement on their Facebook page, so it could reach to a broader audience. In the advertisement, I explained what my research goals were, and what types of individuals I was looking for to interview for my research. Furthermore, I elaborated that individuals could contact me through messenger on Facebook, or through my personal e-mail, so that they could remain anonymous. I also requested that those who were interested in participating to send me a description about their childhood experiences, and about their current situations, so that I could validate whether they were good candidates in respect to my research goals. I also promised that everything that they would share with me would be in total confidentiality. This sampling method through social media went viral on Facebook pages of the Icelandic population since my friends shared my advertisement, and then their friends shared it as well, and so on and so forth.

Subsequently, with the means of volunteer sampling through Facebook, there were a lot of females that contacted me and volunteered while there was only one male that volunteered to do so. Thankfully, this one male fit within the inclusion criteria in my research, so I was able to include him in my sample. However, when it came to selecting which two female volunteers

would be the best candidates I decided to select two females who were in different age groups and had experienced somewhat different dysfunctional family households to achieve more diversity in regards to their life stories. So, now I had three outstanding participants, two females and one male, who I believed would be a great fit for my research, but I was still missing another male in my sample to create equal balance between the genders.

The volunteer sampling was obviously not reaching the male population, and I wondered why it was so much easier to reach out to females for their participation compared to males. Hence, after a few conversations with my supervisors pertaining to this topic, we came to the conclusion that the most probable explanation concerning ‘why it is so difficult to reach to the male population with the volunteer sampling technique’ was most likely due to the cultural norm that we, females and males, are being raised with. That is, boys are taught from a young age to hide their emotions and suppress their vulnerability since it is considered to be a feminine trait. This type of upbringing encourages boys to be more closed off and guarded about their emotions than girls are, and therefore they become less emotionally expressive. Meanwhile, girls are taught from an early age to express their emotions, and that it is acceptable for them to be vulnerable. For these reasons, girls become more expressive than boys. This is only a simplified explanation regarding this topic but it provides an understanding why I was not able to reach the males. I needed another sampling method to be able to recruit another male for my sample.

This led me to using the snowball sampling technique to find male participant number two since the volunteer sampling technique was not so successful. Snowball sampling is often used to reach a sample that is difficult to get a hold of (Bryman 2012) which in my case were adult males that had experienced traumatic childhood. The downfall when using snowball sampling is that people may feel coerced to participate and might find it difficult to deny participating. However, I felt this was the best way for me to reach out to another male participant. Therefore, I turned to my friends and family in Iceland and asked them if they knew any male who was 30 years or older that had experienced adversity in childhood, but had grown up to be a well-functioning member of society. A few of my friends pointed me in the direction of their friends, and I initiated contact with these persons. This contact resulted in finding the second male and his agreeance to participate in my research. I managed to fulfill the anonymity to the male that

agreed to participate, by not telling my friends who I contacted, which of them had been willing to be a part of my research.

At the end of the recruiting process, and with the help of two sampling techniques, I succeeded in obtaining two males and two females in my research sample.

4.3. Study Site

Iceland was chosen as the study site since I was born and raised in Reykjavík; I know the Icelandic language fluently and understand the cultural context well. Three of my participants were living in Reykjavík when the interviews were conducted in September 2015, and one participant was living in a small city outside of Reykjavík. However, during their childhoods three of them lived in small cities while only one participant lived in the Reykjavík area.

Iceland is a small island in the Northern-Atlantic Ocean. In the beginning of 2016 the total population of Iceland was 332,529 with 167,270 men and 165,259 women, and the most populated area of Iceland was the capital Reykjavík with 121,486 individuals (Hagstofan 2016). Moreover, the inhabitant areas in Iceland are spread throughout the coastline since the middle area of the country is covered with central highlands, volcanos and glaciers which make that area impossible to live in. This has resulted in many smaller cities lying along the coastline that thrive on farming and/or fishing while the larger cities make their living mostly on commerce.

Subsequently, the relatively small population size in Iceland has generated a close tie among the Icelandic nation which is established through relations with family members, friends, fellow classmates, co-workers, neighbors and others. Consequently, it is very common in the Icelandic community when you meet a new person, that you and that person most likely have a number of mutual friends and acquaintances. This close bond that Icelandic people have with each other is even more apparent in the smaller cities due to the small population numbers where everybody seems to know each other. Conversely, Reykjavík has a higher population which makes it impossible for everybody to know everyone, but nonetheless, the Icelandic nation still possesses a sense of closeness to one another.

This intimate social network worked well for me when I was in the recruiting process of this study, especially when I encountered a problem recruiting the second male participant-

4.4. Participants

As mentioned before, this cross-sectional study was conducted in Iceland and included four Icelandic individuals, two females and two males, all of whom were interviewed in September 2015. This is a short introduction about each participant, but in order to respect their anonymity and confidentiality their names, places and the names of others they mentioned have been changed. Participants are presented here from the oldest down to the youngest.

Hanna 49 years old - experienced being emotionally abused and neglected by her parents as a child and well up into her early adulthood. Hanna is now 49 years old and recently became single after a long-term relationship, but at the time of the interview, she was set on focusing only on herself and her two sons for the time being. She is very content with her family situation as it is today, and she stated that the future that lies ahead of her has never looked brighter.

Árni 43 years old - grew up with his mother until the age of five but was then taken away from her due to neglect and her mental illness. He was then placed in the care of his father and stepmother in a small town in Iceland. His father was a fisherman, and when he was inland he drank heavily and could be violent towards Árni and his stepmother. Árni is now 43 years old and has finished a higher education within the film industry. Árni says that he is very satisfied with how his life has turned around, and with where his life is heading for the time being.

Karen 31 years old - experienced physical neglect, emotional neglect, poverty and chaos all of which were related to her parents drinking and violent behaviors. Both of her parents were alcoholics and on some occasions her father became violent towards her mother and her older brother. Karen is now 30 years old and she is working on setting boundaries with her parents since their behaviors and attitudes are still affecting her in a negative way.

Steinþór 30 years old - explains that both of his parents are alcoholics, and on top of the drinking his mother also deals with manic depression symptoms which affects her on a wide spectrum; some days she is extremely happy with her life while others she is very depressed. Steinþór is now 30 years old, and with the support from his fiancé, he is learning how to set boundaries with his parents so that he and his family will not be involved with his parents'

drinking issues. Steinþór has high hopes for the future with his own family by his side and they keep him motivated to provide them with a stable and fulfilling life.

4.5. Data Collection

I used semi-structured, in-depth narrative interviews to collect my primary data with a focus on what protective factors, coping behaviors and critical turning-point moments in participants' lives had helped them deal with their past and continue their journey successfully towards the future. The use of narrative interviews it allowed my participants to reflect on their life stories and pick out what they felt was important for them to get to that good place in their lives. The interviews were a mix of a retrospective look on their dysfunctional childhood experiences, a prospective look on how they managed to adapt successfully into adulthood, and a hypothetical future view on how their lives might be in the years to come. My goal with the narrative interview was to get a deeper understanding of my participants' own voices as it pertained to their lived experiences and views on what helped them cope with living in a dysfunctional family environment as a child; what were their protective factors and what were their turning points that helped bring them to a more successful path. The semi-structured, in-depth narrative interviews were very useful as I could gather data about the participant's life story that was relevant to my research (Bryman 2012). All of the interviews were conducted face-to-face at the participants' homes to provide us with a setting that would be private and peaceful during the interview so they would feel more relaxed and at ease. I used an inductive approach while conducting the narrative interviews which allowed me to collect the data and analyze it with an open mind so there was room for new ideas to emerge during the research process.

In the first part of the interview I explained to each participant the research topic I was interested in gaining further knowledge about, and then asked them to tell me their life stories. By starting this way it gave them an opportunity to speak freely and attend to specific live events they found meaningful and relevant without me interrupting the flow of their narration, and allowed me to listen to them proactively (Bornat 2008). This procedure of letting my participants tell me their life stories in the first part of the interview without any interruptions was so that I would not influence their subjective narrations. However, if I felt that they were getting lost about what they had been saying then I guided them back by prompting them in more detail about certain events to stimulate the flow of their narration.

For the second part of the interview I had prepared an interview guide with questions that I felt were important to come forth during the interview. Accordingly, I explained to my participants that I would use an interview guide at the end of the interview if I felt that we had not covered certain aspects during the interview. These aspects were related to factors within the individual, factors within the family, and factors within the community (the interview guide is located under *Appendix A* in this thesis).

The shortest interview lasted around 25 minutes while the other three interviews lasted over one hour. The shortest interview was with the male participant that I found through snowball sampling. The sampling procedure probably had something to do with his reluctance to share his vulnerable life story with me since I contacted him initially and requested him to participate in my research whereas the other three participants came forward voluntarily to participate and were open and responsive during the interviews. This problem that I encountered will be discussed further in the chapter about *Study Limitations*.

4.6. Narrative Analysis

“Data analysis is the process of making sense out of the data. And making sense out of data involves consolidating, reducing, and interpreting what people have said and what the researcher has seen and read — it is the process of making meaning” (Merriam 2009, 175-176). The first stage of the data analysis was to collect data with the use of in-depth, semi-structured narrative interviews. All of the interviews were audio-recorded with permission from participants and after the interviews were concluded they were transcribed into written text. It is essential that the data material is transcribed into a written text so the analyzing process can begin.

As I mentioned in the *Data Collection* chapter, I structured all of my interviews by first telling each participant about my research goals and that I wanted them to tell me their life stories in relation to these goals. This strategy provided me with data material that would answer my research questions. Moreover, with the help of concepts and theories such as plot, collective stories, narrative identities, turning points, coping behavior, and protective factors, it gave me a deeper understanding of how to analyze their life stories in a more systematic and understandable way.

My first step in the analysis process was to re-structure their life stories into past-present-and-imagined future in order to obtain the chronological order of their lived experiences. Plus, by arranging their life stories into sequential order, it allowed me to understand how their lived experiences in the past-present-and-imagined future shaped them into the person they have become today with all of the ups and downs that has happened along the way.

My second step was to structure their life stories into themes in accordance to the concepts that I used to guide me throughout this narrative research process but I was still mindful of keeping the flow in chronological order. The themes concerned their '*background*', '*dysfunctional family settings*', '*coping behavior*', '*protective factors*', '*turning points*' and finally the '*now and the future.*' By structuring their stories this way unraveled the plot of their life stories. Moreover, during this analysis process it was my work as the researcher to make meaning from my participants told life stories, and I did so by structuring their stories according to these themes, and by inserting my own statements about how I interpreted their life stories with help from my theories and concepts. This process changes the initial stories my participants shared with me during the interview setting into a collaborated story between me and my participants.

As I clarified in the *Introduction* chapter I am a part of my own research sample, and I had maintained that my closeness to the topic would give me more insight and allow me to understand my participants' experiences on a deeper level. However, although this closeness helped me during the analysis process, this closeness also created an obstacle that I encountered during the life story of Hanna. I connected to Hanna's life story more so than the others, as I saw many similarities in her story as in my own. I found it somewhat difficult to take a step back and analyze her story with the researcher mindset since this made me reflect on my own experiences again, and again. Her story took me the longest time to write and analyze, and I felt that everything Hanna had gone through needed to be told in my research as I wanted to stay true to her story, even though I felt a strong connection between our similarities. Nevertheless, in the end I managed to go over Hanna's life story with the researcher's mentality and I reduced her life story into the fragments that were relevant to my research, without having my previous experience taint her subjective life story. This was a learning curve for me and I now understand that it can be both a positive and a negative aspect to be too close to your research subject. However, I still feel firmly that it is only beneficial for the researcher in this type of

research study to have a deeper understanding and create empathy with the participant and what they have gone through in their lifetime.

4.7. Study Limitations

The main limitations in this research project were related to both the purposive sampling method, since my participants were not selected on a random basis, and to the size of my sample. However, it was necessary for me to use purposive sampling to reach out to this vulnerable target group. People that have experienced a traumatic childhood are not easy to spot among the population. So, the most appropriate way to find them was through the use of purposive sampling.

As mentioned before, I used volunteer sampling and I advertised for participants that fit my research inclusion criteria. This sampling method gave people the option to contact me at their own free will. Although the volunteer method worked well when it came to reaching the female population it was not that successful getting a hold of the male population. There was only one male who volunteered to participate, and I needed to find another in order to fulfill the criterion of having two males in my research sample. It was really intriguing to see how females were more open and willing to share their experiences in comparison to males, as there were approximately ten females who contacted me while there was only one male. This is consistent with Ruglass and Kendell-Tackett's (2014) findings that there are gender differences in regards to how men and women cope with similar stressful situations and their openness about themselves. Ruglass and Kendell-Tackett state that females tend to use emotion-focused coping by being vulnerable and talking about their problems in order to regulate their emotions whereas males are more prone to use problem-focused coping by being active in dealing with their problems and acting more aggressively (not being vulnerable) (Ruglass and Kendall-Tackett 2014, Lazarus and Folkman 1984).

This led me to use the snowball sampling method as a means to find another male participant for my sample. Thus, with the use of these two sampling methods I achieved my goal of having two females and two males in my sample. The reason for only including four participants in this study was because of the time constraints set for this master thesis as well as the breadth of the data collected. As a result of using the purposive sampling method and the small sample size, the research findings will not meet the requirements of generalizability and cannot be

extended to the Icelandic population. However, their lived experiences can be considered representative of others who have gone through similar life experiences.

The male participant who was found through the use of snowball sampling provided me with an unexpected problem in respect to his reluctance in sharing his life story with me. His reluctance could be attributed to the fact that I sought after him as a participant after encountering difficulties reaching the male population. In addition, the flow of the interview with him did not come as natural in comparison to the interviews with the participants who volunteered to participate because of their own interest in the research topic. I should have been more aware that by seeking his participation rather than offering him the chance to volunteer, it could have made him uncomfortable to deny my request. But as mentioned it was hard to reach the male population during the recruiting process, and the snowball sampling method provided me with the male participant I needed to complete my sample. Having a more equal gender variation in my sample gave me the opportunity to see whether any interesting gender difference were among my participants when it came to getting to a good place in their lives in spite of their traumatic childhood experiences.

My study would have benefited in having more than four participants to gain a better insight into the research subject, and it also would have improved the reliability of my research, but due to time constraints and the researcher's limited budget there was only enough time to involve four participants in my research.

My goal with this study is to produce a thick description about my participants' lived experiences in relation to the protective factors and coping behaviors that helped them reach a better place in their lives as adults. In order to grasp their journey to becoming a successful adult it was essential for them to reflect on their past, present and imagined future so that they could make sense of their life stories. This research may be useful in providing a basis for further studies about this particular phenomenon.

4.8. Ethical Considerations

While conducting a qualitative study there are ethical considerations that need to be attended to during all stages of the research process.

The first step was to seek ethical approval from both the Norwegian Social Science Data Services (NSD) in Norway and from the Data Protection Authority in Iceland since I would be storing sensitive information about my participants in a locked folder on my computer. This sensitive information included audio-recordings from the interviews, participants' contact details, and interview transcripts. The NSD approved my research in July 2015, and the Data Protection Authority in Iceland replied to my application stating that I did not need their approval to conduct my research in Iceland.

The next step for my research was the recruiting process. As you will recall, I advertised through my personal Facebook account after participants, and explained that they could contact me through messenger on Facebook or through my personal e-mail address to ensure their anonymity. There were three participants who volunteered to participate from this sampling approach, and the fourth participant was found through the means of snowball sampling. I had talked to family and friends about the recruiting dilemma when it came to enrolling males for my research, and asked them if they knew any males that would qualify according to my inclusion criterion. There were a few friends that put me in contact with their friends, and after I initiated contact with these persons one of them agreed to participate in my study. Consequently, since there were a few friends of mine who had directed me towards different individuals with whom I had contact, the fourth participant's anonymity was fulfilled by not sharing with my friends which person chose to participate.

The third step was to inform my participants what I hoped to accomplish with my research as I did not want to deceive them in any way before starting the interviews. I had also made an informed consent form to hand to my participants (see in *Appendix B* the informed consent form). Included in the informed consent form was additional information about the purpose of my research, as well as a statement that all of the collected data would not be traceable to them since their identity would be changed in all stages of the research process, and that their autonomy and confidentiality would be respected. Likewise, in the informed consent form it was made clear that their involvement in the research was purely voluntarily and that they could exit from the research at any time. All of the participants signed the informed consent form, and serves as a validation that I informed them about their rights regarding participation in my research. Furthermore, during the writing phases of this research study I applied the

correct citing- and reference methods as is stated in the Chicago Manual of Style (16th edition, 2010) to avoid plagiarism.

5. Analysis

This is a phenomenological narrative research study that aims to explore my participants' subjective narrations about their life stories and how they became the person they are today. I structured their life stories based off of Labov's (1972) criteria on how to structure a fully formed storytelling with six elements: *an abstract, an orientation, a complicating action, a resolution, an evaluation* and finally *a coda*. I was mindful in keeping my participants' re-structured life stories in chronological order. Moreover, I felt that the terms that I had used in my Theory section '*dysfunctional family setting*', '*coping behaviors*', '*protective factors*', '*turning point*' and finally '*now and the future*' achieved the fulfillment of Labov's elements and provided a solid foundation for me to build their life stories from. The first four themes represent participants' past experiences while the last theme signifies their present state and how they anticipate their future outcomes. Additionally, organizing their life stories into these themes provided me with the data that I needed to answer my research questions. Moreover, during this process it was my work as the researcher to make meaning from my participants' told life stories. I do so by re-structuring their stories into these themes, and by inserting my own reflections about how I interpreted their life stories with the help from my theories and concepts. This process changes the initial stories, which my participants told me in the interview setting, into a collaborated story between me and my participants.

5.1. The Life Story of Hanna

Dysfunctional family setting

Hanna was born and raised in the main capital of Iceland; she points out that her parents had her when they were around 16 or 17 years old and says that they probably had not been ready to take on the responsibility of raising a child. In addition, she mentions that her parents were busy laying their foundations for the future in regards to finishing their educations and finding good jobs. For those reasons, Hanna says that her grandmother took on the role of being her main caregiver until she was 6 years old, and her grandmother saw to it that her needs were

cared for. Hanna was more or less raised by her grandmother for the first six years of her life, or until she started elementary school and needed to start living full-time with her parents.

Hanna discloses that the neglect and emotional abuse began shortly when she started living full-time at home with her parents. Hanna explains that the abuse and neglect was not obvious to others or even to her at that time in her life, and it was not until Hanna was older that she understood that she had been emotionally abused and neglected.

This was actually...the abuse was like, you know, you are constantly being belittled, it is always, you know, neglect, you know...clothes not bought or uh...never, when I came home from school, never any food in the fridge, I mean...I remember that I was often very hungry, you see. But you know...when you are a kid then this is your home and your family, and you think that this is all normal.

According to Hanna, her mother is a very aggressive person and she says that her mother's aggression was usually targeted towards her as a child and as an adult. Hanna adds that her father was never provided any support because he had his hands full with trying to keep her mother satisfied. However, Hanna elucidates that her father enabled her mother to act aggressively towards her since he generally sided with her mother in order to keep the peace. Hanna tried her best to please her mother by all means possible – she helped with the household, babysat her siblings, cooked food for the family, and was an honor student with top grades, but her mother would always find something negative to say about her efforts, intelligence or appearance. Her mother's constant degrading behavior towards her made Hanna sense as if she was never good enough, which severely undermined her self-esteem.

She was often telling me how ugly I am, she is always telling me how pathetic I am, if my grades were good then they were not good enough, she is always saying, you know...she was always saying that my sister was more beautiful than me and...and it just is...you know, she was always not including me in things, and it is just all sorts of...you see...all the scale...that is really hurtful.

Hanna has two siblings, a sister who is eight years younger than her and a brother who is fourteen years younger. Hanna says that her mother was more attentive and nurturing to her sibling's upbringing and needs than she was to hers and this often made her feel like an outsider in her own family – like she did not belong or that she was unwanted. Hanna articulates further that her brother was her mother's golden child.

He was just her dream child. (...) he is now 35 years old, well...she is still just swaddling him around in her arms. He is completely incapable of thinking of himself because he thinks that he is entitled to everything and that he does not need to do anything to get what he wants.

Hanna adds that her mother always showered her brother with money and expensive gifts without him lifting a finger whereas she had to do various chores to get a penny from her. Hanna never established a close bond with her siblings and that continued on in adulthood as well. During her childhood Hanna more and less identified herself as being Cinderella from the Walt Disney movie because her mother expected her to take care of the whole household and siblings from a young age while her siblings were barely required to do a thing. Hanna says for an example when her sister was around 16 years old and Hanna was around 24 years old her mother expected her sister to clean one bathroom in the house while she had to clean the rest of the house on a regular basis. However, when Hanna was still tangled in her dysfunctional family environment she did not contemplate much on her circumstances at the time, and it was not until she started her master studies that she started analyzing herself and the relationships she had with other people around her that she started understanding that her family life was very dysfunctional and not normal at all.

Dysfunctional family setting reflections

Hanna's self-esteem and confidence about herself was severely damaged in her childhood due to her mother's degrading comments regarding her efforts, intelligence and appearance which shapes her into a passive person who goes out of her way to please others and avoid confrontations. That however, does not protect her fully since her mother seems to go out of her way to make Hanna feel as if she is not part of the family by treating Hanna more like her personal servant than as her daughter. Hanna appears to accept that role to reduce her mother's aggressive behavior towards her, and in the slim hope that she might receive the same love and nurturing she witnesses her siblings receive from their mother. As I see it from my section about abuse and neglect Hanna is emotionally abused by her mother. As the Center for Disease Control and Prevention (CDC) (2014) explains emotional abuse it is when a parent or a caregiver uses threatening gestures and insults or belittles the child for no reason at all. In addition, Hanna was also being emotionally neglected which as Munro (2008) explains is when a parent or a caregiver fails to protect the child from danger and abuse, which in Hanna's case is her father since he enables Hanna's mother to emotionally abuse her. In accordance to

Stoop (2011) he says that when parents are being dismissive towards their children's need for love, attention, and secure attachment it can have harmful consequences on their health and development. It is also not healthy for anyone to be living in an environment where they are continuously told that they are not good enough, not smart enough, or being told that they are ugly and not as beautiful as their siblings, all of which can have damaging effects on their adaption to adulthood. Werner and Smith (1992) have been among the researchers that have established this connection in their longitudinal Kauai study in regards to when healthy children are brought up in unhealthy family environment. This experience causes degrading mental health, and/or emotional and/or behavioral problems in the long run.

Coping Behavior

Hanna says that she believes that the abuse and neglect was probably more severe than she remembers, and she coped with her situation by closing herself off, reading books, or going out and playing with her friends. Moreover, Hanna coped with her dysfunctional family setting by being passive and avoiding confrontation with her parents, but this coping behavior followed her into her adult years as well. Hanna says that she aimed to be a good daughter to her parents and that she did as she was told. For example, when she was around 7 years old she vacuumed up dog hair on a daily basis since her mother had threatened to give the dog away if she did not clean up the dog's hair. Hanna said that she was doing this cleaning for some time as she did not want to lose her beloved dog, but shortly thereafter she started having tremendous back pain from vacuuming. Hanna said that the rigid movements of vacuuming revealed that she had a broken spine which was attributed to an accident that she had when she was 4 years old. Hanna says that she had to wear a back-brace throughout her childhood to support her back until her body was fully formed so that she could undergo surgery to fix her back. Interestingly, Hanna notes that this back injury was a blessing in disguise for her since her mother could not be as aggressive towards her as she had been before, and that her mother had to attend more to her needs for her to regain her health back.

One of the aspects of being a good daughter was also related to her being a good student and having good grades. Additionally, Hanna says that she was moved up a grade level because testing showed that she was academically gifted and her learning capabilities were more developed than her peers. Hanna says this transition of being moved up a grade level proved to

be somewhat challenging for her as she was now in class with older children, but she managed to adjust to her new circumstances. However, when Hanna was around 11 years old her family moved to a new neighborhood and consequently she had to start at a new school. Hanna says that at the new school she was bullied intensively, and she believes that she was an easy target since she struggled defending herself due to the fact that her self-esteem and confidence was already in pieces after her mother's abusive behavior towards her. Hanna says: "(...) *and then I am bullied massively in the school there. So that, here, just massive bullying...and just, you know, it was all of the children in four classes that were involved in it.*" Hanna says that the bullying finally ended when she started high school but the consequences from being continuously belittled at home and in school had completely shattered her self-image.

Her low self-esteem was also apparent when it came to her dating life as she allowed the men she was romantically involved with to walk all over her without any protest. She has had a few serious relationships, all of which have ended on bad terms. However, the most positive thing she has gained from two of these bad relationships is her sons. Hanna says that her two sons, one who is 23 years old and another who is 13 years old have been her motivation to improve both her life and the lives of her sons for the better. According to Hanna she has been going from one bad relationship to the next one and this has become a vicious cycle for her. Hanna adds that she just recently ended a long-term relationship with yet another man that did not treat her well and she says that she has had enough of surrounding herself and her sons with an unhealthy family environment. Hanna states that she does not desire to date again for the time being as she wants to focus on getting herself in the right state of mind, and understand why she always ends up getting involved with men who are not right for her. Hanna says for now she is satisfied with having more time available for her sons and creating fun memories with them.

Coping behavior reflections

Hanna's self-esteem had been severely harmed by her mother's aggressive and belittling behavior towards her which made Hanna a passive person who avoided confrontations. This does not come as a surprise since this type of coping behavior seemed to mitigate her mother's threatening reactions towards her to some degree. She also appears to have applied this passive behavior and avoidance when she was being bullied at her new school, and also in her

long-term relationships. Another way Hanna was able to cope with her dysfunctional childhood was through her back injury as she says that it was a blessing in disguise since her mother had to be more attentive to her needs, as she was with her siblings. Although Hanna's back injury was a serious health issue one must wonder if she used that to her advantage by saying to her mother that she had more pain on some occasions when she in fact did not as a means to get her mother to be more attentive and less aggressive with her. As in Lazarus and Folkman's (1986) coping measure list WOCC Hanna is using escape-avoidance coping behavior to cope with her stressful family situations by being passive and trying at any means necessary to avoid or mitigate her mother aggressive behavior towards her.

Protective factors

Hanna says that her grandmother was the one who had seen to it that all of her fundamental needs were being met when she was a child, and as she reflects back to her childhood she feels that the only person she could count on to care for her was her grandmother. Hanna says: *"My whole world was just about my grandmother until I was six years old, and I think that it honestly just saved my life, because I was shaped there for the first six years of my life."* Hanna says that her grandmother's unconditional love for her was an important factor in her successful adaption to adulthood since it helped her lay a solid foundation to build her life from when she entered adulthood. Hanna says that her grandmother passed away when she was around 20 years old and that her grandmother had been dealing with Alzheimer's for some time. Her grandmother had such a positive influence on her life and Hanna feels that she might have entered on different pathway if she had not had her grandmother's support as a child.

Protective factors reflections

This is in line with Werner and Smith (1992) research in regards to how protective factors located within the individual, family and community levels can help children who are in a dysfunctional family setting adapt more successfully into adulthood. Hanna's grandmother is considered to be a resource on the community level since the family level denotes the inner circle of the family unit, such as parents and siblings. Her grandmother helped raise her until she had to start elementary school when she was six years old, and gave Hanna a great start on her life journey since it was here where she received unconditional love and care, which she barely received from her parents. Hanna herself says that she is not sure what would have

happened to her if she would not have had her grandmother at her side when she was growing up since she feels that her grandmother helped shape her into a caring and successful adult. Hanna's grandmother becomes her positive 'significant other' in childhood which Helgeland (2009) describes as role models in people's lives that have a positive effect on their successful adaption to adulthood.

Turning point

Hanna explains that she started understanding how her dysfunctional family life and the bullying had shaped her into a passive person with low self-esteem when she started her master degree in psychology in the US when she was around 29 years old. In that study program, she learned to analyze how people behave and how it affects others, and during her studies she had to turn the spotlight on herself and evaluate how she had become the person she is today.

The turning point is when I go in that study...then I am in these focus groups, these team groups and training groups and I am in these groups for two years, where you are just focusing somewhat on yourself, being reflective, just on you, who you are. And it is somehow peeling the layers off as on an onion, you know, who am I and getting to the core of yourself"

This self-reflection during her master study opened her eyes on how badly her family had been treating her since she was a child, and still continued to do to her as an adult. Hanna says that she started understanding that her relationship with her family was very damaging to her own well-being and that she needed to make changes in her life to get to a happier pathway. Hanna says that before she started in the master study that she had been a passive person who somehow allowed people to walk all over her without her saying a thing, but after she finished the master study she had found her voice and was not afraid to speak her mind. So from that time on she started setting boundaries on how she wanted to be treated which led her to gradually starting to detach herself from her family, especially from her mother. Since after Hanna started speaking her mind in the family it made everything very rocky between Hanna and her family members. Hanna clarifies for example, when her whole family decided to go to a Christmas buffet together and they purposely did not invite her with them, that her reaction was to phone them up and let them know that this was not okay to leave her intentionally out, and that she was a part of this family unit. This led to a huge quarrel between Hanna and her family and she said that even her father was calling her screaming that she just was ruining

everything. Eventually, Hanna realized that she would not be successful in trying to change the already formed family dynamic in her family so she decided that the best solution for her would be to stop all interaction with her mother. This led other family members to take sides with her mother and stop all communications with Hanna. Hanna says: “*you know, I do not have a family anymore*” and is referring to her parents and siblings, but she has from that time on focused on the things that matter to her and are worth her time and effort, which is her own family unit that she has formed together with her two sons and her daughter-in-law. Hanna says that the master study was a turning point for her which made her re-evaluate every relationship in her life, and shaped her into a more secure person that was able to voice her opinions.

Turning point reflections

The master study seems to have altered Hanna into a more confident and secure person who wasn't afraid anymore to speak her mind. Hanna's newfound confidence helped her turn her life around for the better as she was finally able to set boundaries on how she wanted to be treated and if people did not obey by that, then she was not afraid to cut them out of her life. She finally did this with her mother which resulted in other family members not speaking to Hanna. This measure which Hanna used to try to evoke a change within her family was in line with Lazarus and Folkman's (1986) confrontive coping behavior by being firm and fighting for what she wanted to change in her environment. She also used the planful problem-solving coping behavior by making a plan of action and following it through even if it meant that she needed to detach herself from her family. This turning point in Hanna's life seems to have helped her rediscover herself and motivated her to make difficult changes in her life for her own well-being and personal growth which according to Lazarus and Folkman (1986) is a positive reappraisal coping behavior that people use when they feel as if a situation has helped them grow in a positive way. This type of coping behavior also promotes a feeling that the individual came out a better version of themselves in spite of their situation. This certainly resembles the changes that happened within Hanna after her turning point.

Now and the Future

Hanna is now in her fifties and is focused on creating a healthy family environment for herself and her sons. Hanna says that she is relieved to have managed to close the door on her toxic relationship with her parents and brother by establishing firm boundaries with them since they

have only caused her unhappiness. Hanna says that she is starting yet again a new chapter in her life as she has recently ended a long-term relationship and is adjusting to being on her own, but this time with her loving sons at her side. Hanna says that she has always made sure to have a good relationship with her sons and show them unconditional love which she never received from her parents or siblings. Hanna says that she and her sons have formed a close family unit, and are very much involved in each other lives. Moreover, her oldest son has had a girlfriend for some time and his girlfriend has also grown up in a dysfunctional family setting much like the one Hanna was exposed to. Hanna says that her daughter-in-law does not have a good relationship with her own mother since her mother is dealing with substance abuse issues, but Hanna says that she has stepped into the role as a mother figure to her daughter-in-law, and that they have established a close bond with one another. Hanna says that she feels like she has gained a daughter and is pleased with having her in the family. Hanna adds that she will be ecstatic when the time comes for her sons to have children, and that she would love to become a grandmother. Hanna has formed her own happy loving family dynamic which she has always longed to have a place in her life. Hanna says: *“I am now entering into this awesome life because now I can set boundaries”* and is excited for her future with her sons and ‘daughter’ by her side.

Now and the future reflections

Hanna has re-structured her narrative identity but as Bruner (2003) has clarified people are continuously structuring and re-structuring their narrative identities in the present with the use of their memories from the past and with their hopes for a good future. Hanna has managed to grow tremendously as a person, and has evolved from being an insecure individual who allows people to take advantage of her into a secure individual who does not allow anyone to treat her badly. Hanna has managed to recover from her dysfunctional family life which as Reich, Zautra and Murray (2010) state is a resilient person characteristic and involves the process of overcoming stressful situations quicker and being able to move on from that situation without having major consequences on one’s well-being. Hanna has for sure moved on with her life and is now focused on providing her sons and daughter-in-law with a happy and loving family environment, which she never had in place until now with her new family dynamic. She sees her new family dynamic as her ticket to happiness and looks forward to her sons starting their own families, and becoming a grandmother.

5.2. The Life Story of Árni

Dysfunctional family setting

For the first five years of Árni's life he was raised by his mother who was mentally unstable and not equipped to take care of him or any of her four other children. Árni says that he does not have any clear memories from the time living with his mother but he has been told that he and his siblings who had stayed in her care had all been neglected. Árni says that he was removed from his mother's care by the Child Protection Agency when he was five years old.

Well, the first five years of my life, I was with my mom that was mentally ill (...) and then she also had, well, this hoarding issues...was collecting trash. So, you know, meters...here...stacks of boxes and all kinds of trash that she was collecting (...) Yeah, and here...yes. Then...I am, you know...like, five years old taken away from her, and I just know that we were, you know, much neglected and closed inside, and here...yes

Árni was initially placed in an orphanage for some months before he was sent to live with his father, stepmother, two younger half-brothers, and one stepsister in a small town in Iceland. Árni says that although he was getting a new family it did not mean that his life got any better or easier. Árni says: *"So, you know, well it was not any bed of roses there...despite having a new family at the age of five."* His new family did not provide him with the safe haven that he needed after his time living in his mother's care. Árni also adds that his stepmother never welcomed him with open arms into the family and he experienced himself as being extra baggage on her shoulders that she did not care to have.

Mom...my stepmother actually kind of...she all the sudden you know had four children and she felt like I was...this burden that she should not be taking care of, you see...and she let me feel that.

Árni says that his father worked as a fisherman and generally when his father entered land that he would drink heavily and often become violent towards him and his stepmother, but Árni does not recall his siblings being subjected to their father's violent side.

(...) he [dad] was an alcoholic and a fisherman. He was usually drunk when he entered land, and then there was often violence and arguments, and him being passed out on the kitchen table. Always, here, like...some arguments and violence.

Árni discloses that his worst memory from childhood was when he witnessed his father beating and raping his stepmother right in front of him. He elaborates: *"Ehm...dad, he, ehm...one day*

when he was roughing mom up [his stepmother] then he raped her in front of me...then he threw me in the bedroom with her.” Árni says that this incidence had a traumatizing effect on him as a child, and that he is still recovering from this haunting memory as an adult.

In addition to living in a dysfunctional family environment Árni also experienced being bullied in his new hometown during his formative years. Árni says that instead of labeling himself as having been subjected to bullying he would rather say that he always had some conflicts with the same individuals, and that he had been targeted by a group of older boys who tormented and humiliated him whenever they could. However, Árni says as soon as he grew taller and stronger that he was able to fight these individuals that had been harassing him on a regular basis which led to them finally leaving him alone. From that time on he gained a reputation among his peers as being a tough guy which no one dared to defy anymore.

Dysfunctional family setting reflections

As Árni says when he was taken from his mother’s dysfunctional family setting and placed in his father’s dysfunctional family setting, it appears as if he might have had a slim hope that he would be entering into a happier family dynamic than he had before. However, he soon discovers this is a false hope. He enters this dysfunctional family dynamic where there is a lot of drinking, arguments and violence originated from his father’s turbulent behavior which was mostly directed towards his stepmother and eventually him as well. Árni was emotionally and physically abused, as well as emotionally neglected. According to the CDC (2014) physical abuse is when a parent or a caregiver uses violence to physically harm the child and emotional abuse is when the child is being threatened with harm which makes the child feel unsafe. On top of this his stepmother fails to protect him from his father abusiveness which Munro (2008) denotes as being emotionally neglected. Árni mentions that his father was never violent to his siblings which leads one to wonder what caused his father to be only violent towards him and not his siblings – had it something to do with that his father not wanting him in the family or had it something to do with Árni’s temperament? Well, as if it was not enough that Árni had difficult times in his family home he was also bullied by a group of older boys in the community, and it seemed like wherever he went he was never safe from harmful situations. But as he grew older and stronger he started realizing that being a tough guy was a solution to his problems. This is in agreement with Lazarus (1999) coping process of primary- and secondary

appraisal which is when people evaluate a situation to be stressful (primary appraisal) and their exploration of what coping options are available to them to reduce or eliminate that stressful situation (secondary appraisal). In Árni's situation he found out that being a tough guy helped him eliminate the threat which the older boys who had been harassing him had posed to him, and he found that this role of being a tough guy was a solution to his problems.

Coping Behavior

Árni entered a maladaptive path after he had gained respect from his peers for not letting anybody treat him badly, and he finally felt like he fit in with other adolescents who were on a similar pathway as him. His coping mechanism to deal with his dysfunctional family environment was to socialize with youth who were on delinquent pathways through drinking, stealing, and excessive partying. Árni says: *"This was sometimes great. This was...there was, some kind of, you know, solution to me, like social approval."* He first started drinking by the time he was 11 years old, and did occasionally for the next two years, but he says that he started drinking socially and more frequently between the ages of thirteen and fourteen years old. Árni tried to finish high school but dropped out when he was 15 or 16 years old due to his excessive drinking behavior. After he dropped out of high school he started working in various fishermen jobs around Iceland but he kept getting fired from those jobs since his drinking behavior had worsened to the point that he was drunk over long periods of time, which was affecting his work. He understood at that time that he had become an alcoholic and decided to go to rehab at the age of 18 or 19.

He remained sober for the next two years but the negative side of rehab was that while he was there he befriended hard core punk rockers who were in bands, and who were struggling with drug addictions. Árni mentioned that he felt like a choirboy in comparison to his new friends since he had only been dealing with alcohol abuse. Árni admired his new friends profoundly, and wanted to be just like them which eventually led him to relapsing after merely two years of sobriety. Árni says at that point alcohol did not excite him anymore and he turned to using drugs just like his punk rocker friends were doing.

Ehm...when I failed my sobriety then I went all in, just...using drugs...and just after a week I started shooting up, and you know...started using all kind of drugs on a daily basis, just whatever drug that I got my hands on and I really did not care about what happened to myself.

Árni continued using these maladaptive coping behaviors over the next few years, and he was in and out of rehab and prison due to his violent behavior, burglaries, and for selling drugs. It was not until Árni started experiencing that he was going insane as a result of his addictive and unhealthy lifestyle that he made him want to turn his life around. He however needed help with getting his life together since he had previously financed his lifestyle with illegal activities, and when he had closed that chapter in his life, he needed to find another way to take care of himself. Árni discloses that he was at one time living in his car due to his bad financial status, but he decided to go back to rehab to get a better grip on his situation. Árni managed finally getting to a better place in his life with the help of an instrumental turning point and various protective factors he had in place that turned his life around for the better.

Coping behavior reflections

Árni finds a temporary solution to his problems by using escape-avoidance coping behaviors to alleviate the stressful situations occurring in his life as a result of his dysfunctional family setting by establishing a close social bond with peers that were on delinquent pathways. Helgeland (2009) emphasizes that both men and women who came from a dysfunctional family setting and who had behavioral problems were more prone to creating a strong social bond with peers who were involved in substance abuse and criminal behaviors. These peers who they have created a strong social bond with became their negative 'significant others' and denote relationships with people who are living on the outskirts of so-called socially unacceptable values, such as belonging in a criminal gang and the socialization and learning of drug use. As for Árni his newfound friends that were living in these outskirts became his negative 'significant others' as Helgeland would say, and helped him cope with his situation in a maladaptive way. Lazarus and Folkman's (1999) WOCC coping measure list consists of escape-avoidance coping behavior which denotes trying to make yourself feel better and cope with your stressful situation by eating, smoking, drinking or using drugs. Árni's coping behavior was to avoid dealing with his dysfunctional family situation by numbing himself with excessive drinking, stealing, and partying with his newfound friends, and he continued to go deeper and deeper into this maladaptive way as an adult as well. Both Whitfield (1998) and Helgeland (2009) have found out that people who have experienced traumatic situations and have not recovered from those experiences are more likely to use maladaptive coping behaviors such as substance abuse, criminal activities, injected drug use, and variety of other

harmful behaviors to deal with their traumatic experiences. Furthermore, Cartwright and Cooper (1996) clarify that this maladaptive coping behavior might work for people in the short-term as a means to forget what is troubling them but in the long-term it can have detrimental consequences on their well-being. Árni's use of these maladaptive coping behaviors in the long run was starting to affect his mental health negatively, and it was not until he felt as if he was going insane that he starts re-evaluating his life. As Whitfield (1998) explains it is not until people are ready to deal with their traumatic experiences that they can start their journey in healing themselves and getting to a more successful place in their lives.

Turning point

Árni explains that he felt he was going insane since he was hearing voices in his head and having all kinds of delusional messages that he was chasing around. Árni had these delusional behaviors for about a year after he got sober, but he believed in a way that these delusions were positive since the messages were generally telling him to find something – he kind of felt that he was chasing a pot of gold at the end of the rainbow. One of these delusions happened to have a long-lasting effect on his life and altered his life onto a more positive and successful route when Árni was around 30 years old.

One of them [delusional messages] were that, ehm... then, yes then Laddi [Icelandic actor] was advertising Grease in Borgarleikhúsinu [e. Icelandic City Theater] and, and here... and I somehow read from that Borgarleikhúsið would pay me if I would go see the Grease show...that I would get money from them. So, I went to see the show and did not get any money from them but then a few months later when I was going over the stuff in my wallet then I see the ticket from the Grease show and on the ticket it says Listabraut [e. Art Street] which is the street that Borgarleikhúsið is located on...and from there I decided to start studying Art studies because it was written on the ticket. Which became, you know, just...obviously was...a good fortune for me, because somehow...as soon as I started in this study I found myself.

Árni says that he discovered himself when he started studying Art, and to his own astonishment he excelled. He was always among the top five students with the highest grades. This new found interest helped him detach himself from the destructive pathway that he had been on but he shortly found out that he needed additional help to continue on this successful route, so he decided to enter rehab to get a better grip on his life. He found additional help in various forms

of protective factors that were available to him which in turn helped him cope adaptively to the norms of his society.

Turning point reflections

Werner and Smith (1992) and Luecken and Gress (2009) have stated that children who are exposed to multiple traumatic situations in their family environment are more at risk for developing negative mental disorders in adulthood. These mental disorders can be in the form of depression, suicide attempts, anxiety, substance abuse and use, and as well with violent behavior. Árni was fast approaching becoming those who develop negative mental health in adulthood as a result from not coping effectively with his traumatic experiences, but interestingly his degrading mental health became his savior since it led him to enrolling in school. Werner and Smith (1992) have discovered that some of their participants who had been on destructive pathways as adolescents still managed to adjust successfully into adulthood with the help of 'second chance opportunities' or critical turning points in their lives which altered their lives to the better. Árni's turning point may have saved his life and helped him detach himself from his destructive ways for good.

Protective factors

One of the most influential protective factors in Árni's life was when he was accepted into a vocational rehabilitation program named Grettistak after he finished rehab. Grettistak is a program that helps former drug addicts rebuild their lives and provides them with support, for example with housing, benefits, education, work and other support needed to adapt successfully in society. Árni says that he really appreciated the help from Grettistak, and that he felt for the first time that someone wanted him to succeed and be well. The help that he received from Grettistak was vital for him to continue on the right track and gave him the opportunity to figure out what he really wanted to do with his life. Árni decided that he wanted to continue with his education within the field of creative studies. Árni states that he never had a good support system in place until Grettistak came into the picture, and he managed slowly but surely to re-structure his life for the better.

Árni also notes that his youngest half-brother from his father's side has always kept in contact with him even when he was heavily submerged in his substance addiction, and that his half-brother has remained a good support to him throughout his life. Additionally, Árni says that

after he became sober he met his ex-girlfriend, and that her family welcomed him into theirs with open arms. He received significant emotional support from her family and although he and his ex-girlfriend eventually broke up, her family continued to be a great source of support for him over the years. They nudged him to start seeing a therapist to work on himself and deal with the scars from the past - which has been helpful for Áрни in understanding that he is not to blame for his maladaptive ways into adulthood, but that his dysfunctional family setting is the leading cause to his pathway. Along with seeing a therapist he has also been attending meetings called Double Winners which is a combination of Alcoholics Anonymous (AA) and Al-Anon. Áрни says that in those meetings he has learned that traumatic life experiences can cause people to abuse alcohol and drugs to numb themselves from the pain related to their traumatic experiences. He has made healing strives towards recovering both from his traumatic childhood and his maladaptive pathway into adulthood. He finally feels that he can let his guard down and be somewhat vulnerable, and that he does not have to play the tough guy role anymore.

Yes, and just...this, this has kind of been, this has been a big step, to...to reach somehow, such reconciliation with that part of the past. And just...not be, do not have to be afraid to talk about this, and not worry about my feelings. Because just the fear of being vulnerable...ehm...always put me in defensive mode, and you know...I somehow felt like I could never be somewhat underneath...you know...could not, I could (...) not lose any fights.

Having difficulties showing vulnerability to others has affected his capabilities in maintaining a long-term relationship which he links to his dysfunctional family setting in childhood. He has made an effort to deal with this part of him in therapy since he wants to be able to maintain a fulfilling relationship in the future.

Protective factors reflections

Áрни always had to rely on himself since he never had any positive support system in place that gave him protection against his dysfunctional family environment in his childhood. As Werner and Smith (1992) point out protective factors can mitigate the negative impact that a traumatic situation has on individuals, and can reduce the likelihood of individuals using maladaptive coping behaviors as a solution to their problems. So, when Áрни has no one to turn to with his problems as a child he enters into a maladaptive path as a means to survive in his dysfunctional environment. It was not until he entered adulthood and became sober that his life started to change to the better with the help of an important turning point and protective

factors that emerged with his sobriety. In order for Áрни to sustain his sobriety he sought after social support which is a coping behavior on Lazarus and Folkman's (1986) WOCC list and denotes actions to attain informational support and talking to someone who could do something about the situation, which he received from Grettistak. One of the most vital protective factors that now became available to him was from Grettistak since the people that worked there helped him build a solid foundation for him to rebuild his life on, and helped him set goals for the future. The coping behavior playful problem-solving from Lazarus and Folkman's (1986) WOCC list refers to efforts to change the situation by making changes in your life in order for things to work out, which Áрни is doing thoughtfully by turning his life around. From there he has continued on his successful path on re-structuring his life in a healthier way, and has along the way, established new connections with people who aim to help him achieve a more fulfilling life. He now finally has a support system in place and a life that is worth living which he does not want to lose, and this mind set helps him stay on the road to his continuing success.

Now and the future

Áрни is now 43 years old and has been working on his sobriety for the last eleven years. He finally feels that he has reached a good place in his life. He has a good job working in the film industry and has managed to build up a good social network around him. He says that although he has made progress he still has a long way to go recovering from his past, but that he continues to go to therapy on a regular basis to resolve those issues. Áрни also feels that he has built up a life that is worth living, and just the thought of him losing everything that he has managed to accomplish so far helps him continue his successful adaption into the future. In addition, Áрни says that he sees himself after a few years starting his own family: *"Ehm...I want...here...want a family. You know, something just....I have always wanted to have a little boy or a girl. And just, you know, build my life from there."*

Now and the future reflections

Positive appraisal is one of the coping behaviors which Lazarus and Folkman (1986) have on the WOCC list and refers to Áрни's feeling that he came out of the situation a better version of himself. Áрни has with positive appraisal rediscovered what is important for him, and that has motivated him to improve his life in a successful way. Áрни in the present has re-constructed his

narrative identity from his continuously evolving life story which he molded from his past experiences and his hopes for his future with his narration about how he managed to enter this successful stage in his life. Or as McAdams (2003) asserts that people create their narrative identities to convey 'how they became to be who they are today' and 'where do they want their lives to be heading in the future'. One can argue that Árni he has developed resiliency as he is able to bounce back to normal life after being lost in a destructive path for a long time. However, although he has now acquired a resilient nature it does not ultimately mean that he has recovered fully from his past experiences. According to the American Psychological Association (APA) (2015) resilient persons that have gone through difficult times in their lives often experience depression but they are equipped to move on, bounce back, and recover from that experience. As Árni himself says then he still has a long way to go in dealing with the scars from his past, but that he is gradually taking the necessary steps resolving his emotional problems related to his past so that he can sustain a long-term relationship, and eventually create his own happy family in the future.

5.3. The Life Story of Karen

Dysfunctional family setting

Karen was brought up by her parents in a small town in Iceland alongside with her four other siblings. Karen is the second oldest of the siblings, and she has one older brother, one younger brother and two younger sisters. According to Karen, both of her parents have elementary education and they have been in and out of jobs since as long as she can remember. She says that her parents moved around a lot for jobs when she was younger, and that they often struggled with money problems. It was apparent in the ways she and her siblings were always dressed in second-hand clothes, and were not allowed to participate in any costly recreational activities. She says although that for some reason she was allowed to learn to play piano for one winter, but was then told that they did not have enough money to pay for that anymore. Likewise, Karen says that each time she or her siblings had any money; their parents would ask if they could “borrow” that money from them, and then they would never pay them their money back.

In addition, Karen says that ever since she remembers, both of her parents have struggled with alcohol abuse, and that they were often very intoxicated when she was a child. She and her

siblings often had to take care of their parents when they were in such a state and clean up after them. Karen discloses that it was also very common that her parents would get into heated arguments when they were drunk which in some occasions would end up with her father being violent towards her mother. Her father has a bad temperament which he has a hard time controlling when he has been drinking. Karen explains that it was normal the next day to pretend like nothing had happened when her parents had been out of control the night before. Karen says that her parents have had a rocky relationship over the years due to these drinking and violent outbursts between them and that it has often led them splitting up time after time, but that they always seem to get back together. Just last year her parents split up after her father had become violent towards her mother once again when they had been drinking but that her mother ended up forgiving her father for his conduct and blames herself for what had happened between them. Furthermore, Karen says that it was very common that she and her siblings had to listen to her mother drunkenly talk about how unfair and difficult her life was. Karen explains: *“She never talked like this when she was sober. And there were many letters that I found – she was going to kill herself, she hated her life, everything was so miserable and pathetic in her life.”* Karen notes that her mother’s drinking behavior has been getting worse with each year that passes, and it is probably related to her not feeling well in these dysfunctional circumstances.

When Karen was around 11 to 12 years old her father started being violent towards her older brother who was then around 12 or 13 years old at the time.

(...) when my brother was in eighth grade, the violence really began towards him. It was not often that it happened to him since he gave up living at home shortly after and moved out when he was just 15 years old. (...) Ehm...you see first, naturally, when...first when I witnessed this, then we were watching television. I just remember that I was very scared. They had been working together in the garage. You know, my brother...twelve, thirteen years old and...and he comes in crying...screaming at dad to stop. And dad just runs after him with his fist in the air...I just remember being so scared. I just sat their frozen watching the television.

Karen says that her brother finally had enough of their father’s turbulent and violent behavior towards him which led him to move out of the family home when he was 15 years old. Karen says that her brother continued be in contact with the family and visited them on a regular basis, but at least two of those visits ended up with her brother and father getting into a heated

argument which caused them to fight one another. Karen remembers one time when her mother tried to intervene and stop her father from beating her older brother, that her father made a remark about how his own father had done much worse things to him. Karen adds that her older brother was the only one of the siblings to be subjected to their father's violent side. Karen says that although her father never physically harmed her or her younger siblings they were more exposed to emotional abuse and neglect from their parents. Karen explains that they were often threatened with physical harm if they would not do this or that, and when they helped around the house it was never good enough. In regards to the neglect, Karen says for example that when she was growing up her parents never taught them the importance of brushing their teeth or about proper hygiene like washing their hands after using the toilet. Karen discloses that she was even bullied at school for having yellow teeth and that she did not start brushing her teeth regularly until she started dating her fiancé when she was around 18 years old.

Dysfunctional family setting reflections

Karen and her siblings appear to be in the role as the caregiver for their parents when they are intoxicated. This is evidenced when they take care of them and become emotional punching bags for their mother as she releases her frustration about her situation on them. This dysfunctional family setting was extremely harmful for Karen's development and causes her to have insecure attachments with her parents since their actions are causing her to experience stress and anxiety within the family home. Karen is exposed to emotional abuse and emotional- and physical neglect, she witnesses her father being physically abusive to her brother and to her mother, and her parents' out of control drinking. As CDC (2014) describes emotional abuse as when a parent or caregiver uses a threatening tone with the child which makes the child feel as he/she could be physically hurt which Karen experiences a number of times with her father. Furthermore, Munro (2008) states that emotional- and physical neglect refers to when the parent or caregiver fails to provide the child with adequate nutrition, housing and clothing, and/or by neglecting the child's psychological needs. Karen's parents were struggling to provide for the whole family which is apparent when they were 'borrowing' money from their children to make ends meet; their dire financial situation is also the result from their unstable employments. Karen's psychological needs were also being neglected whenever any problems happened in her family as they were swept under the carpet, and everyone pretended as if nothing had happened, which left the traumatic situation unresolved. Distancing is a

coping behavior on Lazarus and Folkman's (1986) WOCC list and refers to efforts to detach oneself from the situation and trying to forget it occurred. This type of coping behavior seems to have helped Karen deal with her dysfunctional family setting at the time, but nonetheless, still kept her trauma unresolved and unrecovered.

Coping behavior

Karen says that her upbringing had a negative impact on her ability to make friends. She says that she did not have a lot of friends as a child and that status is similar now as an adult. Karen explains that she did not want to invite the few friends she had over for a visit since her father had such an unpredictable temperament, and that he could lash out on her or other family members for almost no reason at all. Karen discloses about this one incident when she had a few friends over for a visit where her father became furious with her for something that she wasn't allowed to do, and he ended up screaming furiously at her in front of her friends. Karen says: *"(...) and this was such a humiliation for me. I never dared to invite someone for a visit...afraid to...to get shamed like that again in front of my friends."*

As Karen entered adolescence she found herself trying to find ways to cope with her dysfunctional family setting. So, she decided to join a religious church group and thought that it was there she would find some meaning with her life. She, however, quickly found out that this religious church group was not something that was working for her and she left. Another way she coped with her family life was seeking attention from men in order feel that she was worth something or to gain some type of recognition, which resulted in her being stamped "the town slut".

But, here...yes, then I sought after guys a little bit (...) I don't know, you just are looking for comfort or something like that...looking for some kind of recognition. So, here...I kind of went from one guy to the next guy.

Karen felt a little lost during her adolescent years, but her life changed for the better when she moved with her parents to a new town when she was around 17 years old. Not so long after she moved there, she met her fiancé Róbert, and they have now been together for about thirteen years and have three children together.

Karen says that she did not understand how much her dysfunctional family life was still affecting her as an adult until Róbert would frequently mention to her that she was lashing out

with irritation and anger towards him and their children when she had been around her parents. From Róbert's comments she started to contemplate what was making her lash out as she was starting to worry that her unbalanced behavior was harmful to her children. So, she decided to seek professional help to work over her problems so that she could feel better and treat her family in a more respectful manner, like they deserved. Karen says that she was around 26 or 27 years old when she decided to see her general practitioner (GP) to get some advice on what she should do, and in that session she really opened up about her dysfunctional family life and how it was making her feel. Karen says that she had not even talked about her dysfunctional childhood to her fiancé Róbert since she had just blocked what had happened to be able to continue on with her life. Her GP referred her to see a child psychologist since she was dealing with things from her childhood, and her sessions with that psychologist has made her see her world in another light. She now understands that her parents are not well, and the main cause is their addictive alcoholic behavior.

Coping behavior reflections

As I mentioned previously, Karen used a distancing coping behavior from Lazarus and Folkman's (1986) WOCC list to deal with her dysfunctional family setting by pretending that nothing abnormal was going on, but it however is clear that Karen knows that her family life is not normal as she avoided having her few friends over for a visit since she could never count on things to be okay in her home. This in turn caused her to establish weak social bonds with her peers. Another aspect of her coping behavior of not dealing head on with the problems was by using escape-avoidance coping which Lazarus and Folkman (1986) discuss as efforts that can be somewhat maladaptive since it refers to avoiding interacting with people and trying to escape the situation by eating, drinking, smoking or using drugs. In Karen's instance she searched for some kind of solution by being promiscuous during her adolescent years by seeking after some kind of attention. Whitfield (1998) states that when individuals have not recovered from their traumatic experiences it can lead them to use maladaptive coping as a means to make them feel better about themselves, and one method of this type of coping behavior he mentions is promiscuity, which Karen engaged in as an adolescent. Nonetheless, after Karen meets Róbert she finally manages to establish a strong social bond, but since she had still not dealt with her dysfunctional childhood experiences her emotions were very unbalanced, especially after she had been around her parents. It is clear that she needed to

work on recovering from the traumatic events she experienced as a child, and it is not until she started going to a psychologist and started opening up about her childhood that she understands how her dysfunctional family setting had affected her and still continued to do in adulthood. This process of seeking social support is a coping behavior on Lazarus and Folkman's (1986) WOCC list and refers to efforts to talk to someone about the situation by getting professional help or talking to someone and ventilating about how you feel, which Karen has sought to do with her psychologist.

Protective factors

Karen's grandmother has had a huge positive impact on her life and she says that she could always trust her grandmother to comfort her when she felt down. Moreover, when she was with her grandmother she could count on the fact that they would be doing something fun together, which she felt rarely happened with her parents. Karen says: *"Yeah, I just remember mostly after doing something with grandma, rather than with mom. You know, we handcrafted together, and I stayed over at her place, and...we did a lot together, me and grandma, you see."* Her grandmother has continued to be a supportive figure in Karen's life and she says that she can always depend on her grandmother's loving support.

Another important figure in Karen's life is her fiancé Róbert but after she met him her life changed for the better. Karen says that the only problematic factor is that since Róbert comes from such a good home he does not understand completely why she puts up with her parents when they treat her badly, he does not comprehend how it is to be raised in such unhealthy environment, or the effects it has had on her. So, when Karen started seeing the psychologist she asked Róbert to join her in one of her sessions as she wanted him to get the full picture about her dysfunctional childhood, and how that upbringing has made her emotionally unstable since she had never dealt with her dysfunctional childhood experiences. Karen says that after she started talking openly about what had happened during her childhood to Róbert it has made them even closer than before, and he now understands her better.

Furthermore, Karen stated that she barely had friends when she was growing up and that pattern continued into adulthood until her fiancé introduced her to his ex-girlfriend Unnur. Róbert felt that Karen and Unnur would have a mutual foundation to bond over since they both came from dysfunctional family settings. Karen says that she and Unnur decided to become

best of friends, and that they have been a great source of support for each other over the years. Karen explains that having a friend that really understands how it is to be brought up in a dysfunctional family setting, and the effects it can still have on you as an adult has helped her understand so much about herself, and has also opened her eyes to others in similar situations.

Protective factors reflections

As maintained by Werner and Smith (1992) protective factors are found on individual, family and community levels but Karen's protective factors are mainly located within the community level, and are related to caring relationships with her grandmother, her fiancé Róbert, and her friend Unnur.

During her childhood Karen sought after emotional support and care from her grandmother as she provided Karen with a safe haven away from her dysfunctional family environment. However, as Karen grew older she established a close attachment to her fiancé Róbert and relied on him for social and emotional support. It appears that both her grandmother and Róbert have been positive 'significant others' for Karen which Helgeland (2009) denotes are individuals that people have established a close attachment with and interact with one another on a regular basis. Helgeland (2009) clarifies that the interactions they have with their positive 'significant other' affects their values, knowledge, attitudes, abilities and helps them create a strong social bond which in turn encourages them to adapt more successfully within their social environment. It seems as if Karen's grandmother was her 'significant other' during her childhood but in her emerging adulthood Róbert becomes the 'significant other' that she turns to when things are bad. More so, Róbert has also helped Karen create a social bond with his ex-girlfriend Unnur who he knows has also experienced a dysfunctional family setting just like Karen. This newfound friendship seems to have helped Karen a great deal as she now has someone that understands what she has gone through and who she can relate to as well. Karen's and Unnur's similar lived experiences become their collective story since as Plummer (2001) has illustrated this is how collective stories are conveyed. He says that "the individual tale becomes a collective tale: the one voice (Karen) may be the voice of many (Karen's and Unnur's). Additionally, as Richardson (1997) stated individuals might not see themselves as fellow participants to others in a collective story, but after Karen understood that she and

Unnur had a shared experience of being exposed to dysfunctional family settings it gave them a mutual ground to bond over and a sense of unity.

Turning point

The turning point in Karen's life was when she met her fiancé Róbert as he managed to change her life for the better with his caring and loving support. As Karen had explained in her adolescent years, she felt lost and vulnerable which made her search for some a solution to her problems in the wrong places for attention, and it was not until she moved with her parents to a new town, and met Róbert, that she felt that her life changed for the better.

Róbert has helped improve her life by being her rock through her up and down dysfunctional relationship with her parents. Karen says that Róbert comes from a really good home where there is never any drama or dysfunction going on, and that she is still getting used to how openly and freely his family talks to each other when they are dealing with problems in comparison to her dysfunctional family. Róbert and his family have had a positive influence on Karen as they serve as a model for her to witness first-hand how a healthy family communicates and behaves. Karen feels she has created a good life with Róbert and their three children together, and she hopes to give her children a better life than she had.

Turning point reflections

Since Karen is still working on recovering from her dysfunctional childhood she does not have significant turning point set in her life just yet which she can attribute to the profound changes she has made within herself that have altered her life for the better. Gotlib and Wheaton (1997) assert that turning points are not noticeable to individuals until some time has passed by, and only then they are able to attribute a life altering change within themselves to a specific event or to a specific person. But from what Karen mentioned during her life story, we see that her life started to blossom after she met her fiancé Róbert. According to Helgeland (2009)-positive 'significant others' are often spouses that help alter the individual's life for the better. The same applies to Karen since after she met Róbert her life started to progress towards a more positive path and Róbert has been an important part of that process. Karen has just recently started working on recovering from her dysfunctional childhood experiences, and still has some way to go since she is, for the time being, learning to set healthy boundaries with her

parents so that they cannot continue on to treat her badly. So, after a few years she might discover the turning point that have factored in her success.

Now and the future

Karen is now 31 years old and her mind is set on creating a happy family life with Róbert and their children. So, she has now started on setting healthy boundaries with her parents in regards to how they speak to her and treat her. Karen says for an example when her youngest sister's confirmation was held, her parents asked her to help with the food, and she thought that this was going to be her only task until someone spilled something on the floor, and her father snapped at her. Karen says: *"I just thought that I was helping with the food and stuff like that but then someone had spilled some liquid in the hallway, and dad just comes screaming at me as I was a filthy rag...that I should just fucking clean that mess up."* Karen adds that this is just one incident of many that has happened between her and her parents over the years, but now she understands that it is not healthy for her to let her parents treat or talk to her like that, so she had decided to establish boundaries between them for her own well-being.

Karen is now in the process of sorting out her life with the support from Róbert, Unnur, and her grandmother as well as with the guidance from her psychologist, who she meets with on a regular basis. Another aspect of her process of sorting out her life is in regards with her employment. She has been working with children since 2012 and really enjoys it, so she has started taking the steps towards getting the education she needs to have better job security and a higher salary. These are all steps that will help her adapt more successfully into adulthood and add to her well-being. Karen ends by saying that she is determined to give her children a better childhood than she experienced as a child, and she wants her children to be able to express themselves freely and openly in a happy family environment.

Now and the future reflections

According to Lazarus and Folkman's (1986) WOCC list, Karen is in the process of applying playful problem-solving as an effort to change her situation and concentrate on what has to be done to make a change. Karen is attempting to do this by setting firm boundaries with her parents so that she can resolve her unstable emotions related to her lived experiences of the past and her experiences with her parents in the present so that she can aim for a happier and more stable future with Róbert and their children. Bruner (2003) would claim that Karen is re-

structuring her narrative identity with the memories of her past and her longing for a good future which helps keep Karen motivated to continuously structure and re-structure her identity. This allows her to work through her situation in the present. Karen is also in the process of rediscovering herself by using Lazarus and Folkman's (1986) positive reappraisal coping behavior, and she is gradually realizing what is important in her life. This has motivated her to start making significant changes in her life. Karen is still in the process of recovering from her dysfunctional childhood experiences but she is taking the necessary steps towards her success. Karen's success has started with her taking steps to sort out her life, focusing on herself, putting Róbert and their children's well-being first and foremost, and if she continues on this recovery journey with the support from her protective factors she is bound to pull through these traumatic and painful events from the past and overcome them with her resiliency, or as Reich, Zautra and Murray (2010) would say she will bounce back from her traumatic experiences and sustain and recover from those experiences.

5.4. The Life Story of Steinþór

Dysfunctional family setting

Steinþór was raised in a middle class family in a small town in Iceland. His parents are well educated and have been working together as teachers within the same school. Steinþór has one half-brother that is twelve years older than him and one brother that is two years older. His brother that is two years older has some type of borderline autism spectrum disorder, and they have never fully connected with each other in spite of living in the same household. However, Steinþór says that he has a good connection with his half-brother.

In relation to his dysfunctional family setting Steinþór says that his parents are alcoholics, and on top of that his mother also has manic depressive disorder. He says his mother can either be very happy or very depressed, and when she drinks it fuels up her manic depressive state of mind and can intensify her feelings even more so. Interestingly, Steinþór says that his parents differ in their drinking behavior.

(...) they are two very different types of alcoholics...that is...dad wants...is home and drinks, you see...and does not talk to anyone, you see...and...and is kind of a better drunk...that is just at home and you do not have to worry about him. Mom thinks she is real fun, you see...and she is...she wants to go out and socialize...and

she is...becomes very intoxicated, you see...she...she is like...can just fall asleep...and becomes like a total embarrassment to herself.

Steinþór describes his parents as being weekend alcoholics while growing up and during the weekdays they generally did not drink. For those reasons, Steinþór feels that his childhood was usually fine, and that he has both pleasant and unpleasant memories of his parents from his childhood.

You know...this one time...I guess I was around fifteen...sixteen years old...you know, helping them...you know...they were just lying in our garden half past out (...) you know, then I was helping them getting up, you see. You know that these are not normal circumstances, you see, to be dealing with (...) you know, it does not annoy you that much, but you know... I realized later that this was...perhaps crazy to be dealing with... I was just so codependent, I just...thought this was how it was and...I just fixed the situation

Steinþór notes that after he and his brother moved out of the household that his parents' drinking behaviors intensified, especially his mother's drinking behavior. Her drinking was more out of control than ever before. Steinþór says: "*Well, like I have said, then this has somehow intensified over the years and somehow...each time they get drunk has been getting worse and worse.*" Steinþór elaborates that his worst memory in regards to his parents' dysfunctional drinking behavior happened a few years ago, and that incident affected him deeply. He says that his mother had been cheating on his father on some occasions and when his father found out about the cheating it led to them having a heated argument which ultimately led to his mother trying to take her own life. As Steinþór says this incident affected him emotionally, but with the help from his fiancée Anna and his half-brother he managed to pull through that event with their support.

Dysfunctional family setting reflections

Steinþór appears to have developed resiliency from a young age which as Reich, Zautra, and Murray (2010) explain is the process of being able to bounce back quickly from traumatic experiences and overcoming them more effectively. Nonetheless, these experiences do of course affect Steinþór emotionally, but he is better equipped to process these traumatic experiences and move on with his life by not dwelling on the negative things from the past. Probably what played some part in his success is that his parents somehow managed to maintain a somewhat functional family setting during the weekdays while over the weekends they had a dysfunctional

family setting caused by their drinking problems. Steinþór experienced emotional neglect which Munro (2008) explains is when a parent or a caregiver fails to protect the child from abuse or by neglecting the child's psychological needs. In Steinþór instance his parents failed to provide him with a stable and safe family environment with their out of control drinking and deviant behaviors, but somehow Steinþór manages in spite of his dysfunctional family environment to grow into a competent and caring adult which is in line with Werner and Smith's (1992) longitudinal research about resilient children who develop into successful members of their society in spite of their dysfunctional family environment.

Coping behavior

Steinþór says that he never gave his parents problems a lot of thought as a child and that he just dealt with his parents' situations when they happened, but as an adult he now understands how dysfunctional his family life really was. Steinþór elucidated that although he has turned out fine it is another story for his brother who is two years older than him. His brother was very closed off while growing up and had problems relating to his peers while Steinþór was very social and had lot of good friends. Steinþór says his brother did not have any friends in childhood which he links to his brother's 'weird' behavioral tendencies. He also suggests that their family life probably affected his brother more negatively than it did him. Early on, his brother started using drugs and has been on that destructive pathway ever since, and Steinþór says that he has no interest in being in too much contact with him since he does not want that negativity in his life.

Steinþór says that having a good social support network in place and having someone to talk to about what was going on in his life was vital for him to cope with his family situation. He had his friends, grandparents and half-brother to turn to if he needed to vent about what was going on in his life. He also adds that he has always been outgoing and socially active, which has been very helpful for him to not dwell on the negative things happening in his life. Steinþór says: *"I have always... I have never been one to close myself off completely or anything like that (...) I cannot imagine how it would have been if I had been closed off, you see... in these circumstances."* Likewise, Steinþór feels that he coped with his family situation by not taking his parents' actions too seriously, and also by being able to see the comedy in his parents' absurd behaviors over the years when he reflects back at those moments.

Coping behavior reflections

Steinþór deals with his dysfunctional family setting in a successful and adaptive way by surrounding himself with social support through his friends, grandparents, and half-brother when things were bad at home, which is a coping behavior from Lazarus and Folkman's (1986) WOCC list of seeking social support. Another element also factored in his adaptive coping behavior is his own individual characteristics of being socially active and having a positive outlook on life. This is an element found under Werner and Smith's (1992) protective factors located within the individual, and refers to resilient child characteristics such as being socially active, having good temperaments, having a positive outlook on life, not getting upset easily and having control over their emotions, all of which help a child adapt more successfully into adulthood. Another coping behavior which Steinþór has used to deal with his dysfunctional family situation is distancing which is a coping behavior found on Lazarus and Folkman's (1986) WOCC list and refers to efforts Steinþór has taken to detach himself from his parents' problems by making light of the situation, by not taking it too seriously, and by seeing the comedy in his parents' turbulent behaviors over the years. Patterson and McCubbin (1978) concluded that men generally tend to be humorous when coping with stressful situations in their lives, and similarly Frydenberg and Lewis (1991) found that men are more likely to make light of these stressful situations. Steinþór has however managed with his sense of humor and a positive outlook on life to navigate his way to adulthood successfully.

Protective factors

Steinþór's girlfriend, Anna, has been his greatest support in his life and is always there for him if something comes up. He met her shortly after he moved to Reykjavík to finish his vocational degree, and they have been together for about 6 years. They recently welcomed their first baby into the world, and have been adjusting to their new role as parents. Steinþór adds that he has never been happier with his life. Steinþór makes sure that he and Anna talk things through if any problems come up between them since he feels that the main cause for his parents' dysfunctionality is related to them never talking about their problems, and instead simply shoving it under the carpet and thinking it will just disappear.

In addition, Steinþór and his half-brother been a good support system for each other when things have gone out of control in their family dynamic, and he says that the support his half-

brother provides him with “is not always about the process of opening up and being in tears, but it can be just as much support to talk about the issues and tell stories and even laugh or make fun about it.”

Protective factors reflections

As I mentioned before Steinþór's own individual characteristics have helped him on his successful journey into adulthood, but as Werner and Smith (1992) noted individuals' temperament and a positive outlook on their lives are helpful elements that help aid in their successful adaption to adulthood. Steinþór's good temperament and excellent social skills played a big part in his successful adaption into adulthood, as well as having a solid support system in place throughout his whole life has helped him tremendously. Steinþór appears to have had a solid support system alongside the protective factors within the individual, within the family and within the community. These are all protective factors that Werner and Smith (1992) have found to be helpful in reducing the impact of maladaptive outcomes for children who have been brought up in dysfunctional family settings. These protective factors within the family refer to caring family members and other positive family dynamics, but here it is his half-brother support that has helped him during difficult times. Protective factors within the community denote caring adults outside the circle of the inner family, such as his grandparents and his fiancée Anna. Steinþór has protective factors located on all three levels which Werner and Smith (1992) have found out to reduce the likelihood of using maladaptive ways to cope with stressful situations which leads to adaptive ways to deal with them when then also leads to successful adaption into adulthood.

Turning point

Steinþór does not mention a clear-cut turning point in his life, but his fiancée Anna has been an important figure in his life that has helped him understand that he is still even in adulthood, codependent to his parents' drinking problem. Anna comes from a healthy family setting and has been helping him understand that what he went through as a child is unacceptable.

She is good at reminding me that these family circumstances are not normal and not acceptable for any child to grow up in (...) it is good that she says this to me, especially when I am feeling sorry for my parents in some codependent state of mind.

Steinþór says that he is still very much involved in his parents' lives today although they are still dealing with alcoholism, and he often gets sucked into his parents' problems time after time, but with Anna's support he is able to get over those problems with better ease. He still has not learned to set boundaries with his parents since he sympathizes with their situations, but with Anna's help he is slowly learning that it is not healthy for him to be involved in his parents' problems.

Turning point reflections

Steinþór himself has not noticed a particular turning point in his life in regards to feeling that his life has been altered for the better, but as what I gather from our interview his girlfriend Anna has been an important figure in his life and has influenced him in wanting to be a better version of himself. She helps him understand that he needs to set boundaries with his parents for his own well-being, especially now after they have formed their own little family together. Anna has become his positive 'significant other' in his life which Helgeland (2009) illustrates are individuals who people have formed a close attachment to, consider being an important figure in their lives, have influenced their values, knowledge, attitude, and helped them develop strong social ties that are essential for them to exist in their society. Anna has been helping Steinþór in his process of dealing with his parents in the present but as Steinþór mentioned his parents' drinking behaviors have gotten worse after he and his brother moved out of the family home. Their behavior has had more effect on Steinþór now as an adult than when he was a child. Anna has helped influence his values, attitudes and knowledge by helping him understand that it is not healthy for him to be caught up in his parents' problems as there is nothing that he can do to control their actions. This has led to Steinþór starting planful problem-solving from Lazarus and Folkman's (1986) WOCC list which refers to efforts to change his situation to the better with Anna's support by learning to set boundaries with his parents in order to protect his own well-being.

Now and the future

Steinþór is now in his thirties and his vision for the future is to provide Anna and their baby with a stable and happy family life. Steinþór also says that he never wants his child to experience a dysfunctional family life like he did, and that he will shelter his child from that by any means necessary. Steinþór feels that his future looks brighter than ever with Anna and their

child by his side, and his final words about his future were: “*The future looks just bright, you see. Just, here...care for my child and, and live in a good home and have good salary, that is...that is the plan for now, you see.*”

Now and the future reflections

It appears that Steinþór’s outgoing personality and his use of the positive available social resources around him have aided in his success, and helped him adapt effectively in spite of his dysfunctional family setting. Steinþór’s way into adulthood has been relatively straightforward for him since he has always had a solid support system in place which Werner and Smith (1992) have found to be located within protective factors on individual, family and community levels. These have helped him resolve any problems that have crossed his pathway into adulthood. Steinþór is however in the process of Lazarus and Folkman’s (1986) planful problem-solving in regards to making changes in his environment by establishing boundaries with his parents and by building a prominent future for him and his newly formed family. Steinþór is also in the process of positive reappraisal which Lazarus and Folkman (1986) refer to as efforts that focus on personal growth and rediscovering what is important to the individual. Steinþór’s personal growth is evident as he transitions to his new role of becoming a father and becoming fully responsible for the well-being of his child, which gives him a new perspective on what, is important in his life.

6. Discussion

The heart of this research is composed of the subjective narrations of my four participants’ continuously evolving life stories, and relies on their abilities to retrospectively re-evaluate their past, evaluate their present, and prospectively anticipate their future so that we can understand how they have structured and re-structured their narrative identities which as McAdams (2006) says explains how they came to be the persons they are today and where they want their lives to head in the future. All four of my participants have in common the fact that they have experienced a stressful childhood that was caused by their parent’s neglect and/or abuse towards them, but they all have managed to beat the odds of developing negative mental health and behavioral problems in adulthood by becoming successful members of their

societies. Their subjective narrations about their lived experiences becomes a collective story in the context of this narrative research, which can provide them and others with similar backgrounds with a sense of unity and a deeper understanding of themselves as an individual. Hence, in order to expand on what promoted their successful adaption into adulthood in spite of their dysfunctional childhoods, I set up two research questions to guide me in my search of understanding what aided in their success:

What has helped resilient adults who have experienced a dysfunctional family setting in childhood adapt successfully into adulthood?

What coping behaviors have helped individuals who were raised within a dysfunctional family setting deal with their situation in the past and in the present?

My initial thought processes surrounding this thesis were that children who were being brought up in dysfunctional family settings were resilient, and that their resiliency helped them adapt successfully into adulthood. However, as what I have gathered from my research, everyone does not necessarily develop resiliency in childhood. Recall that Árni did not develop resiliency until adulthood because he lacked a positive support system during his childhood, while my other three participants had good support systems in place as children. In this discussion chapter my aim is to answer my research questions by comparing and contrasting my findings and explaining what helped Hanna, Árni, Karen, and Steinþór get to a successful place in adulthood, and interpret how my findings relate to the context of relevant theories and existing knowledge.

What has helped resilient adults who have experienced dysfunctional family settings in childhood adapt successfully into adulthood?

In Werner and Smith's (1992) longitudinal study they found that children who were brought up in dysfunctional family settings managed to blossom into competent and caring adults in spite of their upbringings. Werner and Smith ascribed these children's successes to having developed resiliency despite their circumstances. In addition, Reich, Zautra and Murray (2010) have explained resiliency as the ability to overcome traumatic experiences and move on with one's life without letting the traumatic experiences have too much of an effect on them. Werner and Smith (1992) continued on with saying that the resilient children in their study acquired their

resiliency from protective factors surrounding them on an individual, family, and community level which helped them adapt more successfully into adulthood.

This is the case for Hanna, Karen and Steinþór as they have had good social support systems in place from childhood to adulthood, which Werner and Smith (1992) explain, can reduce the impact of maladaptive outcomes such as degrading mental health in adulthood, or substance use and abuse, and increase the likelihood for their success. Similarly, in Helgeland's (2009) study she writes about the importance of having social support from positive 'significant others'; these are people who live traditional lives set by the standards of their society, and help others develop strong social ties that are essential for them to adapt successfully to their social environments. This is similar to the topic Werner and Smith (1992) talk about as protective factors within the family or within the community in their research. This social support system that Hanna, Karen and Steinþór had during their childhood was through the influences of positive 'significant others', which were mainly protective factors within the community level, and came from their grandparents/grandmothers' loving and caring support for their well-being. Additionally, Steinþór's outgoing personality and positive outlook on life was a protective factor for him located on the individual level. Steinþór himself said that he could not have imagined how his life would have turned out if he had been closed off while living in his dysfunctional family setting, and it is obvious that he believes that he would have gone down the same destructive pathway as his brother did.

So, what about those who grow up in dysfunctional family settings and do not have a positive support system protecting them in childhood? This was the case for Árne because he never had any family members protecting him from his mother's neglect or from his father's physical and emotional abuse, so, he had to rely on himself for his own protection which eventually led him on a destructive pathway into adulthood. As Stoop (2011) claims, children who are being brought up in dysfunctional 'unhealthy' families often experience being disengaged and emotionally disconnected from their family members due to their insecure attachments; this is similar to what Árne had learned. Árne, however, found out as he grew older and stronger that the solution to his dysfunctional childhood problems was to be the tough guy who did not fear anyone or anything. However, that attitude helped him establish social bonds with peers that were on delinquent pathways. This is in line with Helgeland's (2009) research regarding

children dealing with dysfunctional family life and/or behavioral problems; these children are generally more prone to create strong social bonds with peers that are involved in substance abuse and criminal behavior, which Helgeland describes as being negative ‘significant others’. Similarly, the peers that Árni created a strong social bond with became his negative ‘significant others.’ These relationships he had established with people who were living on the outskirts of so-called socially unacceptable values, which in his case denoted individuals who were involved in criminal behaviors and who had substance abuse problems, had a negative influence on his adaption into adulthood.

My findings are consistent with Werner and Smith’s (1992) and Helgeland’s (2009) results on what contributes to children’s successful (Hanna, Karen and Steinþór) and unsuccessful (Árni) adaptations, and how vital it is for their successful growth into adulthood to have positive ‘significant others’ who are located within the family or community around them, as they motivate them to become competent and resilient individuals. This leads us to question what has factored in helping the participants continue on their successful journeys in adulthood, and what factors do they attribute to altering their lives for the better.

Árni entered adulthood in a rough state as his unhealthy lifestyle was starting to have negative effects on his mental health, which was evidenced by his delusional thoughts that were telling him to find something important. Árni was on the verge of no return as he was fast approaching the development of serious mental health issues, but the irony in his experience was that these delusional thoughts became his savior and not his demise, as one of his delusional searches led to him signing up for art studies. This became one of his greatest blessings as it was there where he found himself and what he wanted to do with his life. These newfound discoveries lead him on a journey of personal growth and healing. This profound change in Árni’s life is attributed to a critical turning point in his life which according to Pillemer et al. (2001) are important moments in individuals’ lives that can alter the direction of their lives for the better or for the worse, and are perceived to have long-lasting changing effects on individuals. These moments are specific to the individuals themselves as they represent a profound change in their demeanor in response to these moments. Similarly, Werner and Smith (1992) noticed this in their longitudinal research among the participants that had been on delinquent pathways but managed to turn their lives around due to ‘second chance opportunities,’ or critical turning

points that directed them towards a more successful path in life. This was the case for Árni as his life started to change for the better from the time he started his journey on healing himself, and processing the events from his past regarding his dysfunctional family setting and his destructive lifestyle. Now Árni's life story meets Hanna's, Karen's and Steinþór's life stories since they all find themselves on the same path of wanting to recover from the events of their past in order to restore their well-being and be able to continue on their successful journey towards their future. Hanna, Karen and Steinþór entered adulthood successfully with help from their positive social supports. These supports helped them cope with their circumstances in childhood, but it is not until they became adults that they started understanding how much hurt and damage their dysfunctional family environment had really caused them and was still causing them to experience in adulthood. This was evident in the ways Hanna allowed people to walk all over her, and in Karen's irritated outbursts with her fiancé and their children, and by Steinþór's sympathizing with his parents. Their emotional- and behavioral instability was the result of them not having dealt with the wounds that their dysfunctional family settings had caused them as children, which was now starting to affect their well-being in adulthood. What helped them on their journey of personal growth and healing were turning points in their lives that helped them direct and maintain their successful pathway towards their future.

Interestingly, Árni's turning point helped him break away from his destructive lifestyle and adapt into a more traditional way of living whereas Hanna's turning point helped her break away from being a passive person and become a confident and secure person who did not stand for anyone treating her with disrespect anymore. This ultimately led her to stopping all contact with her dysfunctional family for her own well-being. Mutually, for Árni and Hanna as to when they reflect back on what had shaped them into the person they are today, they both point to the turning points in their lives which they believe has had profound long-lasting positive changes on their attitudes and behaviors, and has helped them become better versions of themselves. However, as for Hanna and Steinþór they were not able to pinpoint any significant moments in their lives that they feel had changed them significantly, but according to Gotlib and Wheaton (1997) turning points are generally not noticeable to individuals until some time has passed, and only then will they be able to attribute a life altering change within themselves to that specific moment. This is interesting since both Árni and Hanna who are in their fifties were able to identify these turning points in their lives straightaway while Karen and Steinþór who

are in their thirties were not so sure about their turning points, but then again this can also be the result of their age differences as Hanna and Áрни have had more time to reflect on their lives and notice a profound change in their demeanors whereas Karen's and Steinþór's turning points have either not happened yet or they still need some more time to pass by to be able to notice a significant change within themselves. I will also argue that the reason for Karen and Steinþór not being able to pinpoint a significant moment that has altered their lives for the better is because they have just recently started the healing process in dealing with the hurt that their dysfunctional families has caused them over the years, and that they still need more time to continue healing to be able to feel a real change within themselves. Nonetheless, what I interpreted from my interview with Karen and Steinþór is that their lives changed for the better after they met their spouses who have become their positive 'significant others', and have also helped with influencing their attitudes and behaviors in a positive way. However, only with time will they be able to attribute a long-lasting change within themselves either to their spouses or to some other significant moment in their lives.

A child's successful adaption to adulthood rests on having positive social support or protective factors on an individual, family and community level around them that help them become competent and caring adults. But their continuing success as adults seems to rely on them dealing with the hurt and the damage that their dysfunctional families have caused them. By doing so, it helps them on their road to recovery which will establish more balance in their lives. This steers me to my next research question which will give deeper insight into what coping behaviors have helped the participants deal with their dysfunctional family environment in the past and in the present.

What coping behaviors have helped individuals who were raised within a dysfunctional family setting deal with their situation in the past and in the present?

I briefly stated in the previous research question that protective factors regarding positive social support helped Hanna, Karen and Steinþór adapt more successfully into adulthood in comparison to Áрни who had negative social support, which led him to enter adulthood in a bad mental state. However, whether the support they had in childhood was either positive or negative, it ultimately helped them all deal in their own ways with their stressful family situations with the use of either maladaptive or adaptive coping behaviors. Holahan, Moos, and Sarason (1987) described adaptive coping behavior as the way people learn to deal with

stressful situations in their lives in healthier ways, and helps them stabilize their well-being in the long run, whilst Cartwright and Cooper (1996) explain maladaptive coping to be the opposite of adaptive coping, as it refers to actions that people often take temporarily to reduce stressful situations in their lives, but is only thought to be effective in the short-term. If they are continued on in the long-term it can have detrimental and damaging effects on their overall well-being. As Whitfield (1998) indicates when people have not recovered from traumatic lived experiences it can lead them to use maladaptive coping mechanisms such as substance abuse, excessive risk-taking, promiscuity and other harmful behaviors in attempt to make themselves feel better. Karen walked the line of short-term maladaptive coping behavior during her formative years by being promiscuous, but that did not go on for a long time, so it did not cause any detrimental mental health or behavioral problems. However, Árni is a prime example of one who used maladaptive coping behaviors as a solution to his problems in the long-term. As a result, his destructive behavior in using drugs and being involved in criminal activities was starting to have harmful effects on his mental health. This is interesting since here I notice a similarity with Karen and Árni, as they are both from a dysfunctional family home where there was alcoholism, physical, and emotional violence originated from their fathers. So, I wonder if there is a connection to them having been exposed to multiple dysfunctional family factors and to them using maladaptive coping strategies. Another finding that is fascinating to me is the similarity with the physical abuse in their homes. In Árni's home, he and his stepmother were subjected to his father's violence but his younger siblings were not, whereas in Karen's family home, her oldest brother and her mother were subjected to her father's physical abuse but not Karen nor her younger siblings. This suggests to me that in households where the father is being violent towards the mother/stepmother, the oldest child in the household, or as in this case sons, seem to be in more danger of being exposed to their father's violence than their younger siblings. Does this also explain why Árni used maladaptive coping in the long-term because he was subjected to his father's physical abuse whereas Karen used maladaptive coping in the short-term because she only witnessed her father being violent towards her family members? If she would have been subjected to her father's violent side would that have led her to using maladaptive coping in the long-term? But, we can more or less interpret that Hanna, Karen, and Steinþór used adaptive coping behaviors that helped them deal with their dysfunctional family setting which helped them with their successful adaption into adulthood.

Another interesting perspective of coping behavior comes from Lazarus and Folkman (1980) as they have distinguished between two main coping behaviors that individuals tend to use when dealing with stressful situations which are emotion-focused coping and problem-focused coping. The former refers to regulating one's emotions that are associated with the stressful situation while the latter refers to being active in dealing with the stressful situation. Furthermore, emotion-focused coping is generally used when a situation is appraised to be unchangeable whereas problem-focused coping is used when a situation is appraised to be changeable or controlled.

This gives me some insight into how Hanna's, Karen's, Árni's, and Steinþór's coping behaviors may have developed from using emotion-focused coping in childhood. Because there was not much that they could do to change their dysfunctional family setting, they needed to find ways to exist within their dysfunctional family environment. In contrast, as they entered adulthood they started using problem-focused coping since now the power was in their hands whether they wanted to continue being involved in their dysfunctional family problems or detach themselves by either learning to set boundaries with their families like Karen and Steinþór are in the process of doing, or just by simply cutting them out of their lives for good like Hanna has. This coping behavior of sorting out their lives in adulthood to attain stability is consistent with Werner and Smith's (1992) results in regards to how their resilient participants who had experienced the dysfunctional family setting in childhood refused to still be involved in their parents' problems in adulthood; their coping mechanism was to distance and detach themselves from their parents, and what kept them focused was their determination to have better lives than they had experienced in childhood, all of which helped with guiding them towards a more successful pathway in the future. This vision on having better lives than they had as children for both themselves and for their own family helps them manage their recovery journey in dealing with the traumatic situations of the past and in the present with the support from various protective factors and positive 'significant others' in their lives.

During the course of their childhood they all used various coping behaviors to mitigate or reduce the harmful consequences that their dysfunctional families caused them, but for Hanna she found that her mother's aggressiveness softened towards her when she was passive, and as a result of her back injury; Árni found peace by distancing himself from his turbulent family

situation with using maladaptive coping mechanisms such as using drugs, alcohol, engaging in criminal behavior, and also by not showing vulnerability; Karen simply went with the flow in her dysfunctional family dynamic by being passive in order to avoid being harmed by her father's bad temper, and in the short term she used promiscuity as a means to receive attention; whereas Steinþór detached himself from the situation by making light of the whole situation with his sense of humor. These are coping behaviors related to Lazarus and Folkman's (1984) WOCC which involves distancing coping behaviors and escape-avoidance coping behaviors. One thing these coping behaviors have in common is that they aid the individual in reducing the stressful situations they experience; they are not however aimed at eliminating the situation. This would be an impossible task for them at this stage of their lives since they do not have control over the situation at hand as children.

However, as they transitioned into adulthood, they realized that the power is in their hands to change the situations related to their parents' problems. From that time, they start using problem-focused coping methods to eliminate the stressful situations that stem from their parents' behavior by cutting them out of their lives, like Hanna did, or by setting boundaries in order to maintain their own well-being in the long run. All of the sudden, they find themselves entering a path of healing and personal growth in adulthood which is evident in the coping behaviors the participants use to continue on their successful journey towards the prominent futures that lie ahead of them. The interesting thing here is that from this time on they are all using similar adaptive coping behaviors to deal with the problems of past and the present. These coping behaviors are also based on Lazarus and Folkman's (1984) WOCC and are all aimed at helping them on their healing and personal growth journey, and denote distancing (detach from their parents problems), seeking social support (spouses, children, friends, professional help etc.), planful problem-solving (making the necessary changes for things to work out for them by setting boundaries) and with positive reappraisal (feeling that they came out of the situation a better version of themselves and rediscovering what is really important to them).

In regards to the gender difference in the ways Hanna, Karen, Árni and Steinþór coped with their dysfunctional family situations, they were more distinct in childhood since both Hanna and Karen developed into passive individuals to cope with their situations while Árni and

Steinþór distanced themselves from their dysfunctional family situations. This is in line with Frydenberg and Lewis' (1991) results on the gender differences that emerge in the different ways in which adolescent girls and boys choose to cope with stressful situations in their lives. However, Frydenberg and Lewis claim that girls are more prone to employ wishful thinking and daydreaming, which highlights the passive persona, while boys are more likely to take chances, stand their ground, and when things are bad, they make light of the whole situation, which is quite similar to the way Árne and Steinþór coped with their stressful childhood experiences. Similarly, Patterson and McCubbin (1978) have concluded that men are more inclined to use humor to cope with stressful situations which is how Steinþór has managed stressful situations throughout his life.

My findings suggest that children who grow up in dysfunctional family settings are more likely to use emotion-focused coping as they are not able to change or control the stressful situations surrounding them. However, as adults their coping behaviors evolve into problem-focused coping strategies since now they are more equipped to change the stressful situation. This allows them to focus on their journey of healing from the past, and on their personal growth of becoming stable and successful individuals.

One aspect that really struck me was my finding about the similarities around Karen's and Árne's dysfunctional family dynamic regarding whether the oldest child is generally more in danger of being exposed to physical violence in a household where the father is being violent towards the mother/stepmother. In both of their family's households their mother/stepmother was subjected to physical abuse from their father as well as the oldest child, which was Karen's oldest brother and Árne himself, while the younger siblings were not subjected to this violent behavior. I would argue that this aspect regarding physical abuse would benefit from further research as it could shed some light on whether or not older children, and especially older sons, are in more danger of being subjected to their father's violent side, and if there are any solutions that could prevent this from happening.

7. Conclusion

My aim for this study was to shed a light on how healthy children who are brought up in unhealthy dysfunctional family settings were able to adapt into successful and competent adults. In order to fully grasp what had helped them with their successful transition into adulthood I found that concepts such as *protective factors*, *positive 'significant others'*, *coping behaviors*, and *turning points* were instrumental elements that had aided in their successes into adulthood.

My conclusion is that healthy children who are brought up in unhealthy dysfunctional family settings are able to adapt more successfully into adulthood by having a positive social support system around them as children. This includes support from grandparents, friends or siblings, and this support helps them create a solid foundation to build their lives on as they enter adulthood. This conclusion is consistent with previous research (Werner and Smith 1992, Helgeland 2009). Nonetheless, this does not mean that they did not suffer emotional hurt from living in a dysfunctional family setting as a child, but it means that the child is better able to manage their situation with the help from their positive social support. Another important aspect that also factored into their successes is the different strategies they used to deal with their dysfunctional family situation in childhood and in adulthood. My findings suggest that children who are living in dysfunctional family settings are more prone to use emotion-focused coping to deal with traumatic situations occurring in their families due to the fact that, as children, they are powerless to change the situation happening in their homes. However, as adults they are more likely to use problem-focused coping as now they have the power to change the situation in regards to how involved they continue to be in their parents' problems. This is especially true if their parents' dysfunctional behaviors are still causing them harm in adulthood. This urges them to start a new journey in their lives which entails healing from the past by seeking social support, planful problem-solving, distancing, and positive reappraisal. All four of these coping behaviors have the same purpose, and that is to be the tools that help them deal with their dysfunctional family life in the present, and motivate them to continue on their work in structuring and re-structuring their narrative identities by becoming emotionally stable and successful individuals who are motivated to provide themselves and their own families with a better life than they had as children.

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Appendix A

Interview Guide:

Factors within the individual:

- Children?
- Marital status?
- Education level?
- Employment status?
- How would you describe yourself as a child?
- Did you enjoy attending elementary school as a child?
- Were you always in the same elementary school as a child, or were you in several elementary schools?
- How was your social life as a child? (friends, hobbies, interests)
- Were you able to invite friends home?
- Can you describe how you experienced your friend's home situation in comparison to your own home situation?
- Did you have any behavioral problems as a child?
- How did you as a child process or deal with though/traumatic conditions which happened at your home?

Factors within the family:

- What was your parent's employment when you were growing up? What are their occupations today?
- Your parent's educational level?
- How would you describe your family financial status when you were growing up?
- How would you describe your family when you were growing up?
- How would you describe your home conditions when you were growing up?
- What kind of upbringing did you get as a child? What about your siblings?
- Were there strict rules that you had to obey within your home? If not, how were the structure/ rules within your home?
- How have your siblings fared as adults?

Factors within the community:

- Did you have any role model when growing up? (Could be someone that you know or someone that you admired that you did not know personally)
- Did you have someone within the family or someone that was not related to you, which showed you support and care when you needed? (Could be grandma/grandpa, cousins, boyfriend/girlfriend, mother-in-law/father-in-law, teacher, friends or even a neighbor)
- How would you describe the support that he/or her have you?
- Is he or she still a part of your life today?

Other questions:

- How is your life different today in comparison to when you were growing up?
- Have you experienced any similar problems as an adult as your parents had when you were growing up?
- If participant has a child: How do you raise up your child/children?
- Are you satisfied with your life today? Is there anything you would want to change?
- How do you predict your life to be after ten years or so?

Appendix B

Informed Consent Form:

The aim of this study is to explain what factors in participants environment as well as in their own personalities have helped them work through their traumatic childhood experiences and contributed to them faring well in adulthood.

The study is based on semi-structured, in-depth life story interviews with four Icelandic individuals which experienced traumatic childhood but managed to fare well as adults. These interviews will provide further insight into their life stories, and shed a light on what factors influenced their success.

Researcher promises confidentiality and that the results of this study will not be traceable to participants. All of the participants will receive a pseudonym and all the data that have been accumulated in this research will be destroyed when the writing of this master thesis is completed.

It is voluntary to participate in the project, and you can at any time choose to withdraw your consent without stating any reason. If you decide to withdraw, all your personal data will be deleted. If any questions or comments arise after the interview then I can be reached through these e-mails: anita.ragnarsdottir@gmail.com or s237104@stud.hioa.no.

This study has been notified to the Data Protection Official for Research, Norwegian Social Science Data Services.

I have been introduced to the purpose of this research and what my participation entails. I agree to participate in this research.

X
