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Running head: FROM ADVERSITY TO LEADERSHIP

Pepperdine University
Graduate School of Education and Psychology

FROM ADVERSITY TO LEADERSHIP:
U.S. WOMEN WHO PURSUED LEADERSHIP DEVELOPMENT DESPITE THE ODDS

A dissertation presented in partial satisfaction
of the requirements for the degree of
Doctor of Education in Organizational Leadership

by

Latrissa Lee Neiworth

April, 2015

Margaret Weber, Ph.D. – Dissertation Chairperson

This dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

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DEDICATION

“The things I’ve gone through have totally changed me. I’m sure that what I value now is in part because of the pain of the past.”

Thirty U.S. women decided it was worth sharing the pain they’ve suffered while traversing a journey from adversity to leadership, agreeing to be participants in this doctoral study. I am humbled by their strength, honesty, and willingness to share at times both heartbreaking and inspiring stories. Their common wisdom serves as a beacon and a roadmap for others, who refuse to allow their pasts to define their futures.

While I directed this research effort, the narrative and findings that emerge are a reflection of the words of these courageous women. Thus, it is fitting that this work is dedicated in their honor. The indomitable Helen Keller once said, *“Faith is the strength by which a shattered world shall emerge into the light.”* A path is illuminated through stories transpired, providing the cornerstone to this research.

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To Judge John Tobin, dissertation committee member – Thank you for your wisdom, humor, and attention to detail and your willingness to provide a continual intrepid voice, advocating for this project.

To my Pepperdine EDOL family of faculty, staff, other advisors, and fellow doctoral students – You provided a place where struggles are embraced and conquered rather than feared. To my friend and colleague, the late Bryan Johnston – You helped me see that education would be my guide to the future. To faculty colleagues, staff and students at Portland State University and Warner Pacific College – Thank you for your ongoing encouragement as I juggled my teaching roles and this dissertation project. To my long-time mentor, Dr. Pat Anderson – You provided resolute reassurances; your ongoing guidance kept me moving on a path to completion.

To my family – Joseph, Emma and Alex – Thank you for your love and support.

For my enduring faith in God, this ultimately helped keep the project on track even on my darkest days (Psalm 27:1).

And finally, to the dozens of female leaders across the U.S. who took the time to participate in this research as part of either the quantitative or qualitative studies – Your contributions will help others better understand the journey ahead.

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ABSTRACT

Psychological resilience theory and the capacity to cope with adversity, trauma, tragedy, and threats (Anthony & Koupernik, 1974; Garmezy, 1973; Masten, Best, & Garmezy, 1990; Werner, 1982) has received growing recognition as an area of considerable theoretical and applied importance. This sequential explanatory mixed methods study seeks to advance the discussion regarding how some women who experienced one or more Adverse Childhood Experiences (ACEs) (Felitti et al., 1998) coped with adversity. Specifically, the study looked at how these women decided to pursue a path to leadership. The study was divided into two phases. Initially, women who were in leadership programs or leadership roles were asked to take an electronic survey which included the existing Psychological Capital Questionnaire for Research, (Luthans, Youssef, & Avolio, 2007) combined with a shortened version of the ACE questionnaire (Felitti et al., 1998). The first phase measured individual psychological capital, identified whether ACEs existed, and revealed whether leadership training or education was pursued. Women who self-identified as being willing to be interviewed were asked to participate in the qualitative phase of the study using Giele's (2002) life-course themes: "identity, relational style, drive and motivation, and adaptive style" to further probe the data collected. Findings included key influencers cited by the women that helped them move from adversity to leadership. The development of a conceptual model grounded in the research was also proposed adding additional findings to overcoming adversity, positive adaptation, resiliency and leadership.

Keywords: Leadership, resilience, women, adverse childhood experiences.

Chapter 1: The Problem

Introduction

One might suppose in the 21st century there is a place where the “rights, responsibilities, and opportunities” of an individual are not determined by one’s birthright, a place where boys and girls can grow up confident in the notion that they would have opportunities in their lifetimes to reach their full potential (World Economic Forum, 2012). Sadly, the World Economic Forum (2014) revealed there is no such place, yet. The report reviewing 135 highly developed, developing and underdeveloped nations annually continued to reveal a “global gender gap” with women lagging behind men in key indicators in every country – some more sizeable than others. “No country in the world has fully closed the gender gap,” although five Nordic countries in Europe have closed more than 80% of it, (World Economic Forum, 2014, p. 7). The U.S. continued to maintain a lower ranking in the area of empowerment and leadership, listed 54th in political empowerment among the 142 countries surveyed (World Economic Forum, 2014).

In spite of these and other general barriers still facing women today, this mixed methods research study explored how some women who faced personal obstacles earlier in their lives nevertheless pursued paths to leadership.

Opportunities may be more limited and disadvantages prevalent for those who experienced trauma or adversity as children. A landmark study (Felitti et al., 1998) addressed the “scientific gaps” around the origins of these risk factors, called “Adverse Childhood Experiences” (ACEs). The ACE study took a whole life perspective and began to increasingly uncover how these occurrences were sharply related to the “development and prevalence of risk factors relating to health and social impacts throughout a person’s lifetime.” The initial study was conducted collaboratively from 1995-1997 by the Division of Adult Community Health at

the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente's Department of Preventative Medicine in San Diego, CA (Felitti et al., 1998). The ACE study was unique in that its sample included more than 17,000 participants – 54 % female and 46% male. It was intended to investigate how various adverse childhood experiences could affect health and social development in a variety of ways.

Early experiences in life help people learn how to deal with certain types of circumstances, according to the Northwest Children's Fund (NWCF). Studies regarding the neurobiology of “toxic content,” for example, may produce individual characteristics and traits like “competitiveness, impulsiveness, hyper vigilance, hyper reactivity, focus to the point where it is difficult to shift gears, being withdrawn, emotionally detached and numb,” (Northwest Children's Fund, 2013, p. 11). In the most extreme circumstances – war, deprivation, starvation – both an individual (and the species) are found to be able to survive, in part by having endured the toxic environment, (Northwest Children's Fund, 2013). Conversely, protective content provided early can help build individual characteristics and traits like the ability to be easygoing, relationship-oriented, reflective, able to shift focus and seize opportunities, and able to deal with “process over power,” (Northwest Children's Fund, 2013, p. 11). In a protective context, striving for cooperative relationships, individuals and species live peacefully together and thrive.

The list of what was to be considered as an “adverse childhood experience” was developed through a process that reviewed as many as 100 research studies. These experiences were compiled and divided into three general areas:

- abuse defined as physical, emotional and sexual abuse;
- neglect which included socioeconomic trauma, poverty, various forms of physical and emotional abandonment; and

- trauma which encompassed family dysfunction, parental discordance, divorce, separation or abandonment; drug abuse and/or alcoholism in the living situation; mental illness, suicidal or depressed persons in the home; witnessing domestic violence against the mother; and witnessing incarceration in the form of jail or prison stays for an immediate family member.

The initial ACE study found that experiences like these also tend to be “clustered,” meaning that it is common for persons to experience more than one adversity at a time. It is important to note that in calculating an ACE, even a person who has experienced only one of these traumas – like separation of parents or alcoholism in the family – is considered to have had an “adverse childhood experience.” The study drew conclusions including the fact that adverse childhood experiences are common. It also found that the “cumulative impact” could be captured in an “ACE Score” of 0-10, reflecting the cumulative developmental consequences of traumatic stress (Anda et al., 2006). The study also found approximately two-thirds of participants identified at least one ACE category and about 20% indicated three or more ACEs. According to research in Washington state, for example, 62% of the state’s adults have at least one ACE category; 26% have more than three; and 5% have more than six (Northwest Children’s Fund, 2013). The higher the ACE score also presented a “dose-response” relationship, with a larger number of ACE categories reliably predicting the “prevalence of health problems,” (Northwest Children’s Fund, 2013). Dr. Ronald Voorhees, MD, PhD, Chief Office of Epidemiology & Biostatistics, Allegheny County Health Department stated, “understanding Adverse Childhood Experiences isn’t to know one’s life path. ... It is to open doors for the future you would like for yourself and for future generations” (Northwest Children’s Fund, 2013, pg. 33).

While much has been written about the health outcomes associated with adverse childhood experiences including increased prevalence of disease, possible risk for poor health, mental health conditions and other social problems, much of the research to this point has not focused on adults with ACEs and how they may have managed to somehow overcome these experiences, to seek more positive outcomes in their adult lives. This study explored how some women pursued moving to leadership roles in spite of this adversity.

Limited research has been done regarding how some women leaders have overcome early hardships. While a Google search revealed more than 21,000 books have been written about leadership, books specifically focusing on women and leadership are much less common. Further study is needed to fully define what factors drive women who have faced adversity to seek leadership – hence the reason for undertaking this mixed methods study. A literature and major theory review was completed to determine how this topic related to the body of research. Research to date is particularly sparse in this specific area.

How some women have been able to move to leadership roles in spite of early adversity is an important question to examine that could add noteworthy findings to the areas of positive adaptation, resiliency and leadership.

Background of the Problem

When one delves deeper into the U.S. workforce, it is clear that the allocation of power continues to be astoundingly lopsided against women. In the book *Women and Leadership* (Kellerman & Rhode, 2007), the authors revealed, “Over half of college graduates but less than a quarter of full professors and a fifth of college presidents are female” (p. 2). Kellerman and Rhode (2007) also reported additional leadership pitfalls for women in the U.S. While one-third of the MBA students are women; those numbers do not seem to translate into top leadership in

American business as only about 2% eventually lead Fortune 500 companies, only 6% become the most highly paid; and only 16% retain board of directors positions (Kellerman & Rhode, 2007). In the legal profession, about half of the new candidates are women, but most don't attain leadership roles. Women lawyers make up less than 20% of the law firm partners, or law school deans, or federal judges or general counsels to large Fortune 500 companies (Kellerman & Rhode, 2007). In theology schools, again about 50% of the students are women, but few end up leading their own churches. Females make up only about "3 percent of the ministers and pastors of large congregations," (Kellerman & Rhode, 2007, p. 2).

U.S. women have seen gains in educational attainment, but that has not necessarily translated into gains in leadership. Thirty-six percent of women age "25 to 64 in the labor force held college degrees in 2009, compared to 11 percent in 1970," (U.S. Department of Commerce, *Women in America*, 2011, p. 27). Similarly, the percentage of women workers who did not complete a high school education dropped from 34% to 7%. In the more lucrative computer or engineering fields however, only 7% of female professionals were employed in 2009. Thus, recent findings in the U.S. show that women continue to be "concentrated in a small number of traditionally female occupations." In fact, nearly one-fifth of all working women remain clustered in five job areas – "secretaries, registered nurses, elementary school teachers, cashiers, and nursing aides" (U.S. Department of Commerce, *Women in America*, 2011, p. 33).

Further evidence of the lack of women's leadership in the U.S. can be found in a report from the White House. A Letter from President Marie C. Wilson regarding Benchmarking Women's Leadership indicated:

Across the leadership spectrum in the sectors studied here, women are stalled at 18 percent – with numbers much lower among women of color. So few women are at the

leadership table with men, and the country is not benefiting from their ideas, talent and experience, especially on corporate boards, on editorial pages, and on the Senate floor.

(The White House Project Report, 2009, p. 3)

While some previous studies foretell environmental and political obstacles to women attaining leadership positions that may seem insurmountable, one can find in communities – around the world – as author Mary Cantando (2009) wrote, where there is the presence of a network of strong, hopeful, and optimistic women, who in spite of overwhelming obstacles, seem ready to blaze a path to a better life.

Those with adverse childhood experiences may face additional obstacles to positive outcomes in their lives. Those facing multiple ACEs may be at an increasingly higher risk of barriers, according to the research. The ACE study indicated that women surveyed faced a slightly higher level of adversity than the men surveyed, as rendered by their ACE scores, (Felitti et al., 1998). The initial study indicated that in general slightly more women experienced ACEs than men, with 65.5 % of women having one or more, compared to 62.1% of the men studied. But when looking at ACE scores of four or greater, the score for women increased considerably. The study showed 15.2 % of women experienced four or more ACEs, while 9.2 % of men experienced multiple childhood traumas.

For women with adverse childhood experiences to seek to overcome the personal obstacles they face, as well as the external barriers to leadership, is inspiring. The common links they share are worthy of investigation and were the impetus for this research.

Purpose and Importance of the Study

The purpose of this sequential explanatory mixed methods study, based on a social constructivist worldview, was to investigate and explain how some women who encountered adversity earlier in their lives chose to pursue leadership development.

The research strategy for explaining and interpreting relationships of this nature involve a mixed methods design, (Creswell, 2009) with a first phase of quantitative data collection and analysis followed by a second phase of qualitative data collection building on the results of the first phase. Weight was placed on the first phase (Creswell, 2009) which is the appropriate design to use when explaining a phenomenon. Creswell (2009) explained that “this two-phase approach makes it easy to implement.” By using this method, the results are also more “straightforward to describe and report,” (p. 211).

In the first quantitative phase, women were invited to fill out an electronic survey to measure their ability to overcome adversity, to identify if they suffered any adverse childhood experiences, and to determine if they had been in leadership development programs. Two existing, validity-tested surveys were combined with additional demographic leadership questions into one 40-question electronic survey. (See Appendix A).

The Psychological Capital Questionnaire for Research, developed as a means to measure the resource of one’s psychological capital including the ability to overcome adversity was used (Luthans, Youssef, & Avolio, 2007). Permission was sought and received from the publishers of this instrument for use in this research project. The authors of the questionnaire empirically scrutinized the “discriminant, convergent, and criterion” validity (Luthans et al., 2007). The instrument seeks to define “an individual’s positive psychological state of development, characterized by a) having confidence (self-efficacy) to succeed at challenging tasks; b) making

a positive attribution (optimism) about succeeding now and in the future; c) persevering toward goals and redirecting when necessary, in order to succeed; d) when beset by problems and adversity, sustaining and bouncing back even beyond (resilience to attain success),” (Luthans, Yousef, & Avolio, 2007, p. 3).

The second part of the questionnaire was a shortened version of the ACE survey available at <http://www.cdc.gov/ace/questionnaires.htm>. “The ACE Study was the largest of its kind ever conducted both in size and scope, examining the health and social effects of adverse childhood experiences throughout the lifespan,” (CDC, 2013, para. 1). It evaluated 10 categories of traumatic or stressful childhood experiences, based upon prior research. The questionnaire is publicly available through the study. The CDC requests that the results of any studies using ACEs questions be provided to the agency as a courtesy as found at <http://www.cdc.gov/ace/questionnaires.htm>. In addition, several demographic questions were included at the end of the electronic survey to identify the participant’s demographic and leadership status.

Data collected in this first phase were used to compare a number of items including:

- If there was a measureable difference in overall psychological capital scores for women who had experienced ACEs and those who had not;
- If there was a measureable difference in any of the psychological states measured by the psychological capital questionnaire for women who had experienced ACEs; and
- If there was a measureable difference in scores, could a correlation be found to the number of ACEs a survey participant experienced.

Survey participants were asked to self-identify whether they would be willing to be a part of the 2nd phase qualitative interviews. The researcher attempted to interview either in person or

by phone all of the participants who indicated a willingness to participate in the 2nd phase of the research. Finding ways to describe the experiences of the participants is key to the “transcendental or psychological phenomenology” (Moustakas, 1994). This approach is used as a context for the qualitative research, as it focuses more on the participant’s experiences rather than the researcher’s view. The qualitative portion of this study follows Giele’s (2002) life story framework which identified four life-course themes relating to work-life balance: “identity, relational style, drive and motivation, and adaptive style” through a lifespan questionnaire. This portion of the study examined more in-depth the women’s’ paths for overcoming adversity relating specifically to Giele’s themes of relational and adaptive style.

The life story model is one of a number of approaches in psychology that emphasize the narrative phenomenological, or storytelling, nature of human conduct. In the qualitative phase of the research, the researcher utilized a pre-defined template of questions. The questions probed significant areas of a woman’s life including early adulthood, childhood and adolescence, current adulthood, future issues, and strategies for a balanced life, with a focus on the area of adaptive style and negotiating changing circumstances and transitions. This mixed methods approach provided quantitative and qualitative information in an effort to explain the phenomena, providing two forms of data to be analyzed – separate, but connected, as shown in Figure 1.

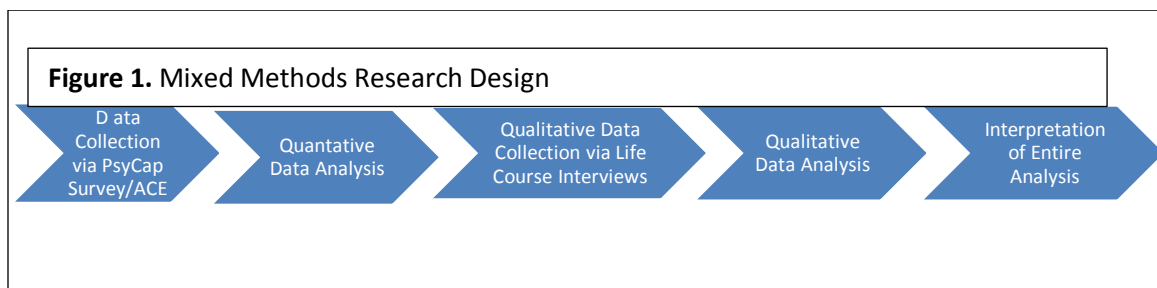


Figure 1. Mixed methods research design. This illustrates the phases in the research design used for this particular study. Adapted from Creswell (2009, p. 209).

Limited research has been done regarding how some women are able to make the shift from childhood adversity to leadership. This study could provide important findings and potentially add to the academic research in this critical topic area, informing a potential conceptual model that may lead to helping other women in these circumstances better understand the factors needed to reach leadership goals.

An investigation as such could add additional findings to the areas of positive adaptation, resiliency, leadership and adverse childhood experiences. In addition, the beginnings of a possible conceptual model regarding overcoming adversity and moving toward leadership could be explored. This analysis may also be useful in helping to further develop or encourage the development of additional studies in this area.

Research Questions

This study addressed several questions regarding women who pursued leadership development that remain unanswered or are in need of further clarification:

1. Do female leaders who were defined as having adverse childhood experiences have more psychological capital than female leaders who were not at risk in youth?
2. How does the experience of overcoming adversity impact the life course of the persons interviewed who had ACEs?
3. What conceptual model, if any, can be derived from these factors which will help inform other women and girls in similar circumstances?

Definition of Terms

Adverse Childhood Experience (ACE). The Centers for Disease Control and Prevention (CDC) defines ACE as exposure to traumatic stressors in childhood which can include “childhood abuse, neglect, and household dysfunction,” (CDC, 2013).

Adversity. Adversity refers to negative experiences that have the possibility to disturb a person's adaptive function or development, (Yates & Masten, 2004). Adverse experiences may operate by temporarily overwhelming the adaptive resources of an individual, by damaging his or her capability to adapt in the short or long-term, or undermine the individual's abilities to adjust to circumstances, sometimes with lasting consequences.

Leadership. "There are almost as many different definitions of leadership as there are people who have tried to define it," (Stogdill, 1974 p. 7). According to the textbook *Leadership: Theory and Practice*, leadership is defined as a "process whereby an individual influences a group of individuals to achieve a common goal," (Northouse, 2010, p. 3).

Life story method. Life stories can come in many forms including "autobiography, memoir, biography, historical account, oral history, qualitative interviews, and more," (Elder & Giele, 2009, p. 237). "Life stories" as defined by Bertaux and Kohli (1984) are oral or autobiographical narratives. A common denominator in all is that the story connects "personal origins to individual outcomes," (Elder & Giele, 2009, p. 238). This is generally regarded as the method used as a part of the larger body of work related to life course research. Giele (1995, 2002) identified four factors based on theoretical precepts that are important to consider when analyzing life stories: identity, relational style, motivation, and adaptive style.

Positive adaptation. Resilience studies have used varied criteria in judging positive adaptation. These include positive behaviors like social and academic achievements, positive behaviors reflective of age group, happiness or life satisfaction, and the absence of undesirable behaviors. Many researchers define these as "developmental tasks" – perspectives on behaviors or milestones of a culture or society (Elder, 1998; Masten & Coatsworth, 1998; Masten, Gewirtz, & Sapienza, 2006). A debate in the literature continues around the importance of positive

internal adaptation verses positive *external* adaptation. In *The Oxford Handbook of Positive Psychology* (Lopez & Snyder, 2009), the case is made that there is general agreement that external positive adaptation is needed for resilience, while some believe indicators of emotional health and well-being are important defining criteria as well.

Protective factors. Rutter (1987) first developed the concept of protective factors arguing that these meant more than just being the opposite of risk factors. Rutter suggested that a relationship could be inferred that included how protective factors related to outcomes and risk exposures.

Psychological capital. This term defines a person's "positive psychological state of development" and is categorized by "having confidence (self-efficacy) to succeed at challenging tasks; making a positive attribution (optimism) about succeeding now and in the future; persevering toward goals and redirecting when necessary, in order to succeed; when beset by problems and adversity, sustaining and bouncing back even beyond (resilience to attain success)" (Luthans, Youseff, & Avolio, 2007, p. 3).

Psychological resilience. This term is defined by the American Psychological Association (2015) as a process where one "adapts well" when confronted with adversity, traumas, or major stress and can successfully rebound from difficult experiences (para. 1). It is viewed in the literature as most commonly a process, not a trait (Anthony & Koupernik, 1974; Werner, 1982). Other terms often associated with this concept include "resilience, emotional resilience, hardiness, resourcefulness, and mental toughness," (para. 1).

Risk factors. The concept of "at-risk" conditions has made its way into the research on the wellbeing of the population. Generally, "at-risk" conditions are thought to be either features of a particular individual, or situations that impact the person and that are believed to create

“higher likelihoods of undesirable life outcomes or to impact the overall quality of a person’s life,” (U.S. Census Bureau, 2001, para. 1).

Social constructivist. In general terms, social constructivists assume that people seek to better understand their experiences, albeit subjectively, regarding where they live and work (Creswell, 2009). The meanings can be complex and varied; thus the goal of this research is to depend on the views of the participants and the situations being studied.

Summary

How some U.S. women have been able to find a path to leadership in spite of the adversity or traumas faced in their youth is an important issue to explore. This study investigated what common factors these women leaders shared – including measures of psychological capital and their self-described adaptive style revealed in the retelling of their life stories.

An investigation as such could add additional findings to the areas of positive adaptation, resilience and leadership. In addition, a possible conceptual model regarding women, overcoming adverse experiences, and leadership was explored.

Chapter 2: Review of Relevant Literature

Theoretical Framework

In the formulation of a theoretical perspective for studying how some women have sought leadership in spite of adverse childhood experiences, there are four significant theories with some relevance. These theories relate to leadership traits, Authentic Leadership, psychological resiliency, and life course.

Research was collected for this literature review by searching academic databases and psychological, leadership and educational journals for key words – adverse childhood experiences, women, resilience, overcoming and leadership. This revealed hundreds of sources which were honed down to approximately 225 references for the purposes of this review, focusing on key theories and widely recognized studies in this area. While it was clear that research regarding female leaders and overcoming adversity is somewhat sparse, the following key areas impacting this topic are addressed in this review of the literature: women and leadership; gender and stereotypes; leadership traits; Authentic Leadership, psychological resilience; childhood adversity; life story research; factors shaping a life, and wellbeing. These areas are more fully detailed in the literature review that follows.

Women and Leadership

Female leadership has a long research history dating back more than 40 years (Bowman, Worthy & Greyser, 1965). These studies were important to consider when looking at the factors that led women to leadership roles. Early studies focused on gender and leadership and whether there were distinct differences female leaders developed or possessed. With more women globally in leadership roles, the focus has shifted to studying leadership styles and whether women are more effective leaders (Book, 2000; Helgesen, 1990; Rosener, 1995).

A more recent focus has concerned the “glass ceiling” and the “leadership labyrinth” highlighting women’s ongoing underrepresentation in high leadership positions. Studies have shown this gap exists for several reasons including: differences in “human capital investments” of education, training and experience (Eagly & Carli, 2007); “gender differences” including style, commitment, and self-promotion (Eagly & Carli 2003; Powell, 1990); and prejudice and stereotypical beliefs (Burgess & Borgida 1999). Sheryl Sandberg argued that women are in part responsible for the gap and they need to “lean in” (2010) to resolve the disparity rather than “dropping out.”

While debate persists over the reasons why U.S. women hold fewer top management and governance roles, it was clear from the literature that as a group there have been significant gains in the workplace in general as well as globally, even if women continue to be vastly underrepresented in major visible leadership positions.

Female leadership models. While Northouse (2010) identified “five major leadership traits: intelligence, self-confidence, determination, integrity, and sociability” (p. 19), McKinsey focused on a *centered leadership* model (Barsh, Cranston, & Craske, 2008). The McKinsey Leadership Project was designed to aid professional women in discovering what may drive and sustain successful female leadership. From its research, a five dimensional leadership model was developed: “meaning; managing energy; positive framing; connecting; and engaging,” (Barsh et al., 2008, p. 36). This model emphasized “a well of physical, intellectual, emotional, and spiritual strength that drives personal achievement and, in turn, inspires others to follow,” (Barsh et al., 2008, p. 36). This model is important to identify in the context of this study as it addresses some work-life balance and relational issues.

Stereotypes and gender. Specific research has been done regarding gender stereotypes and leadership. For example, a study in the 1980s in a male-dominated orchestra illustrated the presence of gender stereotypes in key positions. By asking applicants to audition behind a screen so they could not be seen, the proportion of women chosen went up significantly in the male-dominated company (Goldin & Rouse, 2000). The study showed how stereotyped-based decisions were made. Schein (1973) acknowledged “managerial sex typing as a key psychological barrier” to women advancing in the U.S., regarding the “think manager – think male” phenomenon.

There has also been some controversial work in the literature describing how women might lead differently than men. Helgeson (1990) posited a “great woman theory” arguing that current leadership is lacking in sincere, nurturing, relational, collaborative leaders. Rosener (1990) described a new kind of female leader who does not “covet formal authority” but who has learned how to lead without using it. Some have argued that drawing distinctions of this nature continue to polarize the genders regarding leadership.

Difference between sexes. In several large meta-analysis projects accomplished in the last two decades comparing dozens of studies on leadership styles between men and women (Eagly, Johannesen-Schmidt, & Van Engen, 2003; Eagly & Johnson, 1990), the differences found between these two groups was relatively small. The studies did find female leaders seemed more inclined to transformation and democratic leadership than men, but that they also tended to engage in transactional leadership based on contingent-reward behaviors.

The literature indicated that fewer women may be in upper management due to gender stereotypes and their impact on the hiring and the promotion of other women (Agars, 2004, pp. 107-108). Stereotyping regarding gender – either positive or negative – can “further exclude,

misrepresent, mold, and polarize the sexes and leadership in general” (Kellerman & Rhode, 2007, p. 116). According to the literature, it appears this factor may continue to be among the subtle, but real obstacles to aspiring women leaders.

Leadership Traits

Reviewing studies identifying how leadership is defined is important in developing a clearer picture of how the conceptual thinking around this topic has evolved. Leadership Trait Theory is a significant concept focusing on how people become leaders through specific traits they possess (Bass, 1990; Jago, 1982); how those traits influence leadership (Bryman, 1992); and how people perceive leaders (Lord, DeVader, & Alliger, 1986). The theories initially developed around this perspective were often called, “great man theories because they centered on internal qualities and characteristics often possessed by great social, political, and military leaders of the time,” (Northouse, 2010, p. 15).

By the mid-20th century, challenges were being levied to this approach, leading to its practical demise. The notion criticized was that “traits possessed in differing degrees by different people” (Jago, 1982) lead to leadership residing “in select people” restricting this power to only those who were born with these qualities, (Northouse, 2010, p. 5). Stogdill (1948) posited in a major review that there was no obvious set of “distinguishing traits” between leaders and others. In fact, Stogdill (1948) advanced the concept that a leader may in fact follow in some situations and lead in others. Stogdill conducted two surveys that are among the most well-known (1948, 1974) – in the first survey, 124 trait studies were analyzed; the second reviewed another 163.

Personality traits. The “awareness of certain personality traits” was looked at by Mann (1959) who reviewed more than 1,400 findings. He concluded that certain traits could help

distinguish leaders. Kirkpatrick and Locke (1991) and Zaccaro, Kemp and Bader (2004) added to this growing body of research on defining traits and characteristics of leaders. Cross-cutting traits in many studies included: sociability, intelligence, determination, self-confidence, and integrity.

Other studies (Goldberg, 1990; McCrae & Costa, 1987) identified five factors of personality that impacted leadership: neuroticism, extraversion, openness, agreeableness, and conscientiousness. Finally, emotional intelligence (Goleman, 1995, 1998) and its impact on leadership traits also emerged as an important area of study. “Emotional Intelligence” is defined as the connections between one’s emotional responses, thinking and carrying out actions. The underlying conclusions drawn are that leaders who are more in touch with their emotions and those of others would likely be more effective in leading.

Skills approach. While a large amount of research validates the trait approach to identifying leaders, this theory has not been able to provide a “definitive list of leadership traits” (Northouse, 2010). It has also resulted in a “subjective list,” not fully grounded in research. A similar approach focused on the skills needed for a leader to succeed and be competent. Katz (1955) focused on the “three-skill approach” centering on the technical, conceptual and human. More recent work done by Mumford, Zaccaro, Connelly, and Marks (2000) argued for a “skills model of leadership.”

In contrast, the “process definition” of leadership suggested a phenomenon that took place between leaders and followers, making leadership available to anyone. In this context, leadership can be observed and learned. Situational leadership (Hersey & Blanchard, 1969; Reddin, 1970) was defined by the notion that different types of leadership are needed in different situations. An effective leader needed to be able to adapt his or her style, in this perspective.

Global leadership is also increasingly becoming a key consideration. The need has never been greater to produce “high value decision makers” from graduate schools due to the internationalization of labor markets for highly skilled leaders (Schmieder-Ramirez & Neiworth, 2013). Wang, Peyvandi and Moghaddam (2009) reported that the number of U.S. students traveling abroad to study is increasing greatly and that the leading accrediting body for schools of business encourages institutions of higher learning to prepare students for careers with a global context. Intercultural sensitivity involving understanding cultural differences is also part of possessing a global mindset.

Chen and Starosta (1998) indicated a combination of intercultural competence and communication competence (ICC) is essential in having a global mindset. ICC is the ability to negotiate cultural identities in a diverse cultural environment. Ruben (1976) suggested that there are seven elements demonstrating effective intercultural communication from accepting uncertainty, being able to effectively manage interactions, recognizing actions relating to roles, showing empathy, displaying respect, conveying awareness of one’s “interaction posture,” and acknowledging one’s knowledge orientation.

Visionary, charismatic. Recent interest in visionary and charismatic leadership has renewed the notion behind the trait approach (Bass, 1990; Bennis & Nanus, 1985; Nadler & Tushman, 1989; Zaccaro, 2007). The recent re-election of U.S. President Barack Obama, the first African-American U.S. President, showed the potential desire for a leader who demonstrates many charismatic qualities. These include traits of engagement in managing impressions, self-monitoring, and motivation (Jung & Sosik, 2006).

Great woman approach. There has also been an effort to identify a “great woman” approach to leadership, especially in the popular literature. Arguments made here are that women

are for example, “more caring, nurturing, collaborative, and inclusive, thereby predisposing them to be effective leaders,” (Kellerman & Rhode, 2007, p. 94). The authors pointed out however that “such stereotypes can be precarious to women;” (p. 116); they advocated instead for a functional leadership model that could be applied to all and that does not emphasize particular styles or traits.

Thus, the trait approach to leadership continues to be debated among the research community, having started with the “great man” theory, moving to the impact of situations on leadership, and re-emerging once again with a focus on critical traits needed to be an effective leader. The perception of what makes an effective leader is important to consider in light of the leadership vacuums that exist in the U.S. as the allocation of power continues to be highly disproportionate in regard to women. Rather than focus on leadership traits, skills, or types one might possess, there is an emerging theory that being an “authentic” leader, based on who you are, will be more effective.

Authentic Leadership

While it might seem that categorizing Authentic Leadership may be relatively easy, it has instead been defined in multiple ways in various writings and from varied points of view. This has resulted in a lack of consensus as to an overall definition, to date. Shamir and Eilam (2005) focused research on the leader and how well the person knew him or herself. Their definition was more focused on the intrapersonal characteristics including the leader’s life story and how he or she interpreted and used life experiences to help lead. Key points in this research stated that authentic leaders display certain characteristics like being genuine or original, leading from the heart, and basing decisions on values. Other research by Eagly (2005) investigated the

interpersonal concept of this type of leadership – defining it as relational and collaborative, formed by the leader and “buy in” from the followers.

Those deemed as among the first champions of Authentic Leadership saw this form of leadership as something that could be developed in literally anyone. Research done by this group in the first decade of the 2000s, (Avolio et al., 2004; Avolio & Gardner, 2005) argued that this type of leadership could be developed and encouraged throughout a person’s lifetime corresponding to major events that occur. The theory of Authentic Leadership is still in the emergent stage (Northouse, 2010) with the first scholarly articles on this topic appearing in 2003.

Engendering trust. A number of research studies have been done regarding how leaders engender trust and what it takes to regain it. Building trust begins with defining Authentic Leadership, according to Robbins and Judge (2011). The authors stated that Authentic Leaders should “be selfless, listen well, and be honest” (Robbins & Judge, 2011, p. 394). These qualities lead people to believe that their leaders are ethical people, with trust produced as a result. Covey (2010) further defined building trust as having two dimensions: character and competence. O’Toole and Bennis (2009), further explained how the trust-building process can occur in an organization if several factors exist including: increased transparency involving telling the truth, encouraging speaking out, rewarding those with contrary views, diversifying sources of information, admitting mistakes and building an organization supporting candor. While Kramer (2009) pointed out that most humans generally have a “default setting” of trusting others built up from childhood, McFadyen, Semadeni, and Cannella (2009) found that if a leader has the ability to establish strong ties and trusting relationships, the overall organization may benefit in many ways including sharing exclusive or high-level knowledge.

Valuing members of the organization. Leaders who know how to build trust also know themselves and their organizations well, helping to promote an atmosphere of communication, candor, and development. Bennis and Nanus (1985) stated that excellent leaders are also able to manage themselves. They use various strategies like providing vision to attain attention; communicating with meaning; positioning trust prominently in the organization; showing a highly positive self-regard; focusing on succeeding rather than failing; and knowing how to empower others. When honest curiosity of members is valued, the group has an opportunity to grow to be a learning organization, moving trust beyond its leader to among various levels of staff. Wenger (1998) went on to point out that our life experiences and social activity create opportunities for learning, while Schmieder-Ramirez and McManus (2007) explained that intrinsic motivation is the “primary life force” of learning for a lifetime. Thus, research points to the fact that the health of an enterprise and its ability to become a learning organization – fostering trust among its staff – has a direct link back to its leader and his or her capacity for Authentic Leadership.

Early origins. Authenticity can be tracked back to ancient times and Greek philosophy, representative of the adage “to thine own self be true.” Earlier constructs in psychology focused on the lack of authentic behavior by studying the manipulative, “fake,” or dishonest tendencies in people. Positive psychology in recent decades has reversed this view, defining authenticity to mean not only awareness, but “owning” one’s experiences.

The first identifications of the term Authentic Leadership dates back to transformational leadership research although it was only alluded to and not explicitly explained (Ashforth & Humphrey, 1993; Bass, 1990; Bass & Avolio, 1994; Bass & Steidlmeier, 1999; Burns, 1978; Howell & Avolio, 1993). One of the early suggestions that led to further development of

authenticity came from Bass & Steidlmeier (1999) who argued in their work on transformational leadership that there are “pseudo” versus “authentic” transformational leaders. It was more than a decade after the multiple inferences of this leadership construct that it was officially deemed “Authentic Leadership” (George, 2003). The founders of this leadership type argued that the combination of worldwide ethical failures, societal pressures, and environmental challenges have spurred the need for this leadership definition and accompanying theory.

Four key ideas. Four key ideas were identified in this research – awareness of self; strong, transparent relationships; the ability to balance the processing of information and inputs; and exhibiting a strong moral purpose (Avolio, Walumbwa, & Weber, 2009). Luthans and Avolio (2003) went even farther in their hypotheses, looking at Authentic Leadership as a combination of the leaders’ “positive psychological capacities,” and a well-designed and developed context within an organization.

Key components of Authentic Leadership have been highlighted multiple times in the research. There are five main dimensions or aspects to authentic leaders:

- self-awareness and understanding of purpose – a strong identity of self, including knowledge of abilities and shortcomings;
- the ability to demonstrate self-discipline or self-regulation – those with high self-esteem are able to process more effectively without ego issues;
- the means to establish and maintain connected relationships, including being able to relay true emotions to followers without being inappropriate;
- being able to “lead with the heart;” and
- practicing strong values, morals, and ethics – authentic leaders have inherent high standards for judging moral challenges.

Theory development. A key focus of much of the literature is around building an Authentic Leadership Theory. Initial work done by Bass (1990) regarding authentic transformational leadership was the starting point for these discussions. Clearer meaning was sought and a structural theory was desired, with researchers combining several disciplines to look at this unique form of leading – including psychology, leadership, positive organizational scholarship, spiritual leadership, and ethics.

A catalyst for discussion regarding theoretical foundations of this form of leadership occurred during a University of Nebraska leadership conference, sponsored by the Gallup Leadership Institute. Prior to this meeting, an article by Luthans and Avolio (2003) set the stage for discussions on positive organizational scholarship and Authentic Leadership development.

As a result of the summit, *Leadership Quarterly* dedicated a special issue of the publication in 2005 to Authentic Leadership. This and other subsequent writings continued to pique the interest of those who were curious regarding this form of leadership. National and international ethical crises in business and government highlighted the need for a different kind of leadership.

While various definitions have been used to describe Authentic Leadership, there have also been varied models to try to explain it. Luthans and Avolio (2003) built a model based on the developmental aspects of this form of leadership. Ilies, Morgeson, and Nahrgang (2005) investigated producing “positive reactions” from authentic leaders for themselves and their followers. Avolio, Gardner, Walumbwa, Luthans, and May (2004) focused a model built around the self-regulating and self-awareness abilities of leaders. Shamir and Eilam (2005) expanded on this concept and added strong values as a key part of the model. Luthans and Avolio (2003) researched additional positive psychological aspects that inferred Authentic Leadership –

“confidence, optimism, resilience, and hope.” Luthans, Avolio, Avey, and Norman (2007) researched and wrote about psychological capital as a concept and developed a survey instrument to measure this. Practical approaches were developed by Robert Terry (1993) who focused on problem areas in organizations and Bill George (2003) who posited authentic leadership characteristics.

A framework for this type of leadership based on theory, which as previously mentioned is still a work in progress, would help to eventually fully define Authentic Leadership and how one is able to attain it. What is known thus far from the literature, is that this form of leadership works best with leaders who have transparent relationships, process information fairly, have a strong moral compass, and are highly self-aware.

The pertinent research shows that there are both strengths and deficiencies found in this form of leadership. Among the positives – Authentic Leadership helps fill a void that exists for many regarding trust and leadership in society (Northouse, 2010). This leadership type is accessible and provides guidelines for further development (Terry, 1993) that can be built over a period of time. It also holds out no one; it clearly offers room for all to more fully discover their authenticity and to further develop their leadership abilities. Finally, it has a clear moral foundation – that leaders will do “the right thing” for those who follow them and for society at large.

There have been some criticisms however to this form of leadership. Some concerns voiced in the academic community have been in regard to approaches focusing on the practical aspects (George, 2003; Terry, 1993) which some feel have not been fully vetted, tested, and validated. There is not a clear definition of what “strong morals” means – whether this is spiritual or driven by a strong sense of justice, for example. Concern has also been raised

regarding the inclusion of psychological capacities as a subset of Authentic Leadership as some critics argue it could make the concept too broad and unwieldy for testing and measurement.

A summary of some key findings revealed regarding Authentic Leadership include the following:

- Authentic leaders do not necessarily come into the world with any particularly identified leadership traits.
- To become an “authentic leader,” one first needs to have a full understanding of one’s life story and how the difficulties encountered throughout life can be related to overcoming challenges and providing direction.
- Working at better understanding and developing oneself is a commonality among authentic leaders and this feedback often helps keep them grounded.
- Long-term goals drive authentic leaders, not short-term wins.
- An authentic leaders’ integrity and value system helps sustain an organization through good times and bad.
- Theoretical foundations for Authentic Leadership can be drawn from Positive Organizational Behavior (POB), transformational leadership, and ethical leadership theories (Luthans & Avolio, 2003).
- One, of several Authentic Leadership development models proposed in the literature, centers on one’s life experiences and positive psychological capacities combined with an organizational context drawing from vision and support.
- Further positive self-development may occur, according to preliminary models to date from trigger events and further self-awareness and self-regulatory behaviors, leading to full realization and implementation of Authentic Leadership.

Common questions. According to George, Sims, McLean, and Mayer (2007) there are also some common questions to ask if one is interested in pursuing Authentic Leadership and further development of his or her leadership abilities. These include:

- Who had the greatest impact on the leader's early life?
- How can the leader learn to be more self-aware?
- What values does the leader hold?
- What are his or her extrinsic and intrinsic motivators?
- Does the leader have a support team? Who are they?
- Does the leader have an integrated life?
- Does the leader hold a definition of what it means to be authentic in his or her life? Is that of importance?
- How can the leader continue to develop his or her Authentic Leadership into the future?

Authentic Leadership as a concept has been discussed philosophically by many for several decades. Books on the subject by George (2003) and Luthans and Avolio (2003) helped to clarify the concept, especially in the academic community. The early formation of this definition has not been without its detractors with Cooper, Scandura, and Schriesheim (2005) and others among those questioning the term on conceptual grounds. Thus, it is evident that conclusive definitions and measurements of Authentic Leadership have kept it from reaching a level of consensus to date among academic scholars and researchers. Studying this leadership type appears to be in a foundational period.

Future implications. Research that has already been conducted on Authentic Leadership has indicated that future focuses need to include the addition of several key factors. Validity construction in measurement of this type is needed in order to amass an evidence-based

foundation. Constructs that may need to be further defined (Avolio, Walumbwa, & Weber, 2009) include moral outlook, clarity of self, wellbeing, spiritual perspective, and discernment among others. Attention needs to also be paid in terms of the impact Authentic Leadership may have across cultures and various situations, and whether it can be applied universally.

An interesting linkage pointed out in some of the literature with future implications is the crossroads of “leadership perception and action” and cognitive science. Avolio and Chan (2008) have also studied how to clarify a leader’s self-concept. The study of a person’s developmental readiness or orientation to advance his or her full potential is another area for future research as indicated in some of the literature.

In sum, many additional research opportunities exist in this growing leadership field – from further discovery of what factors impact leadership to the motivation involved in stepping from being a follower to a leader, be it through cognitive studies or organizational channels. The viability of this leadership type appears to be in desperate need worldwide, as people from various cultural backgrounds, experiences, and socioeconomic circumstances have taken a renewed interest – due in part to economic and political strife – to question and demand much improved standards for their leaders.

According to Luthans and Avolio (2003), research from the perspective of “field interventions” are also needed to help accelerate the development of Authentic Leadership. Those who have blazed the trail thus far in defining this leadership type and theory fully admit that there is still not a full understanding of the events, attitudes, and constructs that shape the development of leaders in a positive way.

In spite of these foundational challenges, Authentic Leadership has begun to inform the notion that everyone – no matter background, gender or socioeconomic status – has the ability to

empower others, to inspire and ultimately to lead. Future implications include providing the means and the developmental roadmap for each person to search and find the leader that already exists within.

Psychological Resilience

Probably the largest area of research that impacted this study was psychological resilience. Resilience is defined as a person's ability to cope with stress and adversity (Anthony & Koupernik, 1974; Werner, 1982) and is viewed in the literature as most commonly a process, not a trait.

Garmezy (1973) published some of the first resilience research documented and Werner (1982) was among the first to coin the term. His research, conducted in the 1970s, focused on a poor group of children from Kauai, Hawaii. Many had parents who were substance abusers or mentally ill. She found that about one-third of the group exhibited traits making them different from those non-resilient and thus they did not exhibit destructive behaviors.

Ability to recover from trauma. Resilience has been represented in the literature as enabling those impacted to: a) have good outcomes regardless of risk; b) exhibit competence when stressed; c) be able to recover from trauma; and d) have the ability to make future hardships less traumatic by learning from challenges (Masten, 2001). See Figure 2 for a literature map displaying factors regarding adversity and leadership from this literature review. Other means to help deal with adverse conditions include resilient groups (Caplan, 1989); protective factors (Werner, 1995); positive emotions (Frederickson, 2003); protective processes (Bronfenbrenner, 1979) including social supports from classrooms, community, culture, family and religion; and hidden resilience factors including not conforming to society's expectations of how to behave (Ungar, 2004).

Protective factors. Protective factors (Rutter, 1987) can help provide beneficial effects for those exposed to risk factors. The literature has implied a variety of individual, peer and family factors may also provide resilience for those raised in high-risk environments. Several studies showed higher intelligence or problem solving skills in resilient people, (Fergusson & Lynskey, 1996; Herrenkohl, Herrenkohl, & Egolf, 1994; Masten et al., 1988). Other studies have suggested persons with backgrounds of high risk who either form attachments with “confiding adults” outside the family or pursue strong interests may develop resilience to the effects of adverse conditions within the family (Jenkins & Smith, 1990; Werner, 1989).

There are also suggestions in the literature that adversity may be influenced or modified by gender. For example, some studies have shown that when under family stress, women may be “less reactive” than men (Emery & O’Leary, 1982; Hetherington, 1989; Porter & O’Leary, 1980). The resilience research provides a foundation to probe from and helps to frame the issue.

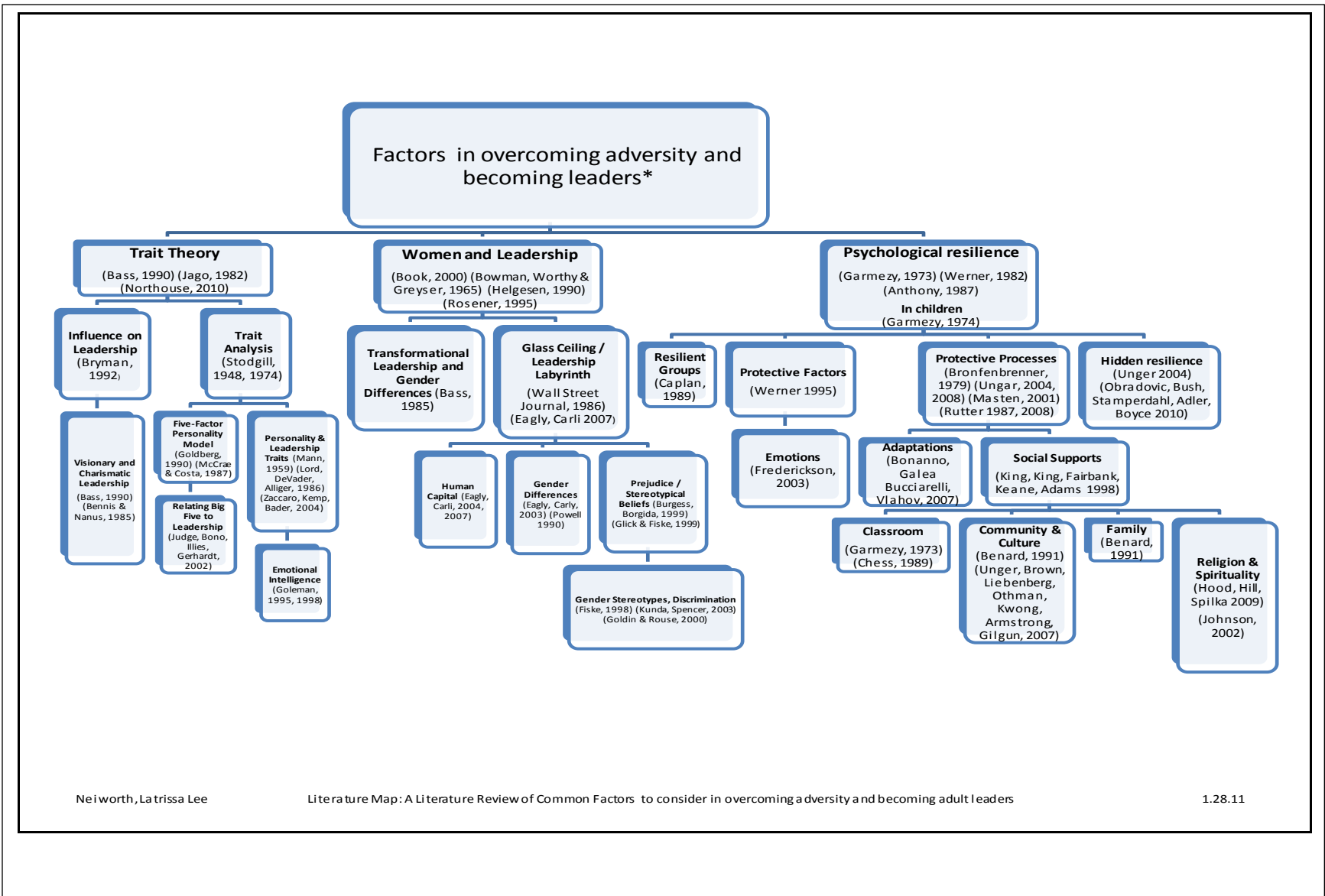
Self efficacy and self esteem. Over the years, many theories have been proposed dealing with the significance of “control” in human life (Adler, 1956; DeCharms, 1978; Rotter, 1966; White, 1959). The literature also specified that what people trust affects their levels of motivation, emotional states and actions. The self-efficacy theory (Bandura, 1982) covered four key levels of influence and how these could impact a person’s efficacy, or their effectiveness in a situation. These included:

- Experiences that develop mastery; this helps to provide effective evidence of what it takes to be a success and provides resiliency in overcoming obstacles (Bandura, 1982; Biran & Wilson, 1981; Feltz, Landers, & Raeder, 1979; Gist, 1989).

- Experiences that are secondhand or vicarious; this helps to see others in successful situations (Bandura, 1986; Schunk, 1987). Conversely, observing failure, could undercut motivation levels (Brown & Inouye, 1978).
- Being persuaded socially; this means being able to understand that the person does possess the ability to master activities, which can offset self-doubts (Litt, 1988; Schunk, 1989).
- Using physiological and emotional states in judging capabilities; research has included studies that show women may not believe they are as capable, depending on factors that have shaped their development (Hackett & Betz, 1981; Jacobs, 1989).

When looking at adverse experiences that help forge a positive path in people's lives, one can see many ties to self-efficacy. Additionally, the resiliency literature cited other means that help in dealing with adverse experiences including resilient groups (Caplan, 1989), protective factors (Werner, 1995), positive emotions (Frederickson, 2003), protective processes (Bronfenbrenner, 1979) including social supports, and hidden resilience – non-conformity to society's expectations of how to behave (Ungar, 2004). Finally, there were also suggestions in the literature that adversity may be influenced or modified by gender.

In Thiroux and Krasemann's book, *Ethics: Theory and Practice*, (2009) the authors traced back the character-based ethical theory to Aristotle who defined good reasoning as a way to find a whole and complete life. The concept also has ties to Chinese Confucian moral theories as the Chinese word "de" is loosely translated to mean virtue. More recent developments in this area can be found regarding self-esteem and emotional health (Branden, 1994) as well as emotional intelligence (Goleman, 1995).



Nei worth, La trissa Lee

Literature Map: A Literature Review of Common Factors to consider in overcoming a dversity a nd becoming adult leaders

1.28.11

Figure 2. Literature map. This illustrates factors in overcoming adversity relating to leadership.

Conversely, one might conclude “people of the lie” (Peck, 1983) and the study of human evil to encompass the opposite ethical view. Fighting 21st century slavery, health disparities, cultural shame, and intractable inequalities (Kristof & WuDunn, 2009) and promoting peace in war-torn villages where it seems highly improbable, by building schools (Mortenson & Relin, 2006) are examples of modern engagement in this area.

How do people develop human excellence and what helps drive them to overcome extreme personal obstacles and inequities in order to do so? The literature underscored that based on a person’s character, actions carried out in one’s life reflect the virtues of an individual. These practices may take into account such qualities as seeking justice, having resolve, exhibiting sincerity, showing humility and being at peace.

Adverse Childhood Experiences

The landmark study relating to this topic focused on a population of those who exhibited Adverse Childhood Experiences or (ACEs) which are common, as attested to by this public health research. Simply defined, ACEs are “stressful or traumatic childhood experiences such as abuse, neglect, witnessing domestic violence, or growing up with alcohol or other substance abuse, mental illness, parental discord, or crime in the home,” (Anda, 2006, p. 2). The initial decade-long study was designed to examine the childhood beginnings of “many of our nation’s leading health and social problems,” (Anda, 2006, p. 2). The study represented a collaboration between the Centers for Disease Control and Prevention (CDC) and the Kaiser Health Plan’s Department of Preventative Medicine in San Diego, CA. The study surmised that ACEs seem to be a common conduit to personal deficiencies, leading to an increased risk of violence, unhealthy behaviors, disability, disease and premature death (Anda, 2006, p. 2). While many additional studies have now taken place investigating various health aspects of ACEs, little focus has been

centered on those adults who had these experiences and have developed positive behaviors to lead them to productive outcomes, hence the reason for proposing this study.

Teicher, Samson, Tomoda, Ashy, and Andersen (2006) stated that “exposure to severe stress during childhood has probably been a routine occurrence throughout the natural history of *Homo sapiens*,” (p. 9). They posited that contact to these types of early stressors starts a “cascade of responses” directing the brain to chart an “alternative developmental path” to deal with the environment in which it is being exposed and that it predicts it may continue to find itself, (Teicher et al., 2006). Their research indicated that although the optimum path would be a preventative approach to reduce this level of stress, efforts to “attenuate or modulate stress responses following early life exposure to trauma may be another,” (Teicher et al., 2006, p. 9). How to reverse these early traumas, or by what means, in adulthood is yet to be answered.

High Risk Child. While some may surmise that a high risk child has been exposed to a specific risk factor, in general the literature characterized the high risk child as possessing a family life history of difficulty spanning social and economic disadvantages; compromised parenting; home environments that may include neglect and abuse; family volatility, more exposure to adverse events, marital conflict, and violence (Blanz, Schmidt, & Esser, 1991; Sameroff & Seifer, 1990; Shaw & Emery, 1988; Shaw, Vondra, Hommerding, Keenan, & Dunn, 1994).

Consequently, the ability to be able to identify people who can overcome in some manner the exposures they experienced to adversity could help in understanding the processes leading to resilience. In general, two approaches have been focused on in describing key factors that may impact resilience. One approach implied that a person’s possession of different types of “protective factors” may help in some way to lessen the effects of that adversity exposure. The

concept of protective factors (Rutter, 1987) was theorized as being more than simply having the opposite effect of risk factors. Rutter posited that there was an “implied interactive relationship” and this included the exposure to the risk, the protective factors, and the outcome attained. Persons with risk factors, it was hypothesized, could indeed benefit from being exposed to protective factors; but the converse was not necessarily true – those not subject to adversity would not necessarily be benefited significantly by protective factors. A variety of protective factors have been described in the literature that could be beneficial to those children exposed to high risk environments including a variety of individual, peer and family factors. These factors included:

Problem-solving skills. Several studies have revealed that resilient young people tend to have higher intelligence or problem-solving skills than those who are less non-resilient (Fergusson & Lynskey, 1996; Herrenkohl, Herrenkohl, & Egolf, 1994; Masten et al., 1988; Seifer, Sameroff, Baldwin, & Baldwin, 1992).

Gender. The literature suggests that a person’s gender may be a factor that influences or perhaps modifies one’s responses to adversity. Several studies looking at the effects specifically of divorce or marital discord, suggested that girls may be less reactive to family stress than boys, and hence possess some resilience inherently (Emery & O’Leary, 1982; Hetherington, 1989; Porter & O’Leary, 1980; Wallerstein & Kelly, 1980).

Outside influences. High risk children who end up developing interests outside of the family or who can “form attachments with a confiding adult” may develop extra protection against how adversity and trauma may impact them (Jenkins & Smith, 1990; Werner, 1989).

If a child is able to build a strong relationship with one parent, that may also help build resilience to other adverse factors being experienced. Several studies have shown that the ability

to build a supportive, nurturing relationship with one parent may either protect against or help to lessen the effects of the family's adversity on the child (Herrenkohl, Herrenkohl, & Egolf, 1994; Jenkins & Smith, 1990; Seifer et al., 1992; Werner, 1989; Wyman, Cowen, Work, & Parker, 1991).

Individual development. Increased resilience may also present itself, as per some studies, due to particular personality, disposition, and behavioral factors (Werner, 1989; Wyman et al., 1991).

Positive relationships. Developing positive relationships – with friends, peers, or others – may help contribute to building resilience (Davis, Martin, Kofsky, & O'Hanlon, 2000; Fergusson & Lynskey, 1996; Werner, 1989).

Previous investigations into this topic included a call to other researchers, educators and practitioners, imploring them to focus more on the impact of socioeconomic and the role that issue plays in “psychological processes and outcomes,” including varied social class inequity experiences and the related implications of impoverishment and deprivation (Adler et al., 1994; Lott, 2002; Ostrove & Cole, 2003; Saris & Johnston-Robledo, 2000; Smith, 2005). A common theme in academic research – even among those considered less privileged – is a belief that “beating the odds” is a realistic proposition and can occur if one is able to find a way to overcome “barriers to upward mobility” (Bullock & Limbert, 2003; Jost, Banaji, & Nosek, 2004).

Poverty and Overcoming. Cultural anthropologists explain that most stratified societies offer at least some ability for one to change his or her social position through some type of upward, or downward, social mobility. Social mobility is considered more common among societies with nuclear families where an individual may – through hard work, marriage,

disassociation from the initial family or career success – find a way to move up in rank. The cultural belief in the U.S. that “anyone can make it to the top” with enough hard work and determination is a challenging topic to dispute, even in light of evidence that may be to the contrary, as individual stories add validity to this hypothesis. When one looks, for example, at objective measures suggesting the possibility that widespread mobility has not increased in the overall population in the last three decades in this country, approximately 40% of the respondents still believed the opposite to be true, as a *New York Times* poll found (Scott & Leonhardt, 2005). Children growing up with adverse experiences may face even greater hurdles in beating the odds and becoming one of those individual stories feeding this cultural “overcoming” narrative.

Further insight into a child’s wellbeing and his or her health and development can be found through such factors as measures of poverty, stable employment of the parents, and food abundance or food insecurity. The voices of poor women from lower socioeconomic backgrounds who have become high achievers were heard in “Perceived supports and barriers among high achieving women from low socioeconomic backgrounds: A consensual qualitative analysis” (Stein, 2007). The author provided an academic platform to showcase both the supports and the barriers that the women in the study revealed, as they progressed in their careers. The study focused on women from low SES backgrounds who had already started their careers and returned to graduate education.

Career development literature had been relatively silent in the past in regard to the voices of these women with few studies focusing on poor and lower class populations. Much of the career development research instead has centered on “white middle class values” (Stein, 2007). Her dissertation addressed the “paucity” of research regarding women from low SES

backgrounds relating to their career development, among other issues. The constructs of contextual theory, namely “Social Cognitive Career Theory (SCCT)” (Lent, Brown & Hackett, 1994, 2000) can be related to the issue of high achieving women with low SES. The key components of this theory include how early influences serve as “precursors” to important socio-cognitive variables and that ongoing contextual influences act as moderators, facilitators, or deterrents in an individual’s life, described as either “distal influences” or “proximal influences.”

Life Course Research

The early development of life course research dates back to ethnographic and historical accounts like Thomas & Znanieki’s (1918-1920) study of Polish peasants in Europe and America and how immigration influenced their lives. Other early works in this area of research included cross-sectional survey work to assess the impact of wartime experiences on soldiers’ morale (Stouffer, 1949). While these studies were important markers in the development of this type of research, researchers at the time did not have the methods or resources to fully assess the life changes they were trying to measure.

Ryder (1965) provided a significant theoretical framework for life course research through his work regarding the connection between life patterns and social change. He posited that each birth cohort encounters historical events “distinctly marked by the career stage it occupies,” (Ryder, 1965, p. 846), further explaining the notion that life stages impact a life’s course.

The work of Elder (1974, 1994, 1998) shifted the thinking from age specific studies to lifelong views, with the conception of four key factors influencing human development. Elder initially looked at the impact of the Great Depression on young people and found many study members had been well off but were now “quite poor.” Elder (1974) studied various ways of

thinking about life transitions, social change, and life trajectories as ways of looking at change and behavioral patterns. He identified four paradigmatic factors influencing life course and human development including: a) location; b) connections to others socially; c) those involved in the development of one's life course; and d) the varied timing of roles and events (Elder, 1974).

Life story method. Giele (1995, 2002, 2004, 2008) took the previous work a step further, by developing a life story method based on four principles for analysis, which can be derived from the four function model of social science (Parsons, Bales, & Shils, 1953). This method follows the theory of action –“ latent pattern maintenance, integration, goal attainment, adaptation.” Giele's life story themes (2002, 2004, 2008) line up with these as well as Elder's life course framework and other classic theoretical foundations. Thus, Giele (2002, 2004, 2008) developed themes for interpreting life stories based on the four previously identified factors in sociological research. Her life story themes included: a) identity (different or conventional); b) relational style (equal or hierarchical); c) motivation and drive (achievement, power, affiliation); and d) adaptation style (innovative or traditional).

Because of Giele's work and others who came before her, researchers now have a lens with which to look through when attempting to analyze and interpret life stories. These would be important factors to use in helping to explain an emerging paradigm relating to the U.S. women in this study who experienced leadership and overcoming adverse childhood experiences.

Wellbeing, Leadership & Organizational Success

Each person's wellbeing according to Rath, Harter and Harter (2010) is important to an organization's success. When people are absent, it can negatively affect an organization's productivity, opportunities, and health care costs. Detached leaders or employees who work in

disconnected groups are much more likely to face depression, higher stress and the potential risk of heart disease (Rath, Harter, & Harter, 2010).

Spreitzer, Sutcliffe, Dutton, Sonenshein, and Grant (2005) described being able to “thrive” at work as being a state where workers undergo progress, development and energy. When people feel they are thriving, they can adjust to changing life conditions; thus they can become more resilient in adapting to and handling adversities they may encounter (Spreitzer et al., 2005).

Resilience in this context is similar to the previous definition in that it refers to how one can self-adapt and be capable of rebounding in the face of difficult situations – even though thriving can occur with or without hardship (Spreitzer et al., 2005). Additionally, thriving centers on *positive thinking or emotional experiences* that expand one’s thinking where resilience focuses on one’s *behavioral capacities* that may allow he or she to rebound from difficult times (Spreitzer et al., 2005).

Rath, Harter and Harter (2010) chose to describe wellbring by viewing the whole person. Their research posited five interrelated elements including career, social, physical, financial and community, suggesting each having an impact on the person overall (Rath, Harter & Harter, 2010). Ryan and Deci (2000) associated wellbeing with personal expressiveness and having a set of feelings illustrating authenticity. Hodges and Clifton (2004) suggested if one focuses on one’s strengths, it aids in building confidence, hope, and, ultimately, wellbeing.

Transformational leadership is a model studied in recent years as “it represents the changing nature of effective leadership as we now see it and know it in businesses, government, and social movements” (Bass & Riggio, 2006, p. 224). Burns heightened the importance of this theory through his work “Leadership” (1978). In 1985, Bass expanded this work further by

describing leadership as a continuum progressing from hands-off leadership to a type that is transactional, and ultimately, transformational. “Transformational leadership involves an exceptional form of influence that moves followers to accomplish more than what is usually expected of them,” (Northouse, 2010, p. 171).

The literature also revealed that a continual learning emphasis is deemed important for individual wellbeing as well as for organizations. Peter Senge (2006) described a “learning organization” as a place where people can create results they desire, where different thinking patterns are fostered and where learning together is encouraged. Senge suggested that leaders can ensure that an organization is learning by asking fundamental questions and inspiring ongoing creativity. According to Spreitzer et al. (2005), an organization can also thrive by focusing on positive thinking or emotional experiences. Described as a “socially embedded model,” individuals pay attention to energy levels and learning opportunities, taking the initiative to mold their roles in ways that increase positive energy. Wenger (1998) pointed out that life experiences and social activity create opportunities for learning, while Schmieder-Ramirez and McManus (2007) explained that intrinsic motivation is the “primary life force” for lifetime learning.

The research inferred that the health of an operation and its ability to become a learning organization links back to the leader and his or her capacity for Authentic Leadership. Transformational and authentic leaders use coaching techniques rather than command-and-control authoritarian orders, making it acceptable for people to learn from their mistakes.

The ability to move people to a more positive state of being also can be connected to Positive Organizational Scholarship (POS) (Cameron, Dutton & Quinn, 2003) which had its roots in several other fields, namely positive psychology and appreciative inquiry, an organizational development change process. Other correlations can also be made to community

psychology and its connections to wellness and prevention, citizenship and its various methods for helping others, and corporate social responsibility with its encouragement to address social problems and human suffering.

All of these fields, in close proximity to POS, have in common a focus on the positive, ties to organizations in some manner, and research and study as a part of further exploring theories. However, testing theories in organizational behavior may not be as clear cut as in some other disciplines as focusing on people and organizations constitutes “contingency variables” which do not respond necessarily in a constant manner, providing for more variance in study data.

More recent examinations have focused on how to maximize work teams and individual performance. In the example of Pixar Studios and its successful movie-making ventures focused on computer animation (Catmull, 2008), the organization’s president explained the importance of establishing an environment that promotes creativity, risk-taking and new ideas. In Pixar’s case, they allowed the “creatives” freedom in decision-making, provided “safe” ways to share unfinished work products with others to receive constructive feedback, and held effective post mortems where a balance was encouraged between what worked and what didn’t including data sharing and metrics about how often something needed to be redone, for example.

Another related example regarding the use of various aspects of POS came from a study on how participants were able to find meaningfulness or “spirit” at work (Kinjerski & Skrypnek, 2008). In this study, participants indicated that they had much higher levels of wellbeing when they believed their work made a difference in people’s lives.

The analysis highlighted four key paths:

- Participants who always found meaning in their work,
- Those who had “moments” of meaningfulness that kept them positively engaged and employed at the same workplace,
- Participants who had a transformative event happen in their lives – a death, major illness, loss of a child – that helped them focus on finding meaning in their work, and
- Those who found their work environments themselves a source of meaning in their jobs or careers.

If one accepts the premises posed in the discipline of Positive Organizational Scholarship focusing on the good, the balanced, and the uplifted as a constructive means for effectively managing lasting change in an organization and for individual people, then how does one put this into practice?

While there is not a single answer to this question and several key theories can be applied, the process of appreciative inquiry (AI) has been noted as one “effective change strategy” (Robbins & Judge, 2011) and has been increasingly used with large organizations like GTE, Roadway Express, the U.S. Navy and American Express, among others. By definition, the process is inquiry-based and centers on appreciation, accentuating the positive and seeking to identify the unique qualities and special strengths that may be exhibited in an organization, focusing on successes rather than problems.

A pivotal and important aspect in understanding individual and organizational behavior, whether it is through the lens of AI or through POS as a whole, is to recognize the quality of the connection between people who work together (Dutton & Heaphy, 2003). Dutton (2003) argued

that focusing on High Quality Connections (HQCs) helps to put people in context and further engages organizations in three areas:

- Positive Individual Outcomes – this includes the fact that strong people connections at work can help others “flourish” both psychologically and physiologically;
- Positive Dynamics – this includes ways in which strong people connections help employees create positive “spirals of meaning” in their projects and day-to-day work;
- Positive Organizational Outcomes – this includes recognizing high quality connections between people as important links to other critical organizational factors, helping identify synergies and dynamics that exist.

Dutton also explored the topic of individual “overcoming” in terms of how it might be linked to some of the POS theories discussed; this is another area where it appears more research is needed. Connections could in fact be explored in the future as they apply solely to an individual, regarding many of the positive principles that POS purports for an organization. Such areas as strengths development, transcendent behavior, resilience, positive deviance, and even through appreciative inquiry might apply.

The acknowledgement of the importance of wellbeing, good works, and finding meaning in the workplace have been highlighted by such high profile efforts as those by Gallup, leading scholars, and in related research. Recognition by Dutton and others that high quality connections enhance POS and its related processes in organizations and among individuals is also beginning to be recognized and explored.

Summary

This review of the literature looked at the intersection of studies on women’s leadership, leadership traits, childhood adversity, one’s life story, and becoming a leader via Authentic

Leadership. The review also covered how these topics have been reported on in research and theories already developed and supported and through the promotion of individual wellbeing and success in the organization. This review included key aspects of what the literature represents on how women lead, leadership qualities necessary, and how to cope in adverse, stressful situations. The review also looked at relevant theories including Leadership Trait Theory, the emerging theory of Authentic Leadership; Psychological Resiliency Theory and Life Course Research.

While significant study has taken place in these foundational areas, little research was unearthed to date exploring the factors common to women who faced adverse childhood experiences and moved from merely coping with their situations to leading others. By exploring the research questions and further delineating these factors, this study may provide practicability and value to other researchers grappling with how to identify and document commonalities and supports that prepare women for leadership.

Chapter 3: Methodology and Procedures

Research Approach and Design

This section explains the steps and processes followed to complete this study. It includes a review of the research questions and a description of the research methodology used. The process for how data sources were selected is presented, along with the analysis, the instrumentation, and the data gathering techniques utilized. The IRB submission and its approval are also included. This analysis describes the coding process that was used with NVivo software and provides a definition and description of the selected dimensions for this study from the four original themes defined by Giele (2008) – identity, relational style, adaptive style, and drive and motivation.

Research Questions

The research questions were:

1. Do female leaders who were defined as having adverse childhood experiences have more psychological capital than female leaders who were not at risk in youth?
2. How does the experience of overcoming adversity impact the life course of the persons interviewed who had ACEs?
3. What model, if any, can be derived from these factors which will help inform other women and girls in similar circumstances?

The researcher sought to find a relationship, if one exists, between individual psychological capital and overcoming adverse experiences in female leaders. The researcher also sought to find a relationship, if one exists, between overcoming adversity and the four themes of identity, relational style, adaptive style, and drive and motivation in female leaders. Table 1 indicates how each of these questions were addressed in the study.

Table 1

Questions Addressed in Research Design

Research Question	Phase	Tool Used	Data Type	Analysis
<i>1. Do female leaders who were defined as having adverse childhood experiences have more psychological capital than female leaders who were not at risk in youth?</i>	Phase 1	PsyCap, ACEs survey	Quantitative	SPSS, Correlation
<i>2. How does the experience of overcoming adversity impact the life course of the persons interviewed who had ACEs?</i>	Phase 2	Giele's Life Course Questionnaire	Qualitative	NVivo, Open and Axial Coding. Including coding for relational style and adaptive style
<i>3. What model, if any, can be derived from these factors which will help inform other women and girls in similar circumstances?</i>	Post phases 1 and 2	Triangulation of Data	Mixed	Comparison

Methodology

A sequential explanatory mixed methods study was used to investigate how U.S. women who have faced childhood adversity sought a path to leadership. The methodology used was based on a social constructivist worldview, with the research strategy focused on having the weight placed on the first phases (Creswell, 2009).

According to Creswell (2009), this is the appropriate design to use when testing elements that explain and interpret relationships and correlations. The explanatory design was implemented in “two distinct phases,” (Creswell, 2009, p. 119). The first phase centered on collecting and analyzing quantitative data. Then, based on the need to further understand the quantitative results, the researcher employed a second qualitative phase using narrative research in a phenomenological context to help explain the first phase results.

The researcher then integrated and explained the quantitative and qualitative results in the final phase. This provided information for the discussion, implications and potential future research portion of the study.

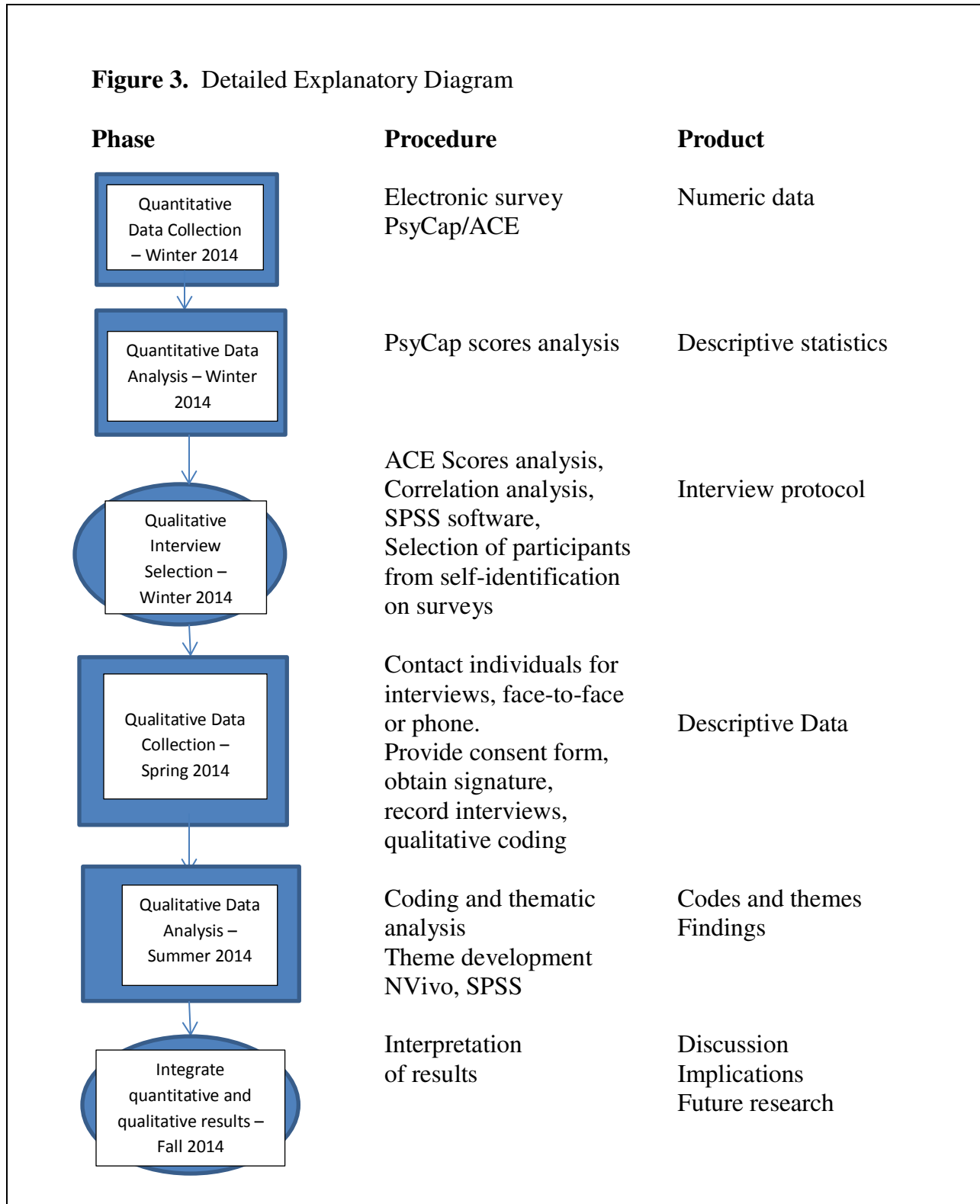


Figure 3. Detailed explanatory study diagram. This explains the various phases for the research plan.

In the qualitative phase of the study, narrative and phenomenological research methods were employed. In a phenomenology, the researcher tries to transcend knowledge from the past to understand the phenomenon more deeply. In short, this is an attempt to explain a lived experience from a fresh perspective. Bracketing is a process where one's own feelings, perceptions, and beliefs are set aside to be more receptive to the phenomenon that emerges, (Moustakas, 1994). It was important to acknowledge and attempt to bracket any of the investigator's own personal experiences prior to taking on this phase of the research. The investigator provided written answers to the questions to be posed to others, prior to undertaking the interviews, to ensure her own feelings, beliefs and perceptions had been bracketed and were clear. Past experiences of the researcher were noted and kept separately from the research conducted.

Process for Selection of Data Sources

Participants for the study were attained through a snowball sampling method. Women already known to the investigator were contacted via email. Additionally, these women were asked to suggest others to the investigator for this research. The investigator followed up with suggestions made of additional participants as part of this snowball sampling method. The target goal was to have at least 150 potential participants contacted via email. The email invitation to participate in the study is included as an appendix.

Utilizing this non-probability sampling technique - snowball sampling - study subjects were asked to suggest other subjects for the study to the investigator. As the sample builds, like a rolling snowball, enough data is gathered to be useful to research. Several demographic questions were added to the online survey to ensure a consistent data pool.

Subjects were asked to provide a four-digit number in the first survey; if the subject chose to participate in the second qualitative interview, the subject's four-digit number was requested again, in order to triangulate the data between the two surveys. Individuals volunteered to participate in the qualitative interview phase via a question on the survey providing additional information for follow-up. Individuals who participated in the second survey also participated in the quantitative phase, had sought leadership development and indicated at least one ACE as a result of the first survey. The qualitative follow-up phase was anticipated to have a smaller size than the first quantitative phase. See Figure 4 for a visual of the methodology used relating to survey sample participation.

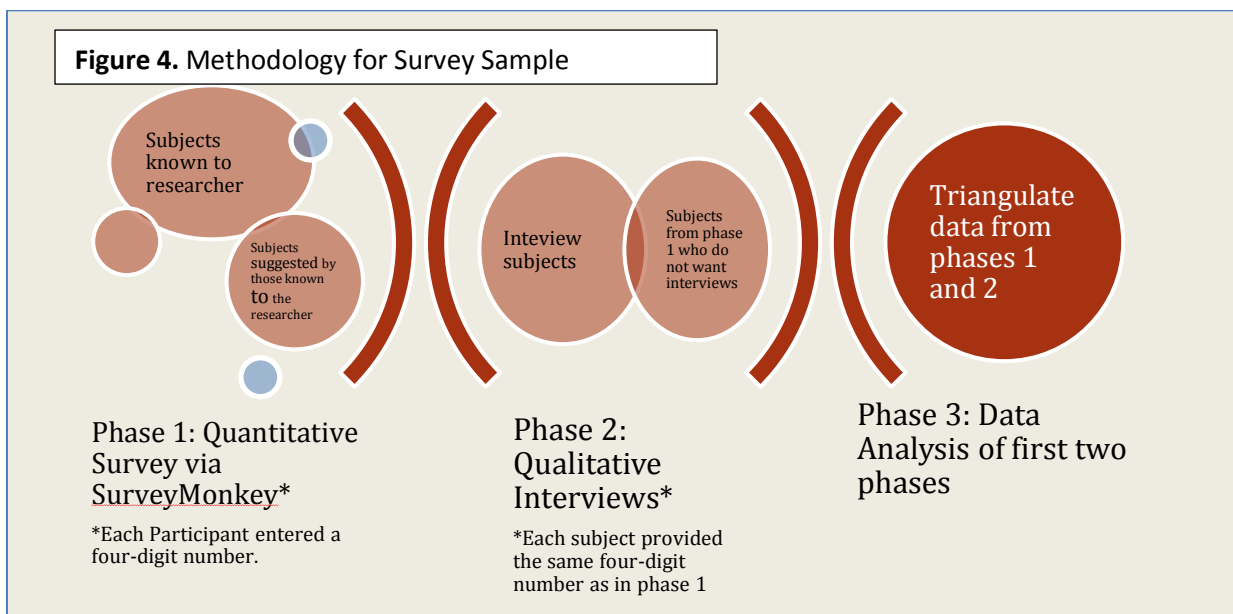


Figure 4. Methodology for survey sample showing the phases.

Both the landmark CDC study and a smaller study in Washington state found approximately 60% of those surveyed experienced at least one ACE. If this same rate held true in this study, approximately 99 women of the 150 surveyed would show at least 1 ACE and would be potential interview subjects. The participants self-selected, indicating whether they were

interested in being interviewed. It was hoped that at least one third of this group, or at least 30 participants, would be willing to be interviewed for this study.

An initial email invitation was sent to potential survey participants, with a follow-up within two weeks of the initial email. Survey respondents were reminded a last time prior to the survey being closed. It was open to participants for approximately one month online.

Phase one of the study sought to answer the first research question:

1. Do female leaders who were defined as having adverse childhood experiences have more psychological capital than female leaders who were not at risk in youth?

As previously stated, data collected in this first phase was used to compare if there was a difference in scores for women who came from adverse childhood backgrounds. It was also used to compare difference in scores for those who did not face these barriers.

The following criteria was used for inclusion in phase 1 (initial online survey, quantitative), if subjects agree to consent to participate:

- Women, ages 21 and older.
- Current or previous involvement with formal Leadership Development Programs (training programs, certificate programs, and/or degree programs).

The following criteria was used for exclusion in phase 1 (initial online survey, quantitative):

- Men will be excluded from this study.
- Women who have not had current or previous involvement with a formal Leadership Development Program, whether it was for training, professional development or degree seeking, will be excluded.
- Women who declined to participate, as per consent form.

In the initial phase (electronic survey), participants took both the PsyCap evaluation and the ACE evaluation electronically in one combined survey. These evaluations were scored as part of the first phase and data was analyzed. Initial analysis from the first study was conducted scoring the PsyCap evaluation and the ACE scores of all subject participants. Participants who indicated on the demographic portion of the survey that they did not have previous or current leadership development training or that they were not female were excluded from the study. Of those who were included, analysis occurred to determine if there was any difference among the subjects regarding their PsyCap scores by those who exhibited ACEs and those who did not. Only subjects who scored at least one ACE (answer affirmative to one of the 10 ACE questions) in the initial electronic survey were considered to exhibit ACE(s).

Women who exhibited at least one ACE and who indicated a desire to be interviewed were included in the 2nd qualitative phase (life course interview). The principal investigator attempted to interview every woman from the first phase who exhibited at least (1) ACE and who had indicated a desire to be interviewed.

Screening regarding women with ACEs was calculated via the ACE score calculator (see appendix for more information on ACE calculations). These are calculated on a simple addition basis with affirmative answers to the questions provided (one yes = one ACE, etc.). If subjects had at least one ACE they were potentially included in the 2nd phase, if they indicated a desire to be interviewed. Subjects who did not exhibit any ACEs were not interviewed for the 2nd phase of this study. Their participation ended at the end of phase 1. However, the data collected from the ACE group and the non-ACE group, in the first phase was evaluated based on PsyCap scores; this was an important part of this study, to determine if there were any exhibited psychological capital differences among the women who had ACEs and women who did not.

The second phase of the study was to help deepen understanding of the subjects who had Adverse Childhood Experiences (ACEs) and pursued leadership development; hence the reason why they were the only group to participate in this smaller, focused phase. It was anticipated to be likely that there would be a much smaller pool of subjects in phase 2 of this study, as participants from phase 1 were excluded from phase 2 if they exhibited no ACEs and they did not consent to participate in an interview.

Women who self-identified in the survey as willing to be interviewed became part of the second qualitative phase. These women were re-contacted via email or phone, as per information they voluntarily provided, to set up interviews face-to-face or via phone. Ethical considerations were considered prior to the interviews. These included possible psychological risks for the participants regarding verbally discussing adversity they may have faced relating to work, life, family and self. Participants were advised prior to the interview that they may stop at any time. They were also offered referrals to local psychological services if any emotional needs become relevant during the interview process. Participants were asked to sign a consent form prior to participating in the qualitative portion of the study, for the protection of human subjects. This consent form was either provided via email (if the interview was to be conducted by phone) or via face-to-face prior to the interview occurring. The research question addressed in this phase was:

2. How does the experience of overcoming adversity impact the life course of the persons interviewed who had ACEs?

This question was answered by using the Giele (2008) defined questions which address life course issues. By utilizing narrative research and a phenomenological framework it allowed

“exploring what all participants have in common as they experience a phenomenon” (Creswell, 2007, p. 58).

A third research question was probed after the two phases of data collection were completed. This question was:

3. What model, if any, can be derived from these factors which will help inform other women and girls in similar circumstances?

This question was answered by comparing and analyzing the data collected to determine additional discussion and implications, as well as the possible need for further study. By allowing the participant the freedom to provide information and context to their stories, it permitted them to be framed similar to a series of case studies (Singer, 2004). Narratives can also be guided by a theoretical framework, such as a critical theoretical perspective or feminist perspective.

Consent Procedures

Protections were taken to ensure human subjects confidentiality and privacy, as the survey was elective and confidential. All subjects received an emailed consent form prior to taking the first phase study, stating the purpose of the survey, an explanation of its questions, and the reassurance of their confidentiality. There was no pressure put on any participants to join in to the survey and the human subjects could participate or not willingly.

Furthermore, in relating to IRB procedures, this study met the requirements for exemption under the federal regulations that govern the protections of human subjects.

Specifically, section 45 CFR 46.101(b) states:

(b) “Unless otherwise required by department or agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

- (1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
- (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior.”

Risk to participants in the study was minimized also in the following manner:

participation was confidential; if participants chose to be a part of the second qualitative phase they “self-identified” in the first phase, indicating that they were willing to be interviewed and providing contact information. This was clearly communicated prior to participation.

Participants who continued on to the qualitative phase of the research via interviews did so willingly. Additional consent forms for the qualitative phase were provided either electronically (for those being interviewed by phone) or in person for those being interviewed face-to-face.

Data Gathering Instruments

Three existing data gathering instruments were used for this study: the Psychological Capital Questionnaire, the questionnaire related to ACEs and Giele’s (2008) questions based on her life course framework.

The initial survey instrument used was the Psychological Capital Questionnaire for Research, developed as a means to measure the resource of one’s psychological capital including the ability to overcome adversity (Luthans, Youssef, & Avolio, 2007) combined with the briefer version of the Adverse Childhood Experiences (ACE) questionnaire (Felitti et al., 1998). These survey instruments had been previously successfully tested for validity and reliability.

Dimensions measured in this study included:

- the individual’s level of positive PsyCap;
- the individual’s leadership development status; and

- the childhood risk factors as identified, using the Adverse Childhood Experiences (ACE) instrument.

The questionnaire was divided into two parts. The first part sought to define the participant's "positive psychological state." This was defined as: a) showing confidence or "self-efficacy" when challenged; b) exhibiting optimism regarding current and future success; c) presenting determination in achieving goals while recognizing the need for possible redirection; d) and being able to bounce back when adversity arises. The second part of the questionnaire had some additional demographic questions added to determine the person's current leadership development status, gender, and the ACEs they may have faced. Additional questions that were added brought the total to 40 items.

The Psychological Capital questionnaire had undergone "extensive psychometric analyses" and has been used in many sectors including those representing education, manufacturing, and service. The four parts of this instrument – efficacy, optimism, hope, and resilience – were measured via six questions for each, with the resulting score representing an individual's level of positive "PsyCap." The authors "empirically examined its validity" (Luthans, Avolio, Avey, Norman, 2007) using a series of "correlation, comparisons and hierarchical regressions" to consider at how the PsyCap related to these other variables. To determine the degree of stability of the PsyCap measure over time, the authors calculated "test-retest statistics" spanning time intervals and proceeded to average these results.

Similarly, the ACE study used family health history and health appraisal questionnaires to collect information on "childhood maltreatment, household dysfunction, and other socio-behavioral factors" as part of its landmark study. The questionnaires are "not copyrighted and

there are no fees for their use,” (Family Health History and Health Appraisal Questionnaires, CDC, para. 1). A shortened version was available on the ACE website at <http://acestudy.org/home>. As a courtesy, a copy of research conducted or papers completed using items derived from the questionnaires was requested by the CDC. A copy of this dissertation was provided to the CDC upon completion and the agency was notified that the ACE survey was used as part of this study.

The survey questions as listed were distributed electronically through SurveyMonkey® as approved by the survey’s authors. The survey was only used for a one-time sampling, as per this dissertation study, for an approximate 30-day period in 2014.

The interview instruments used for the qualitative portion of the research followed Giele’s framework as described previously. The researcher utilized a pre-defined template of questions. The questions probed significant areas of the women’s lives including early adulthood, childhood and adolescence, current adulthood, future issues, and strategies for balancing life, with a focus on the area of adaptive style and negotiating changing circumstances and transitions.

Before the interviews began however, the interview subject was provided an interview consent form either electronically or in person. Each participant for the interview received an informed consent form describing options for the participant including whether the researcher could use their quotes confidentially as part of the study.

Each individual who self-identified as being willing to participate agreed to answering questions that reflect Giele’s (2008) themes. The questions were as follows:

The first question focused on adulthood:

“What was your major?

Name of your college where you completed your undergraduate education?

What year did you graduate?

What about graduate education? Where did you attend?
What was the area of study for your degree?
And what year did you receive your degree?
What did you think you would like to become in terms of occupation and type of lifestyle or family life? What were you thinking then and how did things actually turn out?"

The second question focused on childhood and adolescence (earlier life):
"What was your family's attitude toward women's education?
What did they think about you going to college?
What did they think about what you would become?
What was the effect of your parents' education on your attitudes?
What about brothers and sisters? What were their influences on you?
What about family finances and their impact on your attitudes?
How about you or your families' involvement in a faith community? What were these influences?
What about your families' expectations and their impact on your attitude?
How was your education different from or similar to that of your parents and brothers and sisters?"

The third question was regarding current adulthood:
"Since college, what kinds of achievement and frustration have you experienced?
What type of mentors have you had?
What has happened that you didn't expect in employment?
What about with family?
What about your faith?
How about furthering your education?
What type of work opportunities have you had?
How about equal work opportunities?
Have you had children and how have they influenced your life?
How have changes in marital status impacted your life?
How have any lifestyle changes influenced yourself or a family member?
What about moves, how have these influenced you?
What about your memberships in the community?
How has your involvement or lack of involvement in faith community impacted your life?
What types of housing issues might you have encountered and how did they impact you?
How have racial and gender integration or non-integration influenced you?
What about a job search or loss and its impact on your life?"

And feelings about yourself?

Have there been good things such as particular rewards, satisfaction, or recognition?"

The fourth question was about future adulthood:

"Looking back at your life from this vantage point, and ahead to the future, what are your main concerns at the moment?

Looking further out, what are your goals, hopes and dreams for the next few years?

What problems do you hope to solve?

Where do you hope to be a few years from now with respect to work or finishing graduate school?

What are your hopes in regard to family?

What are your expectations for your faith community?

What about the community?

What are your concerns around mentors?

What about health?

What type of concerns do you have around finances?"

Validity and Reliability

The validity and reliability of the instruments that were used have been proven through multiple studies. In addition, the authors of the PsyCap provided evidence of validity of their instrument (Luthans, Avolio, Avey, & Norman, 2007. p. 563), stating "not only that PsyCap and core self-evaluations are related yet distinct constructs, but also there is at least preliminary empirical evidence that PsyCap may be state-like" explaining this distinction is a departure from "trait-like core self-evaluations and personality traits." The reliability and validity testing previously completed helped to show that this instrument would be appropriate for use in a study of this nature.

In terms of the original questionnaires related to the ACE study, seven categories of adverse childhood experiences were studied: "psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned" (CDC, 2013). The number of categories was then compared to

measures of adult risk behavior, health status and disease. The effects of demographic factors were adjusted through logistic regression on the link between the cumulative number of categories of childhood exposures (range: 0-7) and risk factors for the leading causes of death in adult life (CDC, 2013).

Finally, Giele and Elder (1998a) bolstered the reliability of using life course data as a consistent form of data collection. Elder and Giele (2009) explained that by using the comparative method of agreement with the indirect method of difference “one can look for the precursors associated with each outcome and at the same time discern both the necessary and sufficient causal factors that contribute” (p. 257).

Data Collection Procedures

First and foremost, the data gathering process used in all phases ensured confidentiality for all responses. In the quantitative phase, the data collection procedure followed a standard electronic process, where the researcher was able to obtain and download data after participants took the confidential electronic survey. The data was imported into excel spreadsheets for ease of use.

The qualitative phase of this study involved recorded research. In this phase, each subject was asked to use the same password that they were provided (or that they determined) in the first phase for coding purposes. In addition, a random numeric code was assigned to each transcribed interview. Subjects were asked if quotes could be used in any publication, via pseudonym. The informed consent form allowed participants to initial these preferences. Once the interviews were transcribed the recorded portion was destroyed. The data was captured by the researcher’s computer and electronic voice recorder, shared only with the research committee to maintain confidentiality. There was minimal risk to the subjects. Some of the questions, however, were sensitive in nature and could invoke emotional responses. The interview process

used was based on one that has been carefully developed to minimize these risks. The researcher of the study conducted all of the interviews. Specific procedures were also followed to ensure the interviewing process was consistent and followed standard qualitative practices. As stated previously, the data collection was done primarily through interviews and by reviewing the qualitative data provided. Data analysis included stories, themes, description of context, and assertions. In phenomenological research (Moustakas, 1994), the researcher is able to develop a composite description of the “essence of the experience for all of the individuals.” NVivo software was used to code and categorize the qualitative data using two of Giele’s factors for analysis – relational and adaptive style, as these could be most applicable in the context involving overcoming adversity and seeking leadership.

Data Analysis Process

The data analysis process occurred in three stages in this study: at the end of quantitative data collection; at the end of qualitative data collection; and in comparing the two data sets at the conclusion of the study. In the quantitative analysis section, data compilation occurred in terms of the scoring of the two surveys – PsyCap and ACE. There were three significant variables in this portion of the study – the participants’ risk factors (ACE), their PsyCap scores, and their leadership development status. The data was analyzed using excel computations and SPSS statistical software. The overall PsyCap scores were computed for each participant, their accompanying ACE score, if present, and leadership development status.

Statistical tests, in the form of Pearson correlations and others, were used to determine whether a correlation could be drawn among the variables and whether a relationship existed. It was anticipated that this would help support the research question regarding higher PsyCap scores correlating with risk factors. P-P plots were also run for the variables for assessing how closely the data sets agreed.

Linear regression was also conducted in order to look at these variables.

In the qualitative portion, this study utilized two of the four life course themes developed by Giele (2008) – relational style and adaptive style. The researcher read through each of the interviews to identify passages that related to these dimensions. To analyze the interviews, a coding system was employed, using the Giele (2008) framework as well as axial and open coding - focusing first on the four themes. During a second review, inductive coding from the interviews, including key words and phrases, was identified relating to overcoming adversity in the context of relational style and adaptive style. Using the software NVivo, new codes were created to further document meaning and whether they could be categorized relating to research question 2: *How does the experience role of overcoming adversity impact the life course of the persons interviewed who had adverse childhood experiences?*

Guidelines were used to identify the themes following the Giele (2008) study with a specific focus on relational style and adaptive style. As defined by Giele, details follow in identifying those two themes:

Relational Style: “What is the typical way of relating to others? As a leader, follower, negotiator, or collaborator? What is the nature of her relationship with others in her life?”

Adaptive Style: “What is the subject’s energy level? Is she an innovator/risk taker or is uncomfortable with change or new experiences? Is she self-confident or cautious?” (Giele, 2008, p. 401).

After the qualitative data was transcribed, a profile of the themes that characterized the women was developed. NVivo was used for this process as it is a qualitative data analysis software produced by QSR International and is designed for qualitative researchers working with rich text-based information. The software was used to analyze the histories of the subjects

interviewed and to compare with Giele's themes for similarities or differences. In this process, the themes, interrelated themes or larger perspectives were the findings anticipated that would provide the answers to the research question.

Finally, data from the qualitative and quantitative analysis was compared and further analyzed for any additional commonalities or shared perspectives.

Assumptions

The Psychological Capital Questionnaire used in the first phase of the research helped to inform the additional stages. A conceptual model was derived from research in both phases, with the first phase weighted to inform the subsequent phases. All participants in the second phase were leaders; they were interviewed, if they met the criteria and volunteered to do so. An Institutional Review Board (IRB) review occurred for the protection of the human subjects involved. The electronic survey was distributed with the use of SurveyMonkey® which is a commercial instrument that includes standard survey designs meeting section 508 accessibility standards and SPSS statistical computing compatibilities. Validation strategies were used to triangulate the different data sources. The researcher's bias was clarified at the outset of the study. A descriptive analysis was included of independent and dependent variables and statistical tests.

The research design orientation was applied research, which seeks to understand how to alleviate a demanding social problem – in this case how female leaders, who faced adverse childhood experiences, found a path to leadership. This research could provide policymakers and others in the academic community with well-grounded guides to remediation and future action (Miller & Salkind, 2002).

Limitations

While there was important information gleaned from this research, there were also several chief limitations in this study worth identifying. The first regards the sampling techniques and sample size. To some extent, sampling was based on judgment, in that a subgroup was selected of the initial subjects on the basis of the available information. While the advantages of these sampling techniques include reducing the cost of sample preparation and fieldwork, there were limitations built into this approach. These included: the possibility of errors likely to be larger than if a random or systemic sampling approach were used, variability and bias of estimates that are difficult to control and measure, and the requirement of strong assumptions or considerable knowledge of the population or subgroups selected (Miller & Salkind, 2002).

Preliminary Survey Assignment

A preliminary survey using the Psychological Capital Questionnaire was completed as part of a class assignment in Spring of 2011. Using an existing survey was the preferred type of data collection procedure for this assignment in that it could offer economy of design and a quick turnaround of data as specified. The rationale for using an existing study was threefold. The existing instrument had been previously tested and had been made available through a reputable research company. The authors of the existing instrument agreed to allow minor additions to meet the needs of this particular study. This included adding leadership status and risk factors to the previously developed questionnaire. The survey was designed to seek an individual's positive psychological state of development and was characterized by identifying an overall PsyCap score that reflected the person's confidence, optimism, hope, and resiliency, which related significantly to the first hypothesis. The data was collected electronically, providing the participants an easy and anonymous way to offer their input.

The two hypotheses tested in the assignment included the following:

- (1) Female leaders who were defined as at-risk socioeconomically have more psychological capital (a higher PsyCap score) than those who were not at risk in youth;*
- (2) Female leaders who were defined as at-risk socioeconomically exhibit common psychological traits.*

Collection of the data for this assignment was cross-sectional, in that it was collected at one point in time. The data were gleaned through a self-administered questionnaire, via SurveyMonkey®, an electronic survey provider. This type of survey administration was efficient for this project, as it needed to be completed within one month as directed by the course instructor. Using an electronic method sped up the data collection and analysis process as results did not need to be hand tabulated. There was no cost to the participants to be a part of the survey and it was easily accessible to them via their home or work computers.

The participants for this assignment were 30 women leaders in the U.S. This comprised a convenience sample for this limited project, not representative of the population of U.S. women leaders as a whole, and was considered a nonprobability sample because participants were chosen based on their availability. All 30 participants completed the survey electronically. A representative sample could be defined from the population of U.S. women leaders, however, if desired. This data are available through the U.S. Census Bureau and the Bureau of Labor Statistics (BLS). In 2009, the BLS estimated the population of U.S. females employed full-time and in management as approximately 19,536,000. With randomization, a representative sample could be derived from this group.

The data were analyzed using excel computations and SPSS statistical software. The overall PsyCap scores were computed for each participant, their accompanying variables – risk

factors, if present, and leadership rank. All participants replying in the convenience sample were female. Pearson correlations conducted of the PsyCap and risk factors indicated some correlation between a positive PsyCap score and the number of risk factors, as a significant but a slight relationship at .386. This helped support the hypotheses that higher PsyCap scores correlate with risk factors. However, no correlations were present when comparing risk factors and leadership level and PsyCap to leadership level. P-P plots were also run for the variables for assessing how closely the data sets agreed. It was apparent from the P-Plots that the data sets collected also did not closely agree with the normal plots for those variables. Linear regression was also conducted with PsyCap as an independent variable and risk factors as a dependent variable. A linear relationship could not be clearly established using this method as a linear pattern was not expressed and outliers were observed. This could indicate the regression line is not explaining everything about the relationship between x and y.

Averages computed of the overall PsyCap score indicated that the group exhibiting risk factors in youth had a slightly higher average overall PsyCap score, 124.5, as compared to those with no risk factors, with an average PsyCap of 115.27. It also indicated that those with risk factors had a significantly higher average score in the areas of *resilience* and *optimism*. While the analysis provided no conclusive evidence, the correlation present and the higher PsyCap averages and psychological traits in some areas indicated a possibility of validation of the premises, with further study needed for clarity and statistical significance.

Plans for IRB

The Pepperdine IRB form was completed following the standard requirements of IRB submissions. The form was first submitted to the dissertation chair for approval and then to

Pepperdine for approval, and then submitted to the IRB for review. The principal investigator (Latrissa Neiworth) submitted this form with the approval of her chair and committee members.

Table 2

Assignment Study Data

Average	No Risk Factors	Risk Factors
Confidence	32.45	31.6
Hope	29.36	28.55
Resilience	28.72	31.15
Optimism	27.36	29.90
Total PsyCap	115.27	124.50

The IRB submission included all required materials for an expedited, exempt application. This included a cover letter, IRB application for a claim of exemption and an application for a waiver of documentation for informed consent. As part of the IRB submission, the following items were included: copies of the cover letter, emails for use with survey items, copies of the application for a claim of exemption and a full set of relevant appendices including the informed consent email for the quantitative survey and form for the qualitative one, copies of the faculty supervisor review form, copy of the human subjects training certificate completed by the student principal investigator, and copies of the dissertation proposal.

Summary

Rather than develop an entirely new and untested questionnaire to measure this leadership dynamic, a search was conducted to see if any existing instruments could be modified to meet this goal. It was found that instruments did exist that could be utilized. A request was

made to MindGarden, Inc. for use of the Psychological Capital (PsyCap) questionnaire for this project. It had previously undergone extensive analysis regarding its validity and reliability. The four parts of the PsyCap – efficacy, optimism, hope, and resilience – are measured via questions, with the resulting score representing an individual’s level of positive PsyCap. The main reason for using this instrument was that utilizing an existing tool could be more reliable and have fewer validity issues, given its prior extensive testing and the fact that was an attitudinal (psychometric) questionnaire using the appropriate response scales.

Additional questions were added to the instrument including those seeking additional demographic information and those related to ACEs. Dimensions to be measured by this survey included: a) the individual’s level of positive PsyCap; b) the individual’s leadership status; and c) the number of adverse childhood experiences, if any, as identified through the ACEs questions. As previously stated, the ACE questions have also been tested for validity and reliability and were accessible for use, as per the CDC.

Use of Giele’s Life Course Questionnaire faced similar scrutiny and was an existing instrument in use at Pepperdine University’s Graduate School of Education and Psychology. This instrument had been reliably used by many previous researchers. All participation was voluntary and confidential and followed pre-prescribed IRB procedures.

Use of these tools provided valid data that could be triangulated for further analysis to determine common themes or if a shared phenomenon was present among the participants.

Chapter 4: Results

This study explored findings from two sources – a quantitative survey of women leaders in the U.S. and qualitative data gleaned from in-depth interviews from a subset of the original sample group. The research was framed with a sequential explanatory mixed methods approach and a social constructivist worldview, with weight placed on the initial phase. Three key questions were addressed in this research:

1. Do female leaders who were defined as having adverse childhood experiences have more psychological capital than female leaders who were not at risk in youth?
2. How does the experience of overcoming adversity impact the life course of the persons interviewed who had ACEs?
3. What model, if any, can be derived from these factors which will help inform other women and girls in similar circumstances?

The first research question was addressed as a part of the quantitative survey and the second question was addressed in the qualitative interviews. The third question was addressed both in the findings and in the analysis that follows.

Overview

The research was divided into phases in order to address the research questions.

Research question #1 was addressed in the first phase through an electronic survey taken by 110 participants, with the bulk of the surveys collected from January 1 – 31, 2014. In addition, criteria used from information collected in this phase enabled the further honing down of the sample for individual interviews, which were scheduled both in person and via phone, based on the quantitative survey information provided.

Research question #2 was addressed through a total of 30 qualitative interviews, which took place from February 7 – April 18, 2014. Interviews were set up based on criteria from the quantitative phase including the participant's indicated desire to be interviewed, whether ACE's had been present, and whether the participant had in the past or present sought leadership development programs, classes, or training.

Research question #3 was addressed through the analysis of both the qualitative survey and the qualitative interviews. Interviews were transcribed and analyzed from May 1 – Aug. 31, 2014. The data from both phases was then triangulated and cross-checked, in an attempt to increase the credibility and validity of the results and to add an additional level of depth to the analysis. Cohen and Manion (2000) define triangulation as an “attempt to map out, or explain more fully, the richness and complexity of human behavior by studying it from more than one standpoint,” (p. 254). The methods used here include data triangulation and methodological triangulation where data, through several different sampling strategies, are compared at different times. These methods are also often used when more than one method is employed for data gathering (Denzin, 1970).

Research Question #1

The first research question focused on whether “female leaders who were defined as having adverse childhood experiences have more psychological capital than female leaders who were not at risk in youth.” In order to answer this question, some means to measure the psychological capital of female leaders was needed, in order to assess those who had risk factors growing up and those who did not.

To do this, two existing instruments were used, which were combined into one electronic survey: the Psychological Capital Questionnaire for Research, developed as a means to measure

the resource of one's psychological capital including the ability to overcome adversity (Luthans, Avolio, & Avey, 2007) combined with an abbreviated version of the Adverse Childhood Experiences (ACE) questionnaire (Felitti et al., 1998). As previously explained, these survey instruments had been successfully tested for validity and reliability. The quantitative survey also asked whether participants had taken part in leadership development and if they would be willing to be a part of a follow-up interview.

Survey participants were sought through an electronic snowball sampling method. Women already known to the investigator in the Western part of the U.S. were contacted via email. Additionally, these women suggested others for the investigator to contact for this research. The investigator followed up with suggestions of additional potential female participants from this sampling method and contacted these additional women and groups of women via email. Email requests for participation were sent to approximately 350 individuals through this method.

A total of 118 respondents began the survey but did not complete it. In total, 110 participants fully completed the survey from the initial potential pool of 350, which is approximately a 31% response rate. This is somewhat higher than what is generally presented as a common survey response rate. A more common response rate – especially for “external” surveys – is 10 – 20%. However, surveyors do point out that response rates vary frequently, especially in regard to topic and how participants feel about the subject matter.

Leadership Roles. In terms of how the participants saw their leadership roles in their organizations, Figure 5 shows that more than 50% of those participating described themselves in a high level leadership role – a CEO, Executive, Senior Manager or Administrator or Manager.

The remaining participants termed themselves as being in collaborative or instructional leadership positions – as a teacher, team leader, mentor or coach, or other leader.

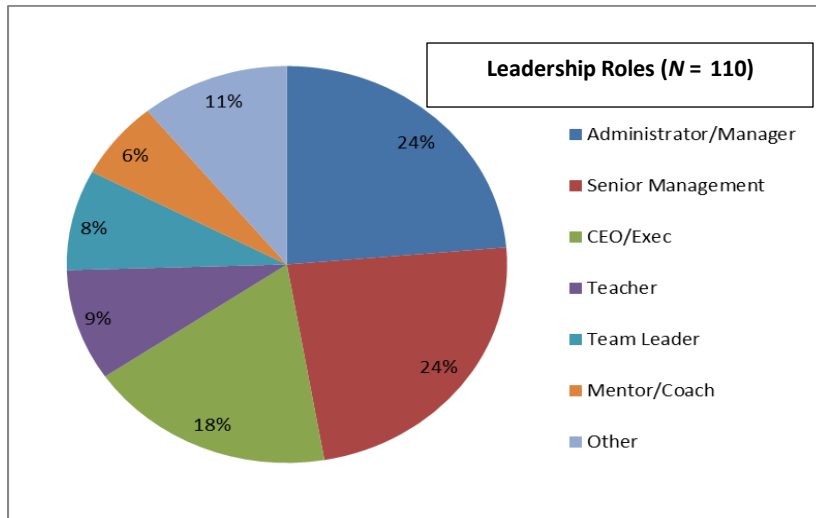


Figure 5. Self-described leadership roles of survey participants.

Psychological Capital. The results obtained relating to research question #1 “Do female leaders who were defined as having adverse childhood experiences have more psychological capital than female leaders who were not at risk in youth?” included determining the Psychological Capital (PsyCap) scores for each of the participants. The Psychological Capital Questionnaire for Research (Luthans, Youssef, & Avolio, 2007) was developed as a means to measure the resource of one’s psychological capital including the ability to overcome adversity. The instrument seeks to define “an individual’s positive psychological state of development,” through four key areas: confidence, optimism, resilience and hope (Luthans, Youssef, & Avolio, 2007, p. 3). Maximum scoring for the instrument is 144, with a maximum total of 36 points in each of the four sections. The questionnaire was included as a part of the initial survey after permission was granted to use it as a part of this research. Table 3 includes the range of scores

from participants taking part in the quantitative survey, with the minimum score indicated 94.00 and maximum score 144.00. The mean score of the total group was 124.9273.

Table 3

Range of PsyCap Scores in Initial Survey Group

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Confidence	110	24.0	36.0	33.573	2.6177
Hope	110	18.0	36.0	31.473	3.8210
Resilience	110	23.0	36.0	31.236	2.9395
Optimism	110	16.0	36.0	28.782	3.9057
Total PsyCap	110	94.0	144.0	124.927	10.1987
Valid N (listwise)	110				

In terms of how the entire participant group fared in the individual categories, maximum scores (36) were displayed in all four areas – confidence, hope, resilience and optimism. Minimum scores varied with the lowest in optimism (16.0), followed by hope (18.0), resilience (23.0) and confidence (24.0). The mean scores in these categories ranged from confidence (33.573), hope (31.473), resilience (31.236) and optimism (28.782).

As previously explained, a questionnaire to determine Adverse Childhood Experiences or (ACEs) had been developed as a part of the work of the Centers for Disease Control and Prevention (CDC) over two decades ago. Numerous studies have been done since using ACEs to ascertain the development of traumatic stress in a person's life. Among findings, conclusions have been drawn that Adverse Childhood Experiences are common and the cumulative impact could be captured in an "ACE Score" of 0 - 10, reflecting the collective developmental consequences of traumatic stress (Anda et al., 2006). Each ACE is represented by an affirmative response to a question regarding that particular adversity topic. A total score of 10 ACEs is possible. A shortened version of the ACE questionnaire was provided as a part of the first phase

of this research in order to determine which, if any, of the female participants had experienced these types of traumatic events. Approximately 83 women, or 75% of the initial study group, had experienced at least one ACE in their past, while 25% or 27 participants, had no ACEs. (See Table 4 for a breakdown of total ACEs indicated.) Thus, 25% of the initial study group was further excluded from participation in Phase 2 based on their lack of ACEs.

It is worth noting that the numbers of participants experiencing ACEs in this sample is slightly higher than the norm found in other studies. Research in Washington state, for example, found approximately 62 percent of adults with at least one ACE category, 26% had more than three, and 5% had more than six (Northwest Children's Fund, 2013). In comparison, of the 110 participants in the first phase of this research, 75% had at least one ACE, 30% had more than three ACEs and 10% had more than 6 ACEs.

Table 4

Number of ACEs Presented by Initial Participants

Individual Aces	Participants	Cumulative Aces
.00	27	0
1.00	25	25
2.00	13	26
3.00	12	36
4.00	7	28
5.00	7	35
6.00	8	48
7.00	6	42
8.00	2	16
9.00	3	27
Total	110	283

The CDC's initial study also showed a slightly larger number of ACEs for women, with the numbers increasing considerably for those having four or more ACEs, (Felitti et al., 1998). Thus,

the slightly higher ACE representation found in this participant sample group may be due to the fact that this study focused solely on women who have experienced adversity.

Table 5 shows the specific kinds of adversity endured by those who indicated they experienced ACEs. It is worth noting that a participant could experience more than one ACE; hence the reason for the multiple percentages displayed. However, the same ACE category cannot be counted more than once in a person's total ACE score, reflective of 1-10 categories as listed below. Among the ACEs most prevalent in this study group were emotional abuse (48%) and separation or divorce (47%). Other ACEs more frequently presented were sexual abuse (47%), alcohol and drug abuse (46%) and suicide/mental illness (42%).

Table 5

Detail on Type of ACE Exhibited in Phase 1 (N = 83)

Type of ACE	%
1. Swear/Insult (Emotional)	48%
2. Divorce/Separate	47%
3. Sexual Abuse	47%
4. Alcohol/Drug Abuse in Family	46%
5. Suicide/Mental Illness in Family	42%
6. Abuse of Mother	34%
7. Love/Support Issues	33%
8. Push, Grab or Slap (Physical)	22%
9. Jail/Prison in Family	17%
10. Protection Issues (Safety)	6%

Conversely, those ACES found the least often in the initial study group included physical violence (22%), family member(s) spending time in jail or prison (17%), and protection or other safety issues (6%). Figure 6 shows the number of participants who indicated experiencing the various ACEs as described.

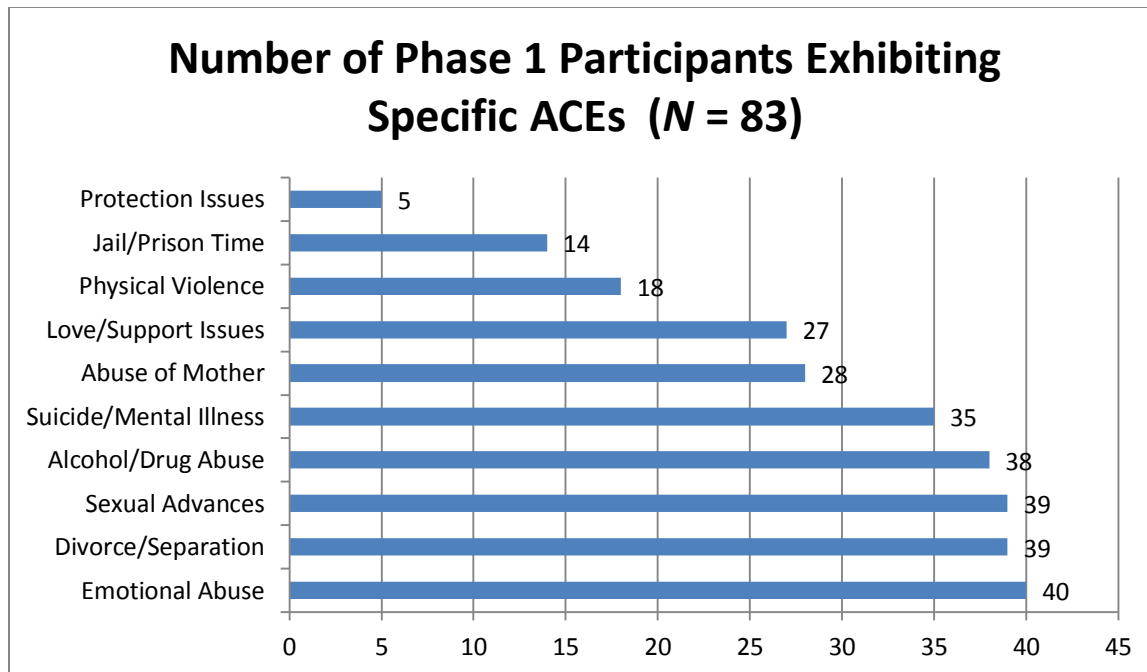


Figure 6. Number of participants exhibiting specific ACEs.

Relating ACE scores to PsyCap scores, participants exhibiting no ACEs had higher scores in confidence, hope and optimism on average than the overall group, but they exhibited a lower average score on resilience (30.846). Those with one to three ACEs showed higher than average scores in the areas of hope (31.76) and resilience (31.42) than those with no ACEs, as well as compared to the group as a whole. Those with four to eight ACEs showed higher than average scores in the areas of confidence (34.172) and resilience (31.586) than the group as a whole and for those with no ACEs. Finally, those with nine or more ACEs displayed the highest level of resilience in the survey (31.666), exceeding those with fewer ACEs, with no ACEs, and the group as a whole.

Table 6 details the PsyCap scores for those with no risk factors, in the form of ACEs, and the scores for those exhibiting ACEs. Two participant survey outliers were removed from this compilation. For those with no risk factors (no ACEs), the average score was slightly higher

than the mean overall (126.61) and was similar to the average score for those exhibiting four to eight ACEs, (126.413). Those presenting nine ACEs had a much lower average score, at 117.

Table 6

PsyCap Average Scores by ACE Category, SPSS.5.10.14

PsyCap Average	No Risk Factors (N = 26)*	ACES (1-3) (N = 50)	ACES (4-8) (N = 29)*	ACES (9+) (N = 3)
Confidence	34.076	33.3	34.172	33.666
Hope	31.538	31.76	31.413	29.333
Resilience	30.846	31.42	31.586	31.666
Optimism	30.153	28.38	29.068	22.333
Total PsyCap	126.61	124.86	126.413	117.00

Total + * 2 outliers = 110 Participants

The findings collected do not show that those with ACEs have a higher “total PsyCap” score than those without ACEs present. In fact, those with no risk factors had an average PsyCap score slightly higher than those displaying ACEs with 126.61 being the average for those participants with no ACEs compared to 124.86 with one to three ACEs, 126.413 with four to eight ACEs, and 117.00 with nine or more ACEs. However, the average score for one of the PsyCap factors – resilience – does appear slightly and consistently higher in those with ACEs than in those without.

Figure 7 shows that while those with no risk factors had an average resilience score of 30.846, those with ACEs showed a higher score, of 31.42 on average for one to three ACEs, 31.586 for four to eight ACEs and 31.666 for nine or more ACEs. There was some significance in the correlation between leadership programs – either at the workplace, through a school or some other training - and total PsyCap scores, as evidenced in Table 7. The Pearson Correlation indicated a significant relationship at the .01 level (1-tailed).

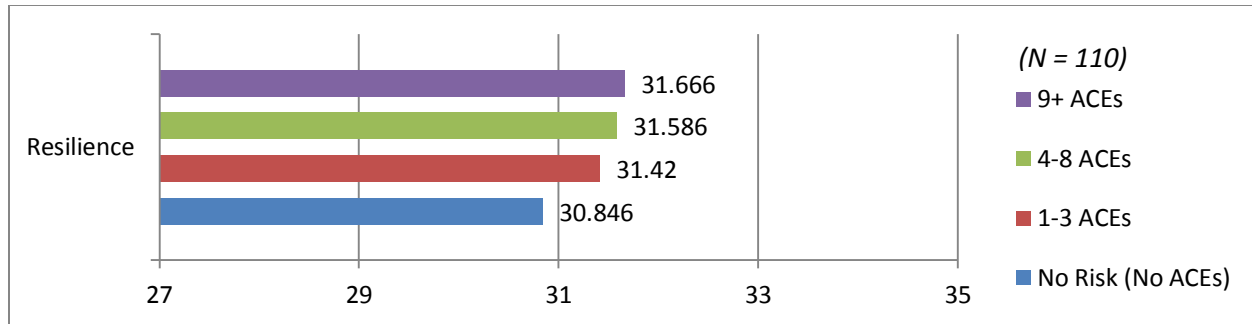


Figure 7. Average resilience scores from phase one of the study.

However, because the number is closer to 0 than to 1, this generally means there is a weak relationship between the two variables, indicating that changes in one variable are not necessarily correlated with changes in the second variable.

Other results involving exclusionary factors. Three items served as exclusionary factors for the next phase of the research, which answered research question #2. As explained previously, this study sought women who were interested in leadership development, had undergone adverse experiences, and were willing to discuss these via their life stories. Thus, the quantitative survey included questions indicating current participation (or past participation) in a leadership development program, evidence of adversity by answering affirmatively at least one of the 10 ACE questions on the questionnaire, and willingness to be interviewed.

In terms of seeking leadership development, either in a previous program or currently as a part of leadership training, a leadership degree, or leadership class, Figure 8 shows that 90% of the participants stated they had been or currently are taking part in this kind of training, while 10% said they had not sought out leadership development. Because this was one of the exclusionary factors for participation in a follow-up interview, 10% of the participants automatically excluded themselves from the qualitative interviews and research question #2 via this response.

Table 7

Correlations between ACEs, Leadership Programs, & PsyCap Scores

		Correlations		
		Total Aces	leadership pgm	Total PsyCap
Total Aces	Pearson Correlation	1	-.024	-.050
	Sig. (1-tailed)		.400	.302
	Sum of Squares and Cross-products	78627.910	-1.845	-140.418
	Covariance	714.799	-.017	-1.288
	N	110	110	110
Leadership Pgm	Pearson Correlation	-.024	1	.233**
	Sig. (1-tailed)	.400		.007
	Sum of Squares and Cross-products	-1.845	8.264	71.345
	Covariance	-.017	.076	.655
	N	110	110	110
Total PsyCap	Pearson Correlation	-.050	.233**	1
	Sig. (1-tailed)	.302	.007	
	Sum of Squares and Cross-products	-140.418	71.345	11337.418
	Covariance	-1.288	.655	104.013
	N	110	110	110

** Correlation is significant at the 0.01 level (1-tailed).

Another exclusionary set of criteria for follow-up interviews was whether the women experienced any ACEs while growing up. Because this study was geared toward explanatory research regarding how some women who faced adversity in their lives chose a path to leadership, it was important to be able to identify women who had faced this,

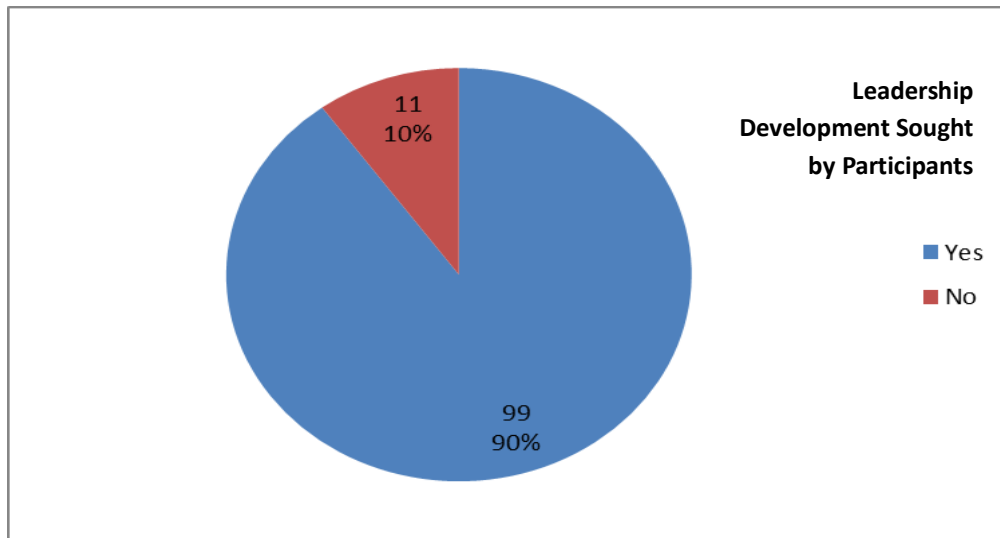


Figure 8. Leadership development sought by participants.

were seeking leadership development and were also willing to be interviewed.

Finally, another area of exclusionary criteria was whether the participants were interested in being interviewed about their life story. Of the 110 who completed the survey, 73% indicated they would be willing to be interviewed, while 27% were not interested in a follow-up. Those who were not interested in an interview were automatically excluded from the qualitative phase. Those who had avoided other exclusionary factors present in the quantitative survey – i.e. they positively identified ACES present and indicated they were seeking, or had previously sought, leadership development – were contacted via email to request an interview.

After removing those with exclusionary factors, a total of 63 participants were eligible for potential interviews. Participants were asked to include a four-digit identifier code in their survey responses as well as an email address for potential interview follow-up. Each of the eligible participants was contacted twice electronically, seeking participation in Phase 2 of the study. A total of 30 of the women agreed to participate in the second phase.

Research Question #2

The second research question focused on “how the experience of overcoming adversity impacts the life course of the persons interviewed who had ACEs.” In order to answer this question, Giele’s framework was used (2008) which defined questions addressing life course issues. Narrative research used with a phenomenological framework allows for ascertaining “the meaning for several individuals of their lived experiences of a concept or a phenomenon,” (Creswell, 2007, p. 57). The framework utilizes Giele’s (2008) questions in four general areas: identity, relational style, adaptive style, and drive and motivation. Participants were asked about their life stories including periods of adversity; their interviews were later coded using axial and open coding to answer the research question.

All of the 63 women who indicated that they would be interested in being interviewed were contacted via email through email addresses provided as part of their survey participation. A total of 30 of the women participated in interviews, either being interviewed by phone or in person. The interviews lasted from 30 minutes to 90 minutes depending on the participant’s depth in answering the questions.

The 30 women who were interviewed had diverse, rich backgrounds. They were originally from all regions of the United States, ranged in age and experience from those just beginning their leadership careers to those who saw themselves as seasoned leaders nearing retirement. The women were from different economic, racial, religious and ethnic backgrounds. Some had only experienced one ACE while others experienced as many as eight. Some were the first generation members of their families to go to college; others came from long lines of education and privilege. They represented diverse industries including health care, business,

engineering, finance, higher education, community colleges, government, non-profits and K-12 institutions.

Their stories could not have been more different. One participant – a Caucasian lawyer – went from a life of privilege as a young girl living with her successful grandmother to hardship and adversity as her troubled mother come back into her life . The participant witnessed drug addicts overdosing on heroin, two house fires and suffered sexual abuse, among other adversities, as she grew up. Another participant – a Latina engineer and first generation college graduate – struggled in male-dominated workplaces trying to be taken seriously in her profession and being overlooked for more prestigious projects. She went back and attained even more education so she would be more difficult to discount in the workplace. Another participant - an African-American college professor who earned her doctorate as a first generation college student and rose in the ranks of higher education administration – experienced harsh punishment in her young years for violating Jim Crow laws in the South, choosing to use a bathroom designated for “white customers only.” She detailed how she struggled with her own identity and anger regarding race issues, and suffered extreme poverty including wearing cardboard facing in her threadbare shoes.

Another participant – who as an adult became a female minister – grew up with a mentally ill mother, who eventually left the family, and a largely absent father. She experienced sexual abuse, neglect, and attempted suicide while struggling to watch over her siblings as a surrogate mother figure in her teen years. Another participant – a leader now in a private Christian college – grew up in extreme poverty, living without running water or a bathroom, and eventually lost one of her brothers in a house fire.

While the stories were very different, what all of these women shared was a journey to leadership, rather than a path to despair. They also exhibited at least one Adverse Childhood Experience (ACE), participated in the first phase of this study (quantitative survey) and were willing to tell their stories.

Synopsis of Participants. The following is a brief synopsis of the participants who took part in this phase:

Participant 1 – A leader in the health care profession, she faced financial struggles and a parent with vices impacting her life while growing up.

Participant 2 – A consultant, she encountered financial issues after her parents separated and faced gender discrimination in law school as well as workplace harassment.

Participant 3 – A minister and educator, she saw her childhood as the darkest and most violent time in her life, when she experienced, abuse, neglect, and loneliness among other torments.

Participant 4 – A community college administrator, she grew up in a very wealthy, prominent family, where she was abused sexually, kept from making many decisions, and controlled.

Participant 5 – A higher education administrator, she grew up in extreme poverty and embarrassment over her family's living conditions, and "couldn't wait to go to college."

Participant 6 – A Latina-African American financial manager, she began working at age 10 to help her single mother, struggling to raise four children.

Participant 7 – A research manager, she was the only one in her family to graduate from high school and then later earned several college degrees; she also faced poverty, became

a single mother in her teens, and later contended with gender discrimination in a male-dominated field.

Participant 8 – A higher education administrator, she grew up in an emotionally abusive home and experienced abandonment in different ways. Her biological father imported and sold drugs and spent time in prison; her mother died when she was in her teens.

Along with her stepfather, she helped care for her four younger siblings.

Participant 9 – A management consultant with a computer technology background, she grew up in a blue collar household with an alcoholic father, who abused her mother. She faced frustrations with work cultures where women were stereotyped in certain roles.

Participant 10 – A state government manager, she experienced a family history of alcoholism and was molested when she was growing up. As a young divorced mother with a child, she was determined to build resilience in her life.

Participant 11 – A lawyer, she witnessed violence and suffered sexual abuse as a child; she also had an alcoholic father, and a mother who became a drug addict.

Participant 12 – A public health professional, she was physically abused by her mother as a young child and faced repeated threats as she grew up, making it difficult for her to trust other women.

Participant 13 – A higher education administrator, she was a first generation college student who in her teen years ended up having to parent her mother, who was a child of alcoholics and had challenges with responsibility.

Participant 14 – An Indian state government manager, she faced gender, class and race issues as she grew up in Europe, prior to immigrating to the U.S.

Participant 15 – A program evaluator, she grew up in the home of highly educated parents, one of whom physically and sexually abused her and used additional cold-hearted tactics to keep her quiet, like twisting her arm, when no one was looking.

Participant 16 – A secondary school technology manager, she grew up in a household that struggled for money; once when penniless in college she asked her mother for help; her mother obliged right away and sent her a check – for \$10, all that she could afford.

Participant 17 – A Black teacher originally from France who prefers to be identified “Black” not “African American” struggled with little money to attain an education. She moved to the U.S. and then experienced workplace discrimination due to her distinct accent.

Participant 18 – A higher education provost, she faced limited finances and distinct pressures growing up in a rural area; she was the first person in her family to complete a doctorate while most of those in her secondary school chose not to go to college.

Participant 19 – A K-12 teacher trainer, she grew up in a single-parent home with a dad who was largely absent from her life due to alcoholism.

Participant 20 – An African-American health company trainer, she grew up in a confusing household, as the product of her mother’s affair with a pastor, after having had several abortions. She had a daughter out of wedlock in her teen years but vowed not to become another statistic.

Participant 21 – A communications manager, she had parents who were self-employed, so she spent a sizeable amount of time while she was growing up working, babysitting and helping the family business.

Participant 22 – A public health manager, she spent a number of her early years in a foster home and was surrounded by people in her life who abused alcohol and drugs; due to this, she was determined to find a different path.

Participant 23 – A Hispanic engineer, she was a first generation college student who experienced aggression and anxiety from her parents and later gender discrimination from other Hispanic men on the job who had difficulty taking direction from a woman.

Participant 24 – A lawyer and educational organization leader, she moved from an idyllic childhood with her grandmother to a traumatic environment with her mother that included sexual abuse, drug abuse, and fires.

Participant 25 – An African-American higher education administrator, she experienced racial discrimination, identity issues and rebellion, along with intense poverty; she would “escape” the trouble in her life by reading books.

Participant 26 – A public health professional, she grew up in a household with a violent father, facing emotional and physical abuse.

Participant 27 – A vice-president at a private institution, she faced gender discrimination in a variety of settings.

Participant 28 – An Asian CEO who moved up the ranks after a meager start in secretarial school, she lost her father during her teen years and was molested by a relative prior to moving to the U.S.

Participant 29 – A community college dean, she faced sexual assault as a young woman and later struggled with work-life balance issues involving her family and children.

Participant 30 – A higher education advisor, she grew up feeling like she couldn't rely on anyone due to a father who was a drug addict and a mother who had difficulty dealing with daily life.

The 30 women ranged in ages from 30 years to more than 60 years. The breakdown of ages was as follows: 20% between the ages of 30 – 39 years; 37% between the ages of 40 – 49 years; 20% between the ages of 50 – 59 years; and 23% reporting they were age 60 or above at the time of the interview.

In terms of racial/ethnic background, 76% of the women considered themselves white or Caucasian, while 24% indicated they were non-white, verbally identifying as African-American, Black, Asian, Indian, Latina and Hispanic. The women represented every geographic region of the U.S. including the Northeast, Midwest, South, and West. Four of the participants originally came from outside of the U.S. but were currently residing in the states. These included participants originally from Europe, South America, Africa and SE Asia. In terms of work profiles, the women all considered themselves leaders or currently holding leadership roles.

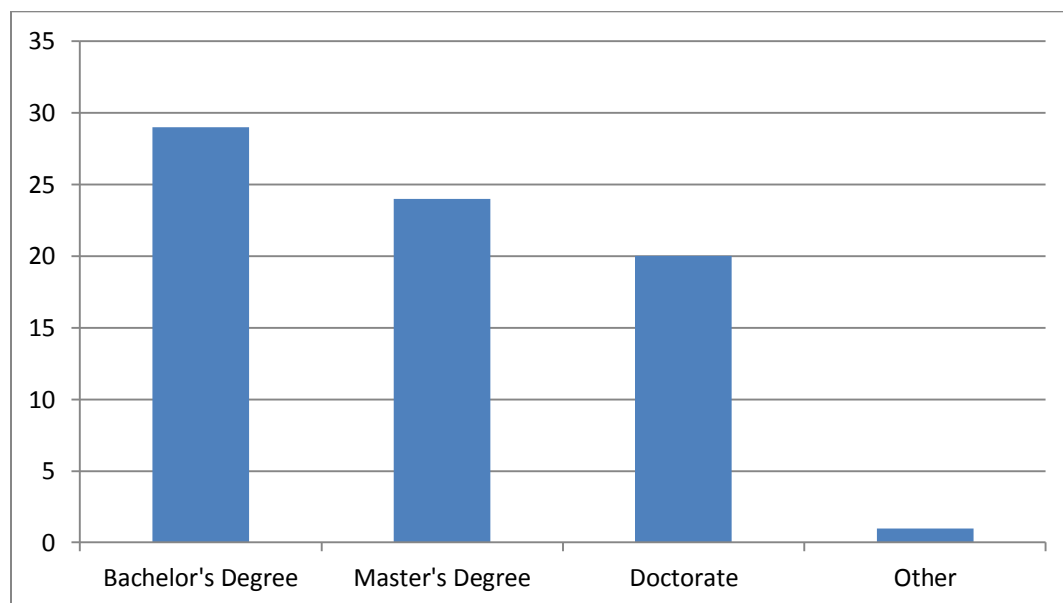


Figure 9. Educational level of interview participants.

The educational level of this group of participants was very high, according to Figure 9, with the majority holding bachelor's and master's degrees as well as a large number having earned terminal degrees – Ph.D., Ed.D. or J.D degrees. It is worth noting that a few of the participants listing doctorate degrees were still in the process of completing those at the time of their interviews. While most of those participating had attained a high level of education, many were also “first generation” college students – with parents who had not completed or ever attended college prior to their enrollment, as shown in Figure 10. More than 70% indicated they were working at a high leadership level either as a CEO/Executive, part of senior management, or as an administrator or manager. Figure 11 shows a complete listing of how participants identified themselves relating to leadership roles.

After triangulating the data from the quantitative survey based on four-digit codes provided by the participants, the number of ACEs could be calculated for this group. Interviewees had between 1 and 9 ACEs, with the average number for participants as four ACEs.

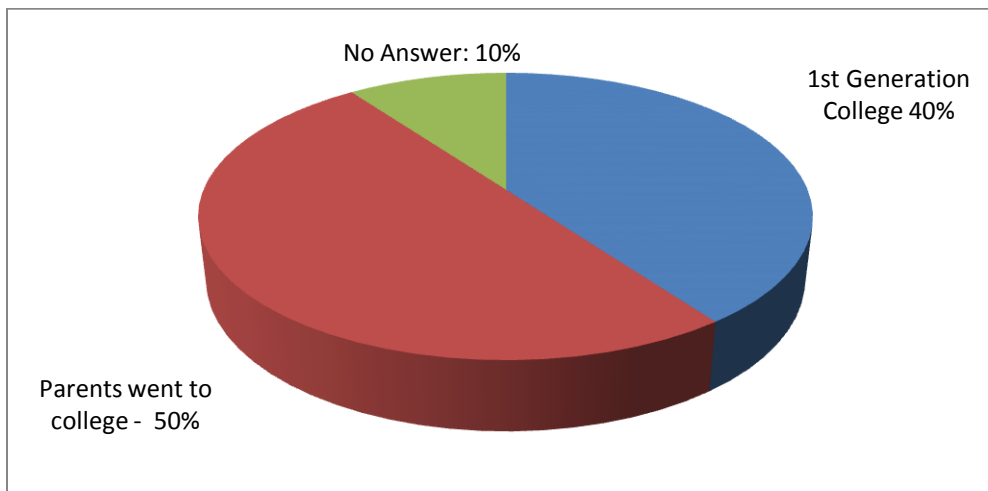


Figure 10. Percentage considered 1st generation college students.

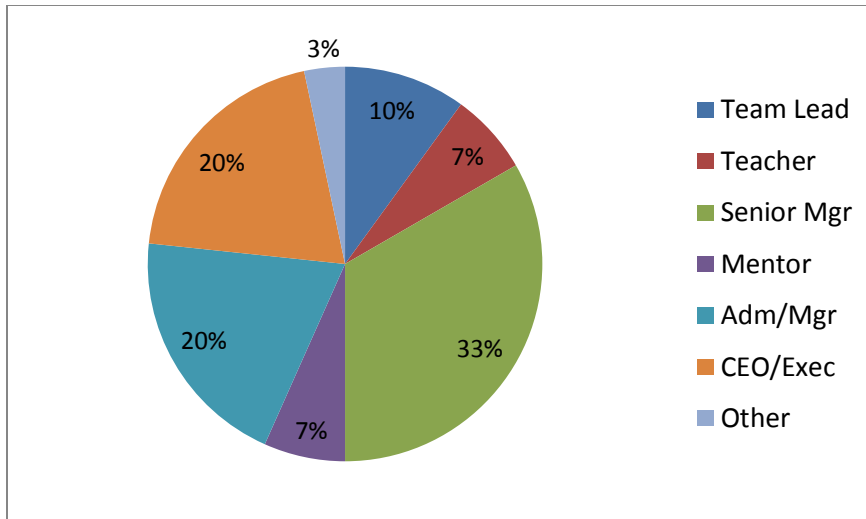


Figure 11. Participants' professional leadership roles.

Figure 12 shows the specific ACEs as indicated by the participants in this second phase. It is worth noting that an individual can exhibit multiple ACEs as per the ACE instrument, but cannot be identified for the same ACE type (Protection Issues, Physical Violence, etc.) more than once. The ACEs that were most prevalent among the interviewees included sexual abuse/advances (19), suicide or mental illness in the household (17); emotional abuse (17); divorce or separation (16); and drugs or alcohol abuse in the home (16). This is similar to the list from the larger group taken during the quantitative study.

Deriving average PsyCap scores for the interviewees in this phase showed that the overall score ranged from 105.0 to 141.0 out of a possible 144.0 with the mean at 125.533, as seen in Table 8. This is very similar to the mean for the larger group taken during the quantitative survey, which was 124.9273.

In specifically answering the research question, "How does the experience of overcoming adversity impact the life course of the persons interviewed who had ACEs?" interviewees were asked a series of questions regarding their life course, based on Giele's (2008) framework.

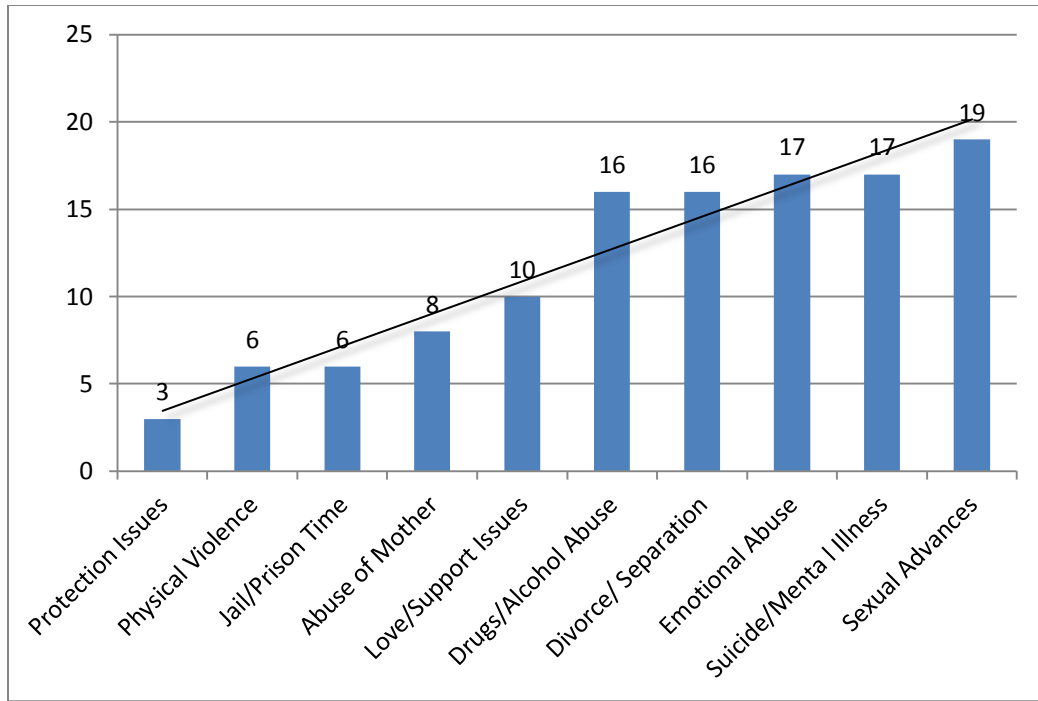


Figure 12. Interview participants’ type of ACEs.

Table 8

Interviewees Descriptive Statistics for PsyCap Tests (N = 30)

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
PSY CAP	30	105.0	141.0	125.533	7.9643
Confidence	30	28.0	36.0	34.067	1.9640
Hope	30	26.0	36.0	31.500	2.7133
Resilience	30	26.0	36.0	31.467	2.5829
Optimism	30	16.0	35.0	28.333	4.1049
Aces	30	1.0	9.0	4.000	2.4354
Valid N (listwise)	30				

The interviews were conducted either by phone or in person and lasted between 30 and 90 minutes. The interviews were then transcribed and coded, resulting in two sets of results: a) Giele’s framework – interviews were coded noting answers and text that lined up with one of the

four key areas identified by Giele – Identity, Drive & Motivation, Relational Style and Adaptive Style and b) common themes – interviews were also coded for common themes that were shared among the participants.

Giele’s Framework. In looking at how to determine which part of Giele’s framework lined up with the various responses provided by interviewees, the following guidelines were followed:

Identity. Giele’s (2008) guideline questions for determining identity included the following:

How does A see herself? Who does she identify with as being like herself? Does she mention her race, ethnicity, social class, religion, or how she is different or similar to her family? What qualities does she mention that distinguish her—intelligence, being quiet, likeable, innovative, outstanding, a good mother, lawyer, wife, etc.? (p. 401)

Relational style. Giele’s (2008) guideline questions for determining relational style included the following:

What is A’s typical way of relating to others? As a leader, follower, negotiator, equal colleague? Taking charge: Is she independent, very reliant on others for company and support, has a lot of friends, is lonely? Nature of the relationship with her husband or significant other [and her children]? (p. 401)

Adaptive style. Giele’s (2008) guideline questions for determining adaptive style included the following:

What is her energy level? Is “A” an innovator and a risk taker or conventional and uncomfortable with change and new experience? Does A like to manage change, think of new ways of doing things? Is she self-confident or cautious? Used to a slow or fast pace, to routine and having plenty of time, or to doing several things at once? (p. 401)

Drive and motivation. Giele’s (2008) guideline questions for determining drive and motivation included the following:

Is 'A' ambitious and driven or relaxed and easy going? Is she concerned to make a name for herself? Focused more on helping her husband and children than on her own needs (nurturance vs. personal achievement)? Mentions enjoying life and wanting to have time for other things besides work. Enjoys being with children, doing volunteer work, seeing friends. A desire to be in control of her own schedule, to be in charge rather than to take orders?"(p. 401)

All 30 interviews included some nodes coded for each of the four styles based on Giele's (2008) framework. Table 9 shows how the styles were coded based on topics included in individual interviews, the number of nodes coded for the various styles, and the number of text references.

Table 9

Coding of Interviews Based on Giele's Framework (N = 30)

Giele Style	Topics Included			Source Nodes Coded	# of Text References
Adaptive Style	Adverse Experiences, Financial Struggle, Moving, Career Interruptions, Pioneering, Other factors			94	170
Drive & Motivation	Control, Classes/School, Self Talk, Helping Others			85	154
Identity	Personal Beliefs, Faith Community, Reading, Gender, Racial/Ethnic			75	141
Relational Style	Mentors/Counselors, Children, Husband/Partner, Parents, Siblings, Colleagues, Friends, Community, Role Models, On-The-Job Support from Superiors, Teachers			178	229
TOTALS				432	694
Framework	Adaptive Style	Drive & Motivation	Identity	Relational Style	
Total Nodes Coded	94	85	75	178	
Percentage of Total (Rounded)	22%	20%	17%	41%	

Of 30 verbatim transcripts, there were a total of 432 source nodes coded and 694 significant text references

The style that appeared most frequently throughout the interviews was Relational Style, with 178 source nodes coded and 229 text references, followed by Adaptive Style (94 nodes coded); Drive and Motivation (85 nodes coded) and Identity (75 nodes coded). The relational style revealed was a leadership-driven perspective, as uncovered through the common themes that follow.

Common Themes. Table 10 illustrates how the second coding was conducted. Each interview was coded for 27 common themes and each theme was identified as a node. The determination of these themes was an organic process, which occurred while the researcher was transcribing and coding the data. The process followed the main tenants of a phenomenology including identifying significant statements, meanings of those statements, and themes of the meanings (Moustakas, 1994). Major themes were identified as the interviews were transcribed and then noted with a sub-heading or node name.

Nodes identified included: Parents, Siblings, Relatives, Husband/Partner, Children, Friends, Community, Faith Community, Personal Beliefs, Mentors/Counselors, Role Models, Colleagues, On-the-Job Supporters, Self-Talk, Control, Mentoring/Helping Others, Teachers, Classes/School, Reading, Gender Discrimination, Racial/Ethnic Discrimination, Lack of Money, Moving, Career Interruptions, Pioneers, Dealing with Adversity and Other Influences. Table 12 shows the nodes in order from least noted to most recorded.

It is crucial to note that although the ranking of racial and ethnic issues is lower on the list for overall participants, among women of color interviewed, 6 of 7 or 86%, indicated that these were key issues impacting them.

Some of the topics noted most often were also asked about directly by the researcher from Giele's question set. For example, because the study included investigating the impact adverse experiences had on the development of women leaders, it was assumed that the participants would discuss this topic in the interview and many brought up this subject. Giele's question set included several other topics raised directly by the researcher including impacts of family, parents, siblings, faith, finances, etc. In order to delve deeper into the meaning of the initial node coding, "significant statements" were identified – which included sentences or quotes that provided more depth regarding how the phenomenon was experienced (Moustakas, 1994).

This "horizontalization process" can be shown in Table 11 where the nodes coded were grouped by categories through significant statements. In order to attain more detail, a scale was devised while coding the interviews, to more specifically document how the participants described the various influences impacting them, based on their significant statements. There were four choices available:

- Those noting "yes" indicated clearly that an influence was present due to statements made;
- those noting "no" clearly indicated the influence did not impact them;
- those noting "mixed" were not sure whether the influence impacted them or not;
- and those noting not applicable (n/a) did not mention this theme as an influencer in their interview, but may have discussed it in another context.

The researcher used direct quotes and text from the transcripts of the interviews for these significant statements used during the second coding determinations.

Table 10

Coding of Nodes in Participant Interviews (N = 30)

Node Coded	Sources	References	Giele Style Linked
Friends	5	7	Relational
Pioneering	5	7	Adaptive
Reading	7	8	Identity
Career Interruption	7	13	Adaptive
Community	7	9	Relational
Relative	8	10	Relational
Female Role Models	10	14	Relational
Racial & Ethnic*	10	20	Identity
Teachers	11	13	Relational
Moving	14	18	Adaptive
Sibling	15	17	Relational
Other Colleagues	15	19	Relational
Mentoring & Helping	15	24	Drive & Motivation
Other	16	20	Adaptive
Work OJT Support	17	22	Relational
Faith Personal	18	36	Identity
Faith Community	19	29	Identity
Children	20	28	Relational
Gender	21	48	Identity
Husband & Partner	21	24	Relational
Financial Struggle	22	40	Adaptive
Control	22	47	Drive & Motivation
Parents of Origin	23	30	Relational
Self Talk	24	44	Drive & Motivation
Classes & School	24	39	Drive & Motivation
Mentors & Counselors	26	36	Relational
Dealing with Adversity	30	72	Adaptive
Totals:	432	694	All Styles

*6/7 or 86% of women of color indicated racial issues as being a key factor impacting them

Placing the expressed meanings into categories resulted in a total of 10 themes. Table 12 provides two examples of how the theme categories emerged from their related meanings. This includes a listing of all of the themes, how they could be described and examples of significant statements from the interviewees regarding these topics.

The 10 themes that emerged are included in the narrative that follows.

Champions. People you can count on, who are always in your corner, is one way of looking at this category. For the most part, people described by this category helped support the participants, bolstered their self-esteem, helped them cope with the situations facing them, and provided hope for the future. These champions came in many different persons – in some cases parents, “always supportive,” “an advocate,” and “wanted me to be happy;” others were siblings or relatives. Friends and community in some cases were also important. Conversely, some had difficulty characterizing their relationship with their parents and siblings or felt they were just the opposite of supportive: “I was always put down by my mother;” another participant was told to “find a husband, get married, and then I’ll be rid of you.”

Interestingly, children were seen by a majority of the participants as being a key influencer and defender. Participant #7 explained that her children provided more than simply support. They were her motivation to change her life after she became pregnant at 17 ½ years old. She said she had started doing drugs and alcohol prior to that. When she realized she was carrying a child, she had already emancipated herself and was living on her own, estranged from her family at that point in time. Being pregnant, she realized she couldn’t go on living the life she had so she said she “completely changed” and stopped doing things that could hurt her body and unborn child. She said her situation provided motivation to finish high school rather than drop out. Having children at that point in time saved her life, she explained. A majority of participants also saw their husband or partner as a key advocate. “He is my biggest fan and pushes me and celebrates with me,” according to one participant.

Belief system. Core beliefs can center people. Participants divided their discussions about the importance of their belief systems along the lines of their faith communities’ influence (or

Table 11

Theme Categories of Influence

	Champions							Belief System		Guiders		Work Support		Self Support			Education			Discrimination		Financial Struggle	Life Events			Adverse Experiences	
	Parents	Siblings	Relatives	Husband/ Partner	Children	Friends	Community	Faith Community	Personal Beliefs	Mentors / Counselors	Role Models	Colleagues	OJT Support from superiors	Self Talk	Control	Mentoring/Helping	Teachers	Classes/School	Reading	Gender	Racial / Ethnic	Lack of money	Moving	Career Interruption	Pioneering	Dealing with Adversity	Other jeopardizing influences
Yes	11	10	8	16	18	6	8	12	18	25	10	13	10	21	24	14	11	25	7	14	8	19	1	6	8	26	9
No	7	13	6	2	3	2	1	10	6	4	8	3	6				1			10	11	6				4	
Mixed	12	7		3	1			7		1		2	8	3						6	2	5	1	1			
N/A			1	9	8	22	21	1	6		12	12	6	6	6	16	18	5	2		9		1	2	22		21
Giele	R	R	R	R	R	R	R	I	I	R	R	R	R	M	M	M	R	M	I	I	I	A	A	A	A	A	A

Giele Reference – (R) Relational; (I) Identity; (M) Drive & Motivation; (A) Adaptive

Table 12

*Theme Category Examples with Associated Formulated Meanings***Guiders**

I have had some phenomenal mentors throughout my career, male, female. I have one woman who helped me as I was learning to be a teacher. And she really mentored me and helped me. He was really good about saying that might not be the way you want to do that. He was always thoughtful about how he guided me. Their support when I did make a mistake and their positive approach to it helped me to be comfortable with being less than perfect. I can go back and name the women who were my angels for as long as I live.

Belief System

I also think my faith walk is important . To say, I have an eternal hope. It's not just what's here on earth. We are very faithful – not religious but very faithful. I think it was an influencer because I actually had opportunities to do leadership kinds of things in my (church) youth group. The recognition of relationships and stability and that having faith is a really important factor in survival and life satisfaction and community. About my faith, I am not surprised that I am not geared to one – I'm not a fan of religion. I consider myself spiritual but not religious.

lack of one) and the impact of their personal beliefs. In terms of faith communities, about one-third of the participants saw these as an influencer from the very beginning of their lives and apparent in all they did: “I grew up in the church,” and it was a “huge part of my life.”

The remainder expressed that faith communities either had a negative impact or no influence either way: “It was loving and supportive but also too fundamentalist” and “I felt like there was a lot of judgment going on.”

When it came to personal beliefs, a majority of participants saw this as an important influence in their lives. Some talked about their spirituality. Others talked about their personal relationship with a higher power. Others said having personal faith helped them through tough times: “I had a sense of being watched over and cared for by God. I felt safe by that,” or that it helped provide them an “exemplar for strength. “Another recounted a particularly dark period in her life. “I tried to kill myself several times.” She explained she felt like she had a “divine companion,” a God who watched over her and directed her path and provided a way forward. Without that, she believed that “I wouldn’t be alive.”

Guiders. Like a guiding light, these people were described by participants as those who went beyond being supportive; they helped by providing advice, knowledge and direction. These “guiders” fell into two types – mentors/counselors and role models. Those who provided mentoring or counseling helped some of the participants realize their self-worth: “he really helped me see that you can be a strong professional woman and be respected by doing a good job.” Others provided examples and modeled leadership by doing rather than teaching: “it was caught more than taught,” one participant explained.

“There were people along the way that changed me,” Participant #4 said. “This life I was going through, this secret experience that they didn’t know. I can go back and name the women

who were my angels for as long as I live. And if it wasn't because of them, my counselors will tell you that most people who went through what I went through would be under a bridge somewhere."

Work support. Having people at the workplace who emphasize, listen and help is the essence of this category. It is divided into two types based on the interviews – supervisors and colleagues. In terms of how colleagues help, "I think friendships of like-minded persons, of women particularly in leadership, are important," one participant explained.

Having dealt with trauma in the past makes those in leadership more aware of the feelings of others, more compassionate, one participant explained. "One of my colleagues said in a public meeting, she never calls us her employees; she calls us her team members or colleagues." She explained that her childhood experiences helped her through, making her more aware.

Self support. Shakespeare's well-known adage, "This above all – to thine own self be true" could be the descriptor for this category. Included in it are three key segments – all highly rated by participants as important influences: taking control, self-talk, and mentoring or helping others. Taking control appeared in different forms, including running the household in the absence of a parent. Participant #8 explained how she took control: "My mom died of cancer so my junior year of high school I was doing all the cooking and all the shopping and a lot of the cleaning."

Taking control also meant taking charge, as Participant #31 described. "I like to take control of things. I like to organize things. I like problem-solving. I think you also have to be able to get along with people and have them want to go on that journey and not tell them that they have to. Every job I had, even in high school, I ended up being the leader of something."

Participant #11 explained that sometimes control came in the form of protecting others. She said she felt an obligation to protect her little sister so she would plan a lot of different ways around the adversities. Some expressed having lingering issues with control, as Participant #24 explained. “So as soon as I turned 18, I went off to college and I paid for college on my own – I didn’t take any money or support from my parents whatsoever – my grandparents helped me as they could. I was determined to not allow anyone to have any control over me and have any power over me. And I made it on my own. I still have a really hard time putting myself in situations where anyone can make decisions for me. “

Participant #10 explained how positive self-talk helped her build resilience. “The piece that I have carried is that saddest words in the English language are ‘and she never got over it.’ And to me, having resilience when bad things happen is one of my highest ideals. And when bad things happen to me now, I can do my best to step away from it. That happened, but that is not going to define my future. I can choose to carry it forward or I can be resilient and move on. That experience when I was a child led me to getting to the point where I am now. And I try to pass that on to all people – male and female, but in particular females.”

Participant #31 used her self-talk to build self-reliance, when no one was there she could count on. “You couldn’t rely on anybody. My mom although very lovely and wonderful is an anxious person and has a hard time managing her own stuff. She didn’t drive and she kind of breaks down. I couldn’t rely on anybody but myself which was sort of the lesson that I felt like I learned.”

Still others revealed that at times their self-talk could be confusing. Participant #1 indicated those voices can also be negative at times. “My feelings about myself – I struggle with this every day having that negative voice in my head and all that chatter. Every day it’s a

struggle and every day I have to remind myself of it.” And Participant #26 said she’s spent many years readjusting her self-image. She explained that this may have slowed down her progress professionally and personally as she had to face the fact that these people who had hurt her were also people she had loved and trusted. It took time to try to heal and mend, she added.

Many of the women interviewed expressed wisdom they felt they should share.

Participant #17 described that because of her background she wanted to be of service, to help others. She explained that she felt like she had some insight on how to cope with cultural issues. Helping others is also motivating, explained Participant #19. “One of the things that motivates me is that I get to influence so many teachers to change their practices. I feel like I’m really improving educational outcomes and equity. When I was a classroom teacher, I was only serving my students in my classroom. I’m serving so many more now – if I multiplied it – I’m touching like 1,000 students.”

Education. This category surfaced from the influence of teachers, classes, school and reading by participants. Stories came out like the one from Participant #23, whose elementary school teacher helped her take responsibility for her life, at an early age. She recalled her 6th grade teacher who told her she was old enough to know right from wrong, and that she expected her to be in class every day and to not miss school. She told her that she could not blame missing school on her parents, which she said stuck with her at 12 years – the realization that one had to take ownership of one’s own success or failure.

Taking classes, attending school, or working toward a degree were all seen by a majority of participants as the most significant influencer in this category. Participant #3 explained education filled a hole for her. “I would go to the library as a little girl and find the biggest book I could find and I could get lost in it. I hated when it was over. And I’d have to go get another

one. It was sort of my escape place. It fed me and nurtured me. It taught me. That was my mother and my father – books and education.”

Education provided hope. Even so, Participant #26 still struggles with feelings of what she described as learned helplessness. She said she still grapples with the feeling but she has also made progress as she recognized that education could help bring her a measure of success and change, in a positive way.

As for the remaining four themes discussed by participants, many indicated that they influenced them – but often the effect of these influences was quite negative, or spurred the participants to try and take action or seek change.

Discrimination. This category included both racial and ethnic discrimination as well as gender inequity and other discrimination. As previously noted, most non-white participants rated racial discrimination as absolutely having had an impact on their lives. Participant #25 revealed that when she was growing up, she lived with discrimination and bigotry daily. She said she was constantly faced with the Ku Klux Klan. She explained as an example that one of her uncles had his life threatened, but because of respect for her grandmother -- who was a local businesswoman -- they alerted her in advance, stating if he wasn't out of by a particular area by evening, she would be seeing her son “on a tree.”

Intolerance was viewed as not just a relic of the past. Participant #17 said that prejudice continues for her, in part because of her pronounced accent, making it difficult for her especially in some parts of the United States. An example she provided was from a teacher's workshop she attended where teachers could teach their colleagues something they had learned. She explained that she has tried to participate twice to teach her fellow teachers, but the school wouldn't take her seriously due to her heavy accent. Her frustration grew when other colleagues without

accents would present on the same topics and receive praise.

It was not only in the workplace where participants experienced these issues. Participant #25 described the limitations discrimination placed on women in her church, pushing them to the margins. If they spoke, they had to speak in a certain area of the church, but not at the pulpit. If they did have any form of formal title, it was limited to missionary, or a mother of the church, or Sunday school teacher, she explained.

Several other participants felt that their lived experiences -- being typecast by gender and their unique perspective as having lived through adversity -- helped them to better relate to the cruelty of racial discrimination. Participant #11 said she has a commitment to promoting diversity in the legal profession, with leadership activities involving that issue. She said she has taken that on because she feels she understands how women are oppressed in society because of the oppression she had experienced in sometimes “violent and horrible ways.”

She added that although she is a privileged white person, she thinks there is some capacity to understand all types of racial discrimination that people face – the insidiousness of it – and that she has a unique appreciation that people who are otherwise privileged might not have gained.

Gender inequity surfaced in many different ways for the participants including having to deal with an “ingrained culture” that some explained still stereotypes women. Participant #9 recounted firsthand the labels she faced. “Being a woman and trying to lead is an extraordinary challenge and can be very frustrating. It requires a lot of patience and understanding of the fact that you’re in a culture that has believed certain things over the years.”

She added, “I can still remember interviews that I had and was told – ‘Oh honey you don’t want to do this, you’d have to wear a hard hat and that might mess up your hair.’” Yet

another categorization came from her background, religion and gender: “recognizing you come from a Catholic school, – ‘do you have any idea how much swearing there is out there? Why don’t you consider going back to a grade school or a high school to teach?’” She revealed, “there was definitely a level of frustration.”

Workplace discrimination was a common thread among the participants who talked about this theme. Participant #11 described her experience as something she still believes is occurring to women every day. She said she experienced workplace discrimination – mostly when she worked as a paralegal on the East Coast, but subsequently finding herself being treated differently than her male colleagues also when she became a lawyer. She said that it is really frustrating and upsetting but she is not surprised when it happens anymore, adding it’s hard to be in a “state of outrage” all the time.

Participant #13 revealed that she was passed over for opportunities. “There were situations where because I was a woman I did not get the same opportunity. Perhaps I had to be that much better than my male peers to get a similar opportunity. So in a perfect world it would be all about the quality of my work. But we don’t live in a perfect world.” Participant #18 told the story regarding a prospective workplace that wouldn’t even consider her – because of her gender.

When I graduated it was really difficult for a woman in particular to get into that field (teaching math). In fact, the department chair at the high school where I finished my student teaching looked at me and said, ‘just in case you were thinking of teaching here – we hired a woman one time and that didn’t work out very well and we’re not going to do *that* again.’ And so when I applied for high school positions, what I got a lot of was, ‘oh we’re really looking for a wrestling coach and you probably don’t fit that description or we’re really looking for a football coach who can also teach math and you don’t look like you fit that description.’ So, I actually ended up having to teach (math) in middle school.

Stereotypes were shared regarding female leadership as well. Participant #15 described how she has experienced this in situations where there is a sense that women should have a

different leadership style than men and that women should be leaders who focus more on bringing about consensus and bringing people together. Several participants expressed the “double whammy” bias – being a female of color, who leads. Participant #23 experienced this issue with men of similar ethnic backgrounds:

Being a Hispanic woman has been difficult. Especially when I’m having to communicate to other Hispanic men – maybe first generation – and not understanding why a woman, especially when I was younger, a young woman should be telling a Hispanic man not to do something or to do something or how they should do it. So I think that is something as a leader is a struggle. For Hispanic women in positions of leadership – I’ve had conversations with other women – and they definitely see it’s a struggle. And it’s really sad because you’re like ‘guys, I could be your daughter – you don’t want your daughter to have to go through this.’ That’s been the most significant struggle.

Participant #25 experienced this phenomenon from fellow female colleagues. She pointed to one example where this occurred during a women’s leadership institute, with predominately white women as speakers. She described a feeling of being marginalized, that no one mentioned women of color at all, except for one other woman, who later became her mentor.

Financial struggle. This theme included lack of money, financial struggles of various kinds, and poverty. While a number of the women interviewed had had economic struggles in their past, a few had the opposite issue – being from wealthy families and growing up with financial privilege. Participant #4 explained, “I don’t know if you’ve ever done a privilege walk where you take a step forward if you have privilege and you take a step back if you don’t. As an adult it’s very embarrassing for me because I grew up with enormous privilege. That is my background. We lived on a very, very large compound.” She added, “People would befriend me long enough to say that they spent a night in my house and then they would drop me.”

The majority of participants interviewed had a contrasting experience, with a lot of stress over a lack of money and impacts on their daily lives. Participant #22 said, “We never had a lot of money. I babysat and a lot of times I would give my babysitting money to pay the electricity

bill or pay the water bill, buy extra groceries. That's what I had to do." She added, "But I definitely think that seeing them work so hard was a message to me that there had to be a better path and a better way." Or Participant #7, who explained she felt she had to do something at a young age due to a lack of money. She explained how she felt that not having money influenced her, using as an example a time after her parents divorced – and her mother did not even have enough money to buy feminine products for the girls. She said that that had a real impact; she tried to find babysitting jobs, other basic labor jobs, anything to make some money and take care of "the little things" for her brother and sister and for herself.

Coming from "no money" can produce compassion and understanding. Participant #7 explained that she has a better understanding when she goes into an area like a struggling section of an inner city when she deals with principals, leaders, teachers or students because she knows what it's like to be poor. Participant #5 revealed that these past experiences around poverty helps motivate her to help others. "The embarrassment, the shame of my childhood poverty makes me absolutely committed to poverty and first generation kids."

Life events. This theme included moving, interruptions in career, and pioneering, taking on positive or negative connotations, depending on the nature of the event, its frequency, and how it was perceived. Some saw events like moving as beneficial, and a way to open new doors, as explained by Participant #1, "I did move quite a bit about every two years -- in 7 states or so and it influenced me by helping me appreciate what every place had to offer." She explained, "Right now, I tell people and especially young people who say – "oh, I don't want to move there" – it's an opportunity and it's really a good thing." Participant #28 said it helped her start a new life. "My goal for myself was I am going to go to America because that is my only chance for me to get out of this little town in Malaysia that nobody really wants to come to."

Even those who saw life events in largely negative terms, explained moving as a way to gain some personal growth, as retold by Participant #7, making a person very adaptable. She explained how she hated moving as a child, sometimes in one house for only two or three years before another move. But, she added, there was also a positive; every time she moved she had an opportunity to reinvent herself and not be pigeon-holed in some kind of a category. She said it helped her learn how to talk to people and make them feel at ease; later it helped in her work as she interfaces with different departments of education and national education leaders.

Career interruptions were apparent for a few of the participants; but most took these in stride, framing them in a positive manner, like Participant #16. “My career path has bounced because I’m not afraid to take opportunities. All grade levels, technology, teacher, trainer, you name it, I have pretty much have done it. Those experiences have shaped my leadership style.”

About one-third of the participants saw themselves as pioneers in some way, as they struggled in this significant role. Having no female role model to help guide her in the pursuit of ministry and leadership, Participant #3 figured it out as she went. “So I grew into understanding my possibilities by just following the next step. I’m not what I imagined I would be. Now I’m a published author and I travel and speak. I’m a respected professor. It’s not what I had imagined.” Pursuing higher levels of education and terminal degrees was also a new path for some of these participants, making them trailblazers in that arena. “I would also say that the women in my family, prior to me, did not pursue higher education so there were no real role models there,” said Participant #18.

Adverse experiences. All of the women interviewed in this phase revealed they had experienced at least one Adverse Childhood Experience (ACE) growing up. As previously stated, the formation of ACEs came through a collaboration between the Centers for Disease

Control and Prevention (CDC) and Kaiser Permanente's Department of Preventative Medicine (Felitti et al., 1998). ACEs by this definition fell into three general areas: abuse – including physical, sexual, and emotional; neglect – including socioeconomic trauma, physical and emotional neglect; and trauma – family dysfunction that included divorce, separation, abandonment, drug or alcohol abuse, mental illness, suicide, domestic violence, and prison or jail stays. Because all of the women interviewed had already filled out the survey about their particular ACEs, they came prepared to discuss these as a part of the interviews.

Many of those interviewed experienced more than one ACE, like Participant #5 explained. She lived in a house at times without a bathroom, only an outhouse and not even running water. There was also a major fire in her home growing up and she lost one of her brothers because of it. Looking back on that time, she realized that her mother also had some mental health issues and was severely depressed.

Participant #8 also faced multiple ACEs. “My biological father who was married to my mom made his living by importing drugs from Mexico and was arrested multiple times, spent a lot of time in prison and disappeared when I was 6. So I initially thought he died.” She explained that later, “I grew up visiting him in Mexico because he couldn't come back and cross the border. I visited him in prison. I watched him being taken away by police. It was really, really intense stuff. That was incredibly difficult.”

Violence was a part of Participant #11's story. She faced various types of adversity and she described her dad as an alcoholic, who was violent when he was drunk. She said because of this she saw a lot of domestic violence as a small child. In one instance, her father held a gun to her mother's head, according to her sister and grandma – but being five years old at the time she said she had no clear memory of that particular instance.

Nearly half of the women interviewed had also experienced some form of sexual abuse.

Participant #10 also had additional ACEs to contend with.

There was a family history of alcoholism, functional alcoholism that led to my mother's brother who came back from Vietnam really messed up. He molested me and had me convinced if I told my mother she wouldn't believe me. He thought it was his job as my Godfather to teach me what it meant to be a woman and if my father were man enough he would have done it himself. By the time my father, who was a loving and really kind man, showed me any kind of affection at all I thought he was going to do something bad to me so I pushed my family away. I trusted nobody except myself.

Another commonality raised by participants in this theme was learning resilience at an early age.

Participant #31's story underscores this.

I've lived in a closet. I've lived on people's couches. Our definition – where I work now – we would consider that homeless, but I never considered myself homeless. You just have to do what you have to do. My dad is a drug addict – it's like living with this beast – you know sometimes he would sleep for a week and sometimes he was up for a week and promising the world and by the end being really manic and freaking out and screaming. So it was really hard to know what home I was going to walk into. I didn't have very many adults in my life. I don't know how I got through. I didn't have any particular teachers or counselors who paid attention to me or anything. I think that I was functioning well enough passing my classes and seemingly okay that they didn't have red flags. There's nobody that I remember reaching out.

Overcoming Adversity. When specifically looking at answers to the research question, “How does the experience of overcoming adversity impact the life course of the persons interviewed who had ACEs?” 26 out of the 30 respondents, or 87 percent of the interviewees, indicated that dealing with adverse experiences actually helped them, in many cases driving them to forge a positive path in their lives, as shown in Figure 13.

Positive impacts included forcing a change in their lives. Participant #5 explained that the things that she had experienced totally changed her and that some of what she values now she believes is because of the pain she went through. Participant #4 said, “It's the sense that I've had the experience, the talent and the ability to go through trauma and overcome that.”

Participant #9 said, “Not having whatever it is you don't have is a real impetus of

reaching for a brass ring, of reaching for something that you don't have. Whatever that element is that you want out of life, it becomes the definition of what one reaches for. It has been that for me.”

Overcoming adversity also helped make some sense of what had happened to participants. Participant #13 said, “I don't necessarily believe in the adage what doesn't kill you makes you stronger because that totally takes it to the extreme. But I do believe that adversity is part of life.” She added, “The earlier you can come to terms with that and understand how you personally are going to deal with that and turn it into as much of a positive as you can, I think you'll be a stronger individual.” Participant #29 added “I think everybody has life experiences that knock them to their knees sometimes.”

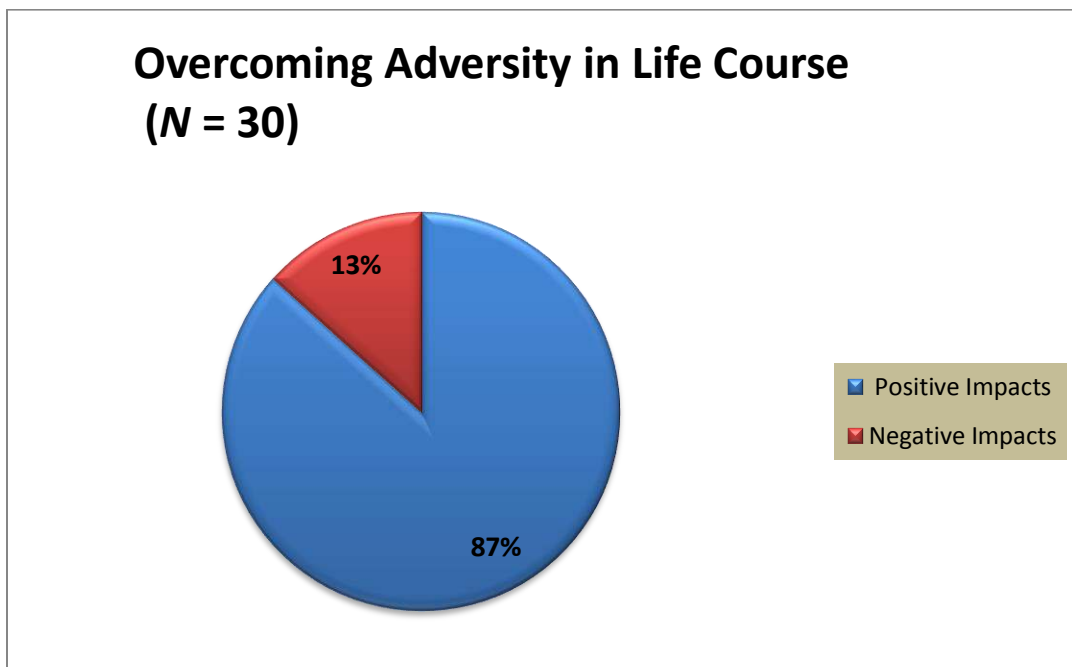


Figure 13. Overcoming adversity coding and impacts.

Facing adversity early in life can help promote skill development and responsibility, according to the interviewees. Participant #13 said, “I honestly recognize that because I had to

take responsibility early, I learned a lot fast.” She added, “ It was actually a blessing moving forward because I was really used to making decisions and figuring things out. Those skills are valuable skills, and I learned them early.” Participant #11 added that some of the skills she built were actually helpful in a leadership context because she had a unique understanding of what it’s like to be exploited, repressed and disadvantaged and how she believes institutional structures are set up to “create those oppressions.” She said that as she learned to survive in a chaotic and unpredictable childhood, she also learned how to be able to move people, which can be valuable for a leader as well.

Overcoming adversity helped encourage some participants to seek a leadership path. Participant #11 explained that she grew up in a house full of potential violence, sexual predators and addicts. That atmosphere also attracted people who tended to be very unpredictable. She said that she has been able to leverage those experiences into leadership in that she is skilled at reading people and reading between the lines. She said she had to look beyond what people said growing up to what they really meant and in the process developed a survival strategy.

Participant #23 added she was able to build leadership strength. “I think that because of my experiences and because of where I grew up, how I was raised, I’m a very strong leader.” She added “I’m not afraid to take a chance, a calculated risk. I think that I’m a lot more outspoken than most other females because I understand if you want something, you have to fight for it.”

Conversely, some participants were not convinced that adversity had been helpful in any way in their lives; in fact some felt it had been quite detrimental to their life course. Participant #15 explained that it was difficult to look back at all of the emotional, physical, and sexual abuse and try to make sense of it. Having come from an upper middle class background she isn’t sure how to relate to her past – as a victim or as someone of privilege. Participant #12 did not see

adversity helping to build leadership either. “It’s not that this helped me become a leader (adversity). It’s more like it held me back, more than anything else.” She added, “I’m somebody who likes to make lemonade out of everything bad. But in this case, it feels like 20 years of crap that I would have rather not have dealt with.”

Finally, it was clear from the interviews coded that the majority of those participating indicated that they felt they developed some level of resiliency due to adversity at a young age. Participant #14 explained that overcoming adversity helped her to build “a very strong sense of internal resiliency.” This higher level of resilience is also reflected in the overall group data collected during the quantitative surveys. The results showed that the level of resilience measured for those with ACEs continued to be higher than for those with no risk factors, as seen in Table. 13.

Table 13

Comparison of Specific PsyCap Categories; With ACEs and No ACEs (N = 30)

PsyCap Average	Interview Group (N=30) Aces (1-9)	PsyCap Average	No Risk Factors (N=26)*
Confidence	34.067	Confidence	34.076
Hope	31.500	Hope	31.538
Resilience	31.467	Resilience	30.846
Optimism	28.333	Optimism	30.153
Total PsyCap	125.533	Total PsyCap	126.61

The average resilience measured for the interviewees was 31.467 out of a possible 36.00, while the average resilience measured in the initial group for those with no risk factors (no ACEs) was 30.846.

Research Question #3

Triangulated data from both the qualitative and quantitative phases of the research was used to explore Research Question #3, “What model, if any, can be derived from these factors

which will help inform other women and girls in similar circumstances?” A conceptual model began to materialize around the expressed meanings from the original 27 categories and the resulting 10 themes. A visual as seen in Figure 14 below was derived showing two sets of influence – Foundational and Jeopardizing Influences – based on the constructs of two dominant theories, developmental and social learning, which center on process rather than career outcomes.

In this particular case, the question asked whether deriving a conceptual model was plausible, one that could help women who have faced adversity choose a path to leadership development and a more expansive view of vocation than that of a particular occupation. Super’s (1990) developmental theory and his Life-Career Rainbow (Super, 1976) served as a well-known model to more adequately describe the many aspects of a career direction throughout a lifespan. Decision points of a life career reflect encounters with a variety of either personal – one’s genetic constitution and related experiences at home and in community – or situational determinants, “geographic, historic, social, and economic conditions in which the individual functions from infancy through adulthood and old age,” (Super, 1990, p. 295).

Those influences that were foundational in many cases helped to bolster, encourage, or motivate the women, according to text passages coded. The jeopardizing influences sometimes resulted in a positive outcome – as in the case for the women interviewed who characterized themselves as having overcome adversity, as described previously. However, most women noted that jeopardizing influences had more negative connotations, and they had the ability to act as barriers or obstacles to being able to move forward at times with one’s life course or to further derail it.

Thus, these themes lay the groundwork for a conceptual model from the data collection

phases, purporting to provide key themes based on significant influences that could help those journeying from adversity to leadership. These 10 themes include six Foundational Influencers and Four Jeopardizing influencers, as show in Table 14.

Summary

Findings from both the qualitative and quantitative research and the triangulation of the this data have provided results addressing all three of the research questions:

- 1. Do female leaders who were defined as having adverse childhood experiences have more psychological capital than female leaders who were not at risk in youth?*
- 2. How does the experience of overcoming adversity impact the life course of the persons interviewed who had ACEs?*

Through the interview process, the participants were allowed the freedom to provide information and context to their stories, so the research could then frame them, (Singer, 2004).

- 3. What model, if any, can be derived from these factors which will help inform other women and girls in similar circumstances?*

Results came from a second coding of the qualitative interviews and triangulation of the information, resulted in further detailed results, leading to the early stages of a conceptual model. This model related to data gleaned in this study regarding influences on participants, which could be helpful to those seeking leadership and who had faced adversity.

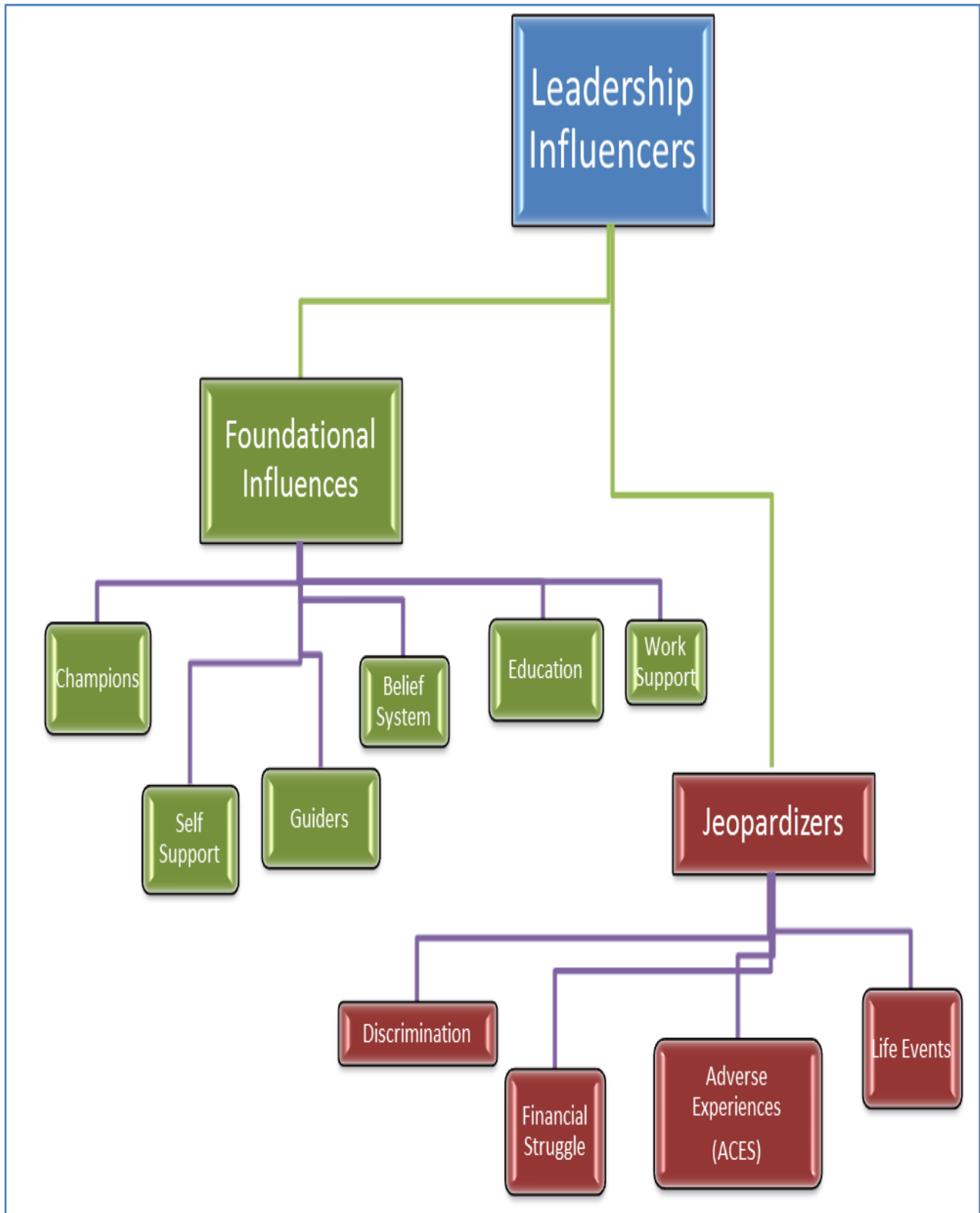


Figure 14. Themes as derived, which purport to influence overcoming adversity.

Table 14

Foundational and Jeopardizing Influencers

Foundational Influencers	Jeopardizing Influencers
1. Champions (Parents, Siblings, Relatives, Husband/Partner, Children, Friends, Community).	1. Discrimination (Gender-based and racial/ethnic).
2. Belief Systems (Personal beliefs, faith community).	2. Financial Struggle (Lack of Money)
3. Guiders (Mentors/Counselors, Role models)	3. Life Events (Moving, Career Interruptions, Pioneering)
4. Work Support (Colleagues, On-the-Job support from superiors)	4. Adverse Experiences (ACEs, primarily)
5. Self Support (Self Talk, Seeking Control, Mentoring/Helping others)	
6. Education (Teachers, Classes/School, Reading)	

Chapter 5: Discussion

How are some women able to move into leadership roles, despite facing adversity early in their lives? This was the central question being considered by this study. As stated previously, those facing adverse childhood experiences may confront greater barriers to positive outcomes and be at an increasingly higher risk of more hurdles to success (Felitti et al., 1998). Some two decades ago, the initial study of Adverse Childhood Experiences (ACE) showed that the women surveyed faced a somewhat higher level of adversity than the male participants. Given what appears to be greater odds against success, this sequential explanatory mixed methods study sought to investigate and further explain how some women who encountered this type of adversity are able to successfully pursue leadership development.

Limited research had been done regarding how some women are able to make this shift to leadership. When looking specifically at connections or associations between resilience and leadership, there appears to be a gap in the literature. Luthans and Avolio observed that leadership applications to resilience have been “largely ignored” (2003, p. 255).

Three research questions were posed regarding this issue in an attempt to address the central query. A mixed methods research approach was used in order to collect quantitative and qualitative data to answer these questions.

Overview

The study was divided into two phases. A total of 110 women leaders from across the U.S. completed the initial phase where they were asked to take an electronic survey which included the existing Psychological Capital Questionnaire for Research, (Luthans, Avolio, & Avey, 2007) combined with an abbreviated version of the ACE questionnaire (Felitti et al., 1998). The first phase measured individual psychological capital, identified whether ACEs

existed, and revealed whether the women had pursued leadership training or education. A total of 30 women, who self-identified as being willing to be interviewed, participated in the second qualitative phase of the study using Giele's (2002) life-course themes: identity, relational style, drive and motivation, and adaptive style to further probe the data collected.

The study addressed three questions regarding women who pursued leadership development:

- 1. Do female leaders who were defined as having adverse childhood experiences have more psychological capital than female leaders who were not at risk in youth?*
- 2. How does the experience of overcoming adversity impact the life course of the persons interviewed who had ACEs?*
- 3. What model, if any, can be derived from these factors which will help inform other women and girls in similar circumstances?*

The research questions used in this study related to the literature, which formed a foundation for this work. In terms of leadership development, Authentic Leadership (Avolio, Gardner, Luthans, Walumbwa, & May, 2004; Avolio & Gardner, 2005) has been posited as a type that could be cultivated, developed and encouraged throughout a person's lifetime and could coincide with major turns of events in one's life. Luthans and Avolio (2003) also looked at Authentic Leadership as a combination of the leader's "positive psychological capacities." Because this study sought to determine whether adverse factors in a woman's early life impacted leadership development, utilizing research questions determining "psychological capital" and "adverse childhood events" were relevant.

In addition to Authentic Leadership, three other significant theories related to this study, pertaining to leadership traits, life course and psychological resilience, which was the largest

area of research impacting this study. Defined in the literature as the capacity of people to be able to cope with stress and adversity (Werner, 1982; Anthony & Koupernik, 1974), this is most commonly viewed as a process, not a trait; hence the rationale of why factors or influencers were investigated that may be impacting this process in a positive way.

Findings related to Research Questions

The first question explored whether female leaders with adverse childhood experiences have more psychological capital than female leaders who do not exhibit ACEs. The findings included PsyCap scores for women who did exhibit ACEs and also for women who did not. Furthermore, the findings were analyzed by sub-topics to determine:

- 1) Whether a measureable difference was indicated in overall psychological capital scores for women who had experienced ACEs and those who had not;
- 2) If any of the psychological states measured by the Psychological Capital Questionnaire for women who had experienced ACEs revealed any difference in these categories for women who did or did not experience ACEs; and
- 3) If any of the measureable difference in scores correlated to the number of ACEs that a survey participant experienced.

The data derived showed total scores from the PsyCap instrument for those with no risk factors compared with those exhibiting ACEs, or adversity. The total PsyCap score for those with no risk factors was 126.61 on average, which was slightly higher than the average scores for those exhibiting varying levels of ACEs. It is worth noting that those with between 4 and 8 ACEs had a similar average score at 126.41. Those with 1-3 ACEs had an average score which was lower, at 124.86 and those with nine or more ACEs showed an average score which was much lower, at 117.00.

Thus, this first research question – *Do female leaders who were defined as having adverse childhood experiences have more psychological capital than female leaders who were not at risk in youth?* -- would be answered, no they do not. The data collected in this study illustrated that women with ACEs *do not* have a higher overall PsyCap score on average than those without ACEs. In fact the data shows the opposite is true – that women with no ACEs had a slightly higher overall PsyCap score. It is important to note that the number of women participating in this study was relatively small compared to the number of women leaders in the U.S.; consequently the results are not generalizable and do not provide the external validity needed.

However, upon closer examination of the second sub-topic – *whether any of the psychological states calculated by the Psychological Capital Questionnaire showed a measurable difference in the scores for those participants who did or did not experience ACEs* – another finding emerges. Looking at the average level of resilience measured for those with ACEs and for those without, the finding seems to indicate that women leaders with ACEs have a slightly higher level of resilience than those without ACEs, according to the data. The total average resilience score for women with no ACEs was 30.846. Women displaying ACEs had a higher average resilience score, on average. Those with 1 – 3 ACEs showed an average score of 31.42, those with 4 – 8 ACEs showed a score of 31.586 and those with more than nine ACEs showed the highest average score – of 31.666. Subsequently, the data appears to indicate that women leaders with ACEs may have built a higher capacity for resilience - including dealing with stress and trauma - than those who have not experienced harrowing events.

It is unlikely that this finding is occurring randomly. The manifestation of a higher capacity for resilience due to trauma is clearly expressed in the literature. Those with this higher

capacity seem to have good outcomes regardless of risk, exhibit competence when stressed, are able to recover from trauma, and have the ability to make future hardships less traumatic by learning from challenges (Masten, 2001). This study supports these previous findings, indicating that women pursuing leadership development who also exhibit ACEs possess a higher average level of resilience. It is worth repeating that obtaining a finding with a small sample size, as in this case, indicates diminished reliability for this finding. This test should be repeated with a larger sample size in order to determine if in fact this finding is transferrable. While the finding indicates face validity, the measurable differences between those with no ACEs and those with ACEs could be debated.

Luthans and Avolio (2003) researched positive psychological aspects that inferred Authentic Leadership included “confidence, optimism, resilience and hope.” It appears that the women in this study strongly reflect one aspect of the PsyCap – resilience. In order to get a better sense of whether they actually reflect Authentic Leadership, the Authentic Leadership Questionnaire (ALQ) (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008) or some such measurement tool should be considered in future studies, which assess assumptions regarding this leadership type.

The last sub-topic of this research question explored possible correlations relating to ACEs and the PsyCap in general. This finding was not conclusive. As stated previously, no clear correlation was found between the number of ACEs and the total PsyCap scores, according to data as previously noted.

The second research question investigated how the experience of overcoming adversity impacts the life course of a person. Giele (2002, 2004, 2008) developed themes for interpreting life stories based on the four previously identified factors in sociological research. Her life story

themes include: a) identity (different or conventional); b) relational style (equal or hierarchical); c) motivation, drive (achievement, power, affiliation); and d) adaptation style (innovative or traditional). The concept of life course is distinct from uniform life-cycle stages of a life span, implying distinct social phenomena. While all four styles were expressed in responses by the 30 interviewees, relational style is most often evidenced in the data, showing 41% of all the nodes coded indicated this style. This data related to responses regarding mentors and counselors, children, husband and partners, parents, siblings, colleagues, friends, community, role models, on-the-job support from superiors, and teachers. Giele's (2008) guideline questions for relational style probe areas like a person's typical way of relating to others; their antecedent leadership attributes in terms of leader, follower, negotiator, equal colleague; their way of taking charge of a situation; and the nature of their relationships.

It was clear through coding the interviews and the themes that emerged that the women in this study had ways of relating that involved leading and taking charge – whether taking charge of their siblings in a house filled with violence or taking charge of their own lives by taking control of decision-making, and piloting their own course. This discovery aligns with key components of Authentic Leadership (Avolio, Walumbwa, & Weber, 2009) – the ability to establish connected relationship and be able to relay true emotions without being inappropriate, the ability to lead with the heart and self-awareness, and the understanding of purpose. It is important to note that those involved in this study were specifically identified as women interested in pursuing leadership development or who had already been identified as leaders, so the finding that the precepts of leadership is linked to their way of relating to others is not unforeseen.

In addition to the interviewee's relational style, the data relating to this research question revealed several other findings:

- 1) for the majority of the participants, the process of dealing with, or overcoming, adverse experiences helped forge a positive path in their lives;
- 2) six key themes emerged that were seen by the Participants as providing positive influence factors to overcoming adversity. These influencers included: champions, self-support, guiders, belief system, education, and work support.

In general terms, the literature supports the fact that what people believe impacts them and that their insights are important. Many theories proposed over the years deal with the "centrality of control" in a human life (Adler, 1956; DeCharms, 1978; Rotter, 1966; White, 1959). The literature also tells us that what people believe affects their emotional states, levels of motivation and actions. Bandura's self-efficacy theory (1982) addresses four key levels of influence and their effects on a person's efficacy, or their effectiveness in any given situation. These include:

- 1) "mastery experiences," providing the most effective evidence of what it takes to succeed and a resilient sense in overcoming obstacles (Bandura, 1982; Biran & Wilson, 1981; Feltz, Landers, & Raeder, 1979; Gist, 1989);
- 2) "vicarious experiences," seeing others similar to themselves succeed (Bandura, 1986; Schunk, 1987) or observing failure, which could undermine levels of motivation (Brown & Inouye, 1978).
- 3) "social persuasion," being persuaded verbally that they possess the capability to master activities, offsetting self-doubts (Litt, 1988; Schunk, 1989).

4) “physiological and emotional states,” used in judging capabilities, although research has included studies that show women may not believe they are as capable, depending on factors that have shaped their development (Hackett & Betz, 1981; Jacobs, 1989).

When looking at the finding of adverse experiences helping forge a positive path in the lives of the participants, there are many ties to self-efficacy. As evidenced in the passages noted regarding adverse experiences and overcoming adversity, mastery experiences were gained and social persuasion was apparent for many, who identified various champions, guiders, and supporters offering this assistance, via the themes that emerged. As documented through the PsyCap results, the women also exhibited higher levels of resilience, indicating these factors for understanding their capabilities were present. The area less frequently cited, relating to self-efficacy, was vicarious experiences – in fact many of the interviewees complained about the lack of role models and other figures that they could follow.

Additionally, the resiliency literature cites other means that help in dealing with adverse experiences including resilient groups (Caplan, 1989), protective factors (Werner, 1995), positive emotions (Frederickson, 2003), protective processes (Bronfenbrenner, 1979) which includes social supports, and hidden resilience relating to non-conformity to society’s expectations of how to behave (Ungar, 2004). Finally, there are also suggestions in the literature that adversity may be influenced or modified by gender. For example, some studies have shown that women may be “less reactive” to family stress than males (Emery & O’Leary, 1982; Hetherington, 1989; Porter & O’Leary, 1980.)

Thus the finding relating to the impact of overcoming adverse experience positively affecting a life course can be linked to previous research in psychological resiliency and self-efficacy and this research provides a foundation to probe from and help to frame the issue.

Participants expressed a sense that they had “lived through something” and that they were able to succeed as a result of it, or in spite of it. “It’s the sense of that I’ve had the experience, the talent and the ability to go through trauma and overcome that,” according to one participant.

The fact that the participants pursued leadership, given their sense of self-reliance and resilience, is plausible as evidenced by the multi-modal methods used in this study, comparing qualitative and quantitative data. The finding that emerged regarding overcoming adversity showed 87 percent of the interviewees indicated that dealing with adverse experiences actually helped them move toward a positive path of leading rather than following. As one participant explained, “I think that because of my experiences and because of where I grew up, how I was raised, I’m a very strong leader.”

The other finding that emerged included 10 themes that influenced these participants relating to their path. Six of them were identified as being positive influences – champions, self-support, guiders, belief system, education, and work support – and four themes were identified as potentially “jeopardizing” influencers or items the women needed to “deal with” or needed to attempt to overcome in order to succeed. These jeopardizing influencers included discrimination, financial struggle, adverse experiences, and life events.

In looking at the literature in terms of what influences a life course, the work of Elder (1974) and later (Giele, 2008) theorize that a core assumption of this paradigm asserts that “life trajectories” have the ability to shape a person’s developmental processes, outcomes and choices and that this influence is “reciprocal.” Thus, those with stronger levels of self-confidence and psychological capital are likely to pursue more ambitious goals, including that of leadership. The W.I. Thomas theory of social and personal change that emerged from studies of Polish peasants in Europe and America (Thomas & Znaniecki, 1918-1920) further expounded that all transitions

create a disparity and the resulting loss of control over life outcomes prompts efforts to regain control. This process takes shape as a control cycle, a process well-documented in the behavioral literature. In addition, research findings suggest that efficacy beliefs – how one views him or herself – “can exert a strong influence on career decision making and affects or limits core vocational choice including the restriction of career choices,” (Bandura, 1986; Betz & Hackett, 1986; Lent & Hackett, 1987).

Super’s “Life Span/ Life Space” Theory (1982), a comprehensive developmental model, advances the notion that various influences impact a person as they experience different life roles and stages. Super posits that: every individual has potential; making a career choice is a reflection on the person’s self-concept; and career development is not static, it is lifelong.

Similarly, the positive influencers – described as “foundational influencers” that emerged from the qualitative portion of this study align with these concepts. Champions, work support, and guiders – three key categories that emerged as strong influencers of women with adversity seeking leadership – are associated to the relational style or linked lives concept from life-course research. One’s self-support and belief system – two other themes that emerged as also being significant influencers in overcoming adversity and seeking leadership – can be associated with self-efficacy, the control cycle and resiliency concepts. Education as an influencer – including teachers, classes, and reading/self-development – can be associated with multiple theories including career development concepts.

Rutter (1987) acknowledges protective factors can assist those being exposed to risk factors. The literature has implied resilience may also be supported through a range of factors – including family members, peers, and others – when environments are present that are considered high risk. This conclusion is also being inferred in this study and in answering the

research question relating to impacts of one's life course if Adverse Childhood Experiences (ACEs) are present. Other studies have indicated that developing attachments outside of the immediate family may help build resilience when adversity is present (Jenkins & Smith, 1990; Werner, 1989.) The findings relating to the "jeopardizing" influencers could be found in the control cycle, from the behavioral literature. The participants' manner of dealing with these potentially jeopardizing influences can also be clearly related back to psychological resiliency, as mentioned previously.

In summary, the research involving the participant's life stories indicated common themes of influence as reflected in significant statements, nodes and themes coded. These themes centered around influencers, which helped them to overcome the various types of adversity they faced and forge a path to leadership. The positive influencer findings revealed:

- champions in their lives – who could range from immediate family, to relatives, their husband or partner, their children, friends or their community;
- a belief system that included strong personal and/or spiritual beliefs;
- guiders who were mentors, counselors, or role models who helped them cope with their varied situations and plot out a better future;
- work support including colleagues who offered advice and a listening ear;
- education in the form of teachers, classes and readings that helped them devise positive futures; and
- personal self-support systems; their way of looking at the world, their self-talk, means of control, leadership, and finding ways to help others.

While the participant's sub-factors may have varied relating to these themes – some had strong faith communities that helped them, others had key supervisors – all had expressed some

elements of these six categories of Foundational Influencers that helped them overcome adversity.

As evidenced in the passages noted regarding adverse experiences and overcoming adversity, mastery experiences were gained and social persuasion was apparent for many, who identified various champions, guiders, and supporters offering this assistance, via the themes that emerged. As documented through the PsyCap results, the women also exhibited higher levels of resilience, indicating these factors for understanding their capabilities were present. The area less frequently cited, relating to self-efficacy, was vicarious experiences – in fact many of the interviewees complained about the lack of role models and other figures that they could follow.

Adversity to Leadership Framework: ECHOS© Conceptual Model. A conceptual model for how a person moves from “Adversity to Leadership” was proposed based on the results of the research from this study, tied back to key theoretical foundations pertaining to resilience and Authentic Leadership and other factors discerned from the literature. The conceptual model and the data used to create it can be seen in Figure 15 and Table 15 below.

First, the results of the “horizontalization process” from the axial and open coding of themes were further refined into the top 10 categories most noted by the participants. These were items that influenced them positively, or propelled them to change their lives, moving to a leadership posture. This was observed from a clear “yes” to the theme had influenced them in their one-on-one interviews. The top 10 categories that resulted from this process were as follows:

1. Dealing with Adversity – A total of 26 out of the 30 participants, or 86% of those interviewed, indicated that the adversity they faced helped to drive them to make

- changes in their lives – to seek leadership so that others may not be inflicted in the same ways that they had been.
2. Discrimination – Of the women of color who participated in this study, six out of seven of them, or 86%, indicated that the discrimination they had to cope with made them more determined to rise above “this most significant struggle” as conveyed in their interviews. Gender discrimination was also experienced by many, but did not reach widely held levels for the group as a whole. The overwhelming majority of those of color who experienced discrimination based on race or ethnicity however prompted the inclusion of this category in the model, although it should be noted that this percentage is based on a relatively small number of participants.
 3. Education – Approximately 83% of the women who participated in the interviews, or 25 out of 30, indicated that the education process – classes, school, reading, learning – inspired them to move toward a better life and to seek leadership to inspire others.
 4. Mentors and Counselors – A total of 25 out of the 30 women interviewed indicated that either mentors, informal or formal, and/or counselors provided key encouragement and support, lifting them from vulnerability to capability, and providing direction to uncovering their individual potential. This support came in many forms – from those who sought out professional counselors, to others who found informal guidance from various people, some close to the participants or others who they knew from a distance. These “guiders” helped at key times in the participant’s lives and may not have even been aware of their influence.
 5. Control – Seeking control in some form in seemingly chaotic, confusing and for some brutal circumstances was a common undercurrent in participant interviews. A total of

24 out of the 30 women, or 80%, indicated that seeking control was important to them and this factor took on different distinctions in terms of leadership depending on the interviewee. Some continued to avoid others' controlling of them in any way even in present circumstances, others have had difficulty taking direction in the workplace preferring to be the decision-maker or seeking out roles where independence, initiative and leadership were valued, and still others found taking charge in their personal lives as crucial.

6. Self – Talk – Although mentioned by the participants using various terms, the messages they sent themselves, or self-talk, was critically important as they navigated from their various positions of adversity toward something new for their lives. Approximately 70% of the participants, or 21 out of 30, indicated some version of self-talk, setting context for themselves regarding their circumstances, gaining perspectives, or taking next steps. Participant #10 described her self-talk as a way of characterizing the adversity and providing some sense-making, if possible - “that happened, but that is not going to define my future.”
7. Lack of Money – Lack of money, financial struggles, or poverty were influential factors for 63% of the participants, or 19 out of 30. While the financial strife varied, the common theme expressed was finding a better way to live and striving for a fulfilling profession that afforded more than the poor, inadequate, or in some cases deplorable quality of life they had lived. Many expressed a desire growing from this challenge to help others find a less arduous path as well.
8. Personal Beliefs – Having strong personal beliefs – in a particular religion, a higher power or in spiritual matters in general – was important to 60% of the participants, or

- 18 out of the 30. Many expressed how this helped keep them “grounded” or “sustained” to face in some cases atrocious circumstances. For some of those who lived through the unspeakable, personal beliefs were life-sustaining – “I feel like I had a divine companion, a God who watched over me ... I really don’t believe I’d be alive if it weren’t for that,” one participant explained.
9. Children – Champions, in various forms, were important for the participants of this research, but those specific “champions,” cited by the majority as critical in influencing them toward a better life, were their own children. Approximately 60%, or 18 out of 30, indicated that their children, and in some cases grandchildren, helped motivate them to lead better lives, helped propel them to be a leader or role model, and in some cases spurred them to make crucial changes away from dangerous patterns. “I found out I was pregnant and it was like okay I can’t live like this. So I completely changed. I quit doing everything. It gave me the motivation,” one participant explained.
10. Husband/Partner – Approximately 53%, or 16 out of the 30 participants, cited the love and support of their husband or partner as being essential for them to be able to move from adversity to leadership. As stated in the interviews, having ongoing support was central and fundamental in their ability to have the confidence to change their life’s course.

In order to consider a model regarding how to influence behavior, the categories were then clustered into four main spheres of influence, creating new codes as follows:

- I. Education and Guidance encompassed knowledge-building, learning, leadership direction, counseling, therapy, advising, and acquiring new skills.

- II. Champions included those who played the role as defender, supporter, backer and sometimes advocate for the participants.
- III. Hurdles were defined as achieving victories over “jeopardizing influencers” including adversity and aggression, overcoming obstacles, and rejoicing in accomplishments.
- IV. “Outlook of Self” including recognizing one’s own worth, appreciating one’s uniqueness, taking control of matters as desired, and using positive emotions and attitudes to reframe and move forward.

The four new codes spell the acronym E-C-H-O-S which is fitting in this context as these key areas reverberated in the women’s lives, helping them bounce back from adverse circumstances on more than one occasion. With many of their lives filled with chaotic and confusing events, being able to depend on the ECHOS items helped with the rebounding when necessary. The participants also needed time to fully comprehend how areas like education would provide reaffirmations for self-improvement, leadership building, and gaining knowledge.

The model is based on data compiled from the research phases of this study. It incorporated the top 10 themes that participants identified via the qualitative interviews that the majority indicated were helpful or influential to them as they moved from adversity to leadership. The model was created using a radial Venn diagram which is typically used to show both intersecting relationships as well as the association of the various orbs to a central idea in a process or cycle.

The ECHOS conceptual model, serving as a framework to move from Adversity to Leadership, has its roots in classical theory as well as connections to other concepts in the literature. Table 16 shows the model’s ties to key theories and other factors.



Figure 15. Adversity to leadership framework (ECHOS conceptual model). Four main spheres of influence make up the ECHOS model – incorporating education and guidance, champions, hurdles, and outlook of self.

Table 15

Top Ten Theme Categories of Influence From Axial and Open Coding

Category	Champions		Belief System	Guiders	Self Support		Education	Discrimination	Financial Struggle	Adverse Experiences
Theme	Husband/ Partner	Children	Personal Beliefs	Mentors / Counselors	Self Talk	Control	Classes/ School	Racial / Ethnic	Lack of money	Dealing with Adversity
Yes	16	18	18	25	21	24	25	8**	19	26
%	53%	60%	60%	83%	70%	80%	83%	86%	63%	86%
Giele*	R	R	I	R	M	M	M	I	A	A

*Giele’s Model Reference – (R) Relational; (I) Identity; (M) Drive & Motivation; (A) Adaptive

**This calculation indicates that the majority of those women of color interviewed - 6 of 7 - stated this was an important influence, or 86%.

Table 16

Research Inspiring Adversity to Leadership Framework (ECHOS)

Theoretical Ties to Resilience (Masten, 2001)	Theoretical Ties to Authentic Leadership (Luthans and Avolio, 2003)	Other Connections to Factors in Literature	Adversity to Leadership Framework (ECHOS)
Learn from challenges	Understanding of Purpose	Protective Processes (Bronfenbrenner, 1979)	Education & Guidance
Good outcomes regardless of risk	Connected Relationships	Attachments (Jenkins & Smith, 1990, Werner, 1989);	Champions
Exhibit competence when stressed	Exhibit Strong Moral Purpose, Lead with Heart	Hidden Resilience Factors (Ungar, 2004); Higher Intelligence and problem-solving skills (Fergusson & Lynskey, 1996; Herrenkohl, Herrenkohl, & Egolf, 1994; Masten, et al., 1988); Less Reactive (Emery & O'Leary, 1982; Hetherington, 1989; Porter & O'Leary, 1980).	Hurdles
Ability to recover from trauma	Self-Awareness, self-discipline, self-regulation	Positive Emotions (Frederickson, 2003); Life Story Themes (Giele, 2002, 2004, 2008).	Outlook of Self

The proposed model can be associated with theory developed relating to resilience, specifically Masten (2001). The following key resilience factors enable those impacted to:

- Have positive outcomes regardless of the risk;
- Show competence when stressed;
- Have the ability to recover from trauma; and
- Learns from challenges, making future hardships less traumatic.

These precepts line up with the four spheres of influence delineated in this conceptual model; education – learning from challenging; champions – seeing positive outcomes regardless of risk; hurdles – overcoming by showing competence even when stressed; and outlook of self – having developed the ability to recover from trauma.

Connections can also be made from the ECHOS conceptual model with the developing theory of Authentic Leadership. These include:

- Understanding of Purpose – which can be related to Education and Guidance;
- Connected Relationship – linking to Champions;
- Exhibiting a Strong Moral Purpose and being able to Lead with the Heart – which can be associated with the strength and ability to clear Hurdles relating to adversity;
- Self-Awareness, Self-Discipline and Self-Regulation – all connected with Outlook of Self, as per the conceptual model.

Elements persist that relate to Authentic Leadership among the women interviewed for this study. In order to make a more indiscriminate conclusion regarding this leadership type and a sample of this nature, additional research would need to be undertaken.

Finally, there are connections from other factors in the literature to the elements of the ECHOS model. Education and Guidance could be related to protected processes, as described by Bronfenbrenner (1979) which include the description of how various factors can impact helping to promote wellbeing as well as protecting against risk. Attachments can be related to the concept of Champions, where studies have suggested that resilience can be developed in those who form attachments with adults outside the family or nurture strong interests to offset the effects of adverse conditions occurring within the family (Jenkins & Smith, 1990; Werner, 1989). Hidden resilience factors, higher intelligence, skills in problem-solving, and being less

reactive can all be associated with overcoming Hurdles, as specified in the ECHOS model.

Finally, the development of Positive Emotions (Frederickson, 2003) and Life Story Work (Giele, 2002, 2004, 2008) relate back to Outlook on Self from the conceptual model.

Statistics run from SPSS software show some level of correlation between parts of this model as seen in Table 19. Not only were all four parts of the conceptual model present in the correlations, there was also a connection found among Adversity, Children (Champions), Reading (Education) and Resilience. Other corrections included Adversity (Hurdles) and Self Talk (Outlook of Self).

The Spearman's Rho and Kendall's Tau-B indicates significant relationships at the .05 level (1-tailed). Each of these tests range from a 1 to a -1 where 1 indicates perfect correlation and -1 indicates perfect inverse correlations. However because the numbers are closer to 0 than to 1, this generally means there is a weak relationship between the two variables, indicating that changes in one variable are not necessarily correlated with changes in the second variable.

While there are some preliminary statistical findings relating this conceptual model to the concept of adversity to leadership, more studies are encouraged on this topic, to determine whether the findings here are repeatable, consistent and not merely providential. The women in this study advanced the notion that influencers – in various forms - were crucial for continued development. The data that came from their interviews formed the basis for a conceptual model that could help others as well know how to make choices that move them toward leadership.

The fact that this preliminary model connects to some of the research in this area helps to further reinforce its meaning. The resonance in the ECHOS concept lives with many of the participants to this very day; as one put it, "I can go back and name the women who were my angels for as long as I live."

Table 17

Correlations Relating to ECHOS Conceptual Model

Correlations

			Self Talk	Adversity	Resilience	Children	library, books
Kendall's tau_b	Self Talk	Correlation Coefficient	1.000	.385*	-.168	.208	.189
		Sig. (1-tailed)	.	.019	.147	.131	.154
		N	30	30	30	30	30
	Adversity	Correlation Coefficient	.385*	1.000	-.295*	.280	-.015
		Sig. (1-tailed)	.019	.	.033	.066	.467
		N	30	30	30	30	30
	Resilience	Correlation Coefficient	-.168	-.295*	1.000	-.317*	-.292*
		Sig. (1-tailed)	.147	.033	.	.024	.034
		N	30	30	30	30	30
	Children	Correlation Coefficient	.208	.280	-.317*	1.000	-.032
		Sig. (1-tailed)	.131	.066	.024	.	.431
		N	30	30	30	30	30
	library, books	Correlation Coefficient	.189	-.015	-.292*	-.032	1.000
		Sig. (1-tailed)	.154	.467	.034	.431	.
		N	30	30	30	30	30
Spearman's rho	Self Talk	Correlation Coefficient	1.000	.385*	-.195	.208	.189
		Sig. (1-tailed)	.	.018	.151	.135	.158
		N	30	30	30	30	30
	Adversity	Correlation Coefficient	.385*	1.000	-.342*	.280	-.015
		Sig. (1-tailed)	.018	.	.032	.067	.468
		N	30	30	30	30	30
	Resilience	Correlation Coefficient	-.195	-.342*	1.000	-.368*	-.339*
		Sig. (1-tailed)	.151	.032	.	.023	.033
		N	30	30	30	30	30
	Children	Correlation Coefficient	.208	.280	-.368*	1.000	-.032
		Sig. (1-tailed)	.135	.067	.023	.	.433
		N	30	30	30	30	30
	library, books	Correlation Coefficient	.189	-.015	-.339*	-.032	1.000
		Sig. (1-tailed)	.158	.468	.033	.433	.
		N	30	30	30	30	30

*. Correlation is significant at the 0.05 level (1-tailed).

Other Findings

There are several other findings unrelated to the research questions that were discovered during this study.

Table 18

Divorce (ACE) and Optimism

		Correlations	
		Optimism	Divorce
Optimism	Pearson Correlation	1	-.193 [*]
	Sig. (2-tailed)		.043
	Sum of Squares and Cross-products	1662.764	-39.491
	Covariance	15.255	-.362
	N	110	110
Divorce	Pearson Correlation	-.193 [*]	1
	Sig. (2-tailed)	.043	
	Sum of Squares and Cross-products	-39.491	25.173
	Covariance	-.362	.231
	N	110	110

*. Correlation is significant at the 0.05 level (2-tailed).

There was a significant correlation found in one of the ACE markers (Divorce) in relation to Optimism (one of the PsyCap categories) as depicted in Table 20 in the quantitative portion of the study. This correlation may indicate that those with an ACE reflecting divorce in their backgrounds have a higher level of optimism than those who had experienced other ACEs.

Some significance was also found in the correlation between leadership programs and total PsyCap scores, indicating a relationship may exist among women who chose to be involved in leadership development and their overall psychological capital.

Conclusions and Recommendations

We all experience some type of adversity as human beings. Whether it is a job loss, a serious illness, or a broken relationship, adversity is part of the lived experience. But the 30 women who shared their stories as a part of this study faced a different kind of adversity. They suffered adverse experiences as children that in many instances left them wounded during their crucial developmental years, with the potential of pain and negative long-term effects that could have reverberated throughout the rest of their lives. Yet these women – all accomplished in their various careers – did not continue to live lives as victims. This study set out to find out why their paths were different, leading them to leadership.

The study focused on women with past ACEs for a reason – statistics shared show that being a female leader in the U.S. remains an uphill climb, as the allocation of power continues to be remarkably lopsided against women. For women who have had adverse childhood experiences – to overcome the personal obstacles they faced as well as these societal barriers – is compelling. The common links they share were the impetus to this research.

What was discovered was both surprising and somewhat expected. The six key findings of this research revealed that women who went from adversity to leadership had on the average:

- More resilience than other women seeking leadership development.
- A relational style centered around a leadership perspective which included taking control of situations and being willing to take charge.
- A concept of adversity that helped motivate them to choose different and more positive paths for their lives than they had experienced as children.
- Key influencers that helped them on their journey.

- Data from this study formed the basis for a conceptual (ECHOS) model incorporating 10 key influencers that they indicated helped them move toward leadership.
- Those 10 key influences noted by a majority of the women who participated in both phases of the research were as follows:
 1. Dealing with Adversity (86%)
 2. Discrimination (Racial/Ethnic) (86%)
 3. Classes/School (83%)
 4. Mentors/Counselors (83%)
 5. Control (80%)
 6. Self-Talk (70%)
 7. Lack of Money/Poverty (63%)
 8. Personal Beliefs (60%)
 9. Children (60%)
 10. Husband/Partner (53%)

Well-documented research in the area of building resilience can be associated with the fact that women experiencing ACEs may also be building psychological resilience. It was not clear from this study however whether all adults who experienced ACEs would also develop resilience.

The finding of relational style with a leadership perspective focused on taking control was somewhat unexpected. This is because of what has previously been written regarding ACE sufferers regarding the “development and prevalence of risk factors” relating to both the health and the social impacts throughout a person’s lifetime. This indicator would not lead one to

believe that persons experiencing ACES would be willing to seek leadership development.

However, Luthans and Avolio (2003) have observed that the leadership applications to resilience have been “largely ignored” in the literature, (p. 255) indicating that the finding from this study may help stimulate additional research, which could blaze new paths.

The finding of adversity being a helpful factor in the women’s lives in terms of building determination and resilience was somewhat unexpected. While none of the women expressed they would have chosen to experience ACES, the majority articulated that they nonetheless found a way to drive positive change in their lives due to the adversity or in spite of the adversity, with the help of the influencers as revealed in this study. While adversity has not necessarily been characterized as a helpful factor, building resilient behavior when dealing with adversity aligns with findings from various studies regarding resilience and survivors of adversity and trauma.

The finding regarding the types of key influencers shared by the majority of these women was the basis for the conceptual model developed. While the resilience research posits in-depth the need and usefulness of protective factors when dealing with adversity, having a specific list of influencers for those seeking to grow in leadership development is helpful for future leaders. This would especially be true for those who have or are facing adversity, who may be drawn to leadership, but may not be sure what will help them to successfully achieve their dreams.

There are several recommendations to come from this study:

- Due to the small sample size and type of sample used, it would be recommended that a larger study of women leaders experiencing adversity be undertaken, to see if these initial results are repeatable for a larger, more generalizable sample.

- Because this study focused only on female leaders, it would be beneficial for additional studies to be undertaken on this topic that focus on male leaders with ACEs, to see if the same results occur in that population.
- Because this study was limited to the U.S., it would be suggested that similar studies be taken on in different countries, to see if the adversity to leadership findings can be replicated with other populations and in other cultures.
- The women in this study exhibited many of the same qualities as have been written about for those who are considered authentic leaders. Another recommendation would include studying whether in fact those moving from adversity to leadership are more inclined toward authentic leadership.
- The women exhibiting ACEs seemed to have some common leadership qualities that were unique to them regarding leadership. Is there a model for an ACE Leader to be discovered? It would be worth taking the time to look more closely at the composition of those who share ACEs and leadership to see if this is indeed a unique construct.
- The ECHOS conceptual model could be the backbone of a leadership training program for women who have faced adversity in their lives. More work needs to be done in refining and establishing the model and further determining the training and leadership pieces that could be built.

Leadership, Resilience and the Human Spirit

A Cherokee story of unknown origin passed down through the ages tells the tale of an elder warning his grandchildren. He tells them that in every life, there is a fight between two wolves. One wolf represents all that is evil – deceit, resentment, self-pity, arrogance, greed, envy, anger, and fear. The other wolf stands for all that is good – compassion, gentleness, truth,

generosity, confidence, humility, serenity, and joy. After hearing this, one of the children asked, “which wolf will win?” The elder replied, “the one that you feed.”

In the case of the women in this study, they chose to “feed” a spirit of resilience in light of their circumstances. Rather than focus on the negative – what’s broken, in need of fixing or in disrepair – this study took the opposite approach, centering on the choice made by the participants to face down the adversity in their early lives, setting forth on a path to leadership.

In the world we live in, with fast-paced change, tumultuous events, and high speed communications, having leaders who have faced adversity, built resilience, and are willing to take charge would be welcome qualities. Rather than consider themselves leading “in spite of” the odds, the women who were a part of this study shine a light on what they’ve overcome and how it’s shaped them into strong, compassionate “humble” leaders, with a style that may be more congruent with rapid global change. As one participant summed it up, “Women who pursued leadership despite the odds – that doesn’t sound quite right to me. I think the adversity I faced actually pushed me and prepared me to lead.”

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APPENDIX A

Quantitative Survey Instrument

[Sample of Instrument]

Phase 1 Electronic Survey (PCQ & ACE)

From Adversity to Leadership Questionnaire
Welcome!
<p>Thank you for your willingness to participate in this brief, confidential survey as part of a doctoral dissertation on the issue of adversity and women in leadership. The survey should take you about 15 minutes to complete. All responses to the survey are confidential. Your responses will help us learn more about how some women are able to overcome adversity at a young age and become leaders. Your participation could help others facing challenges in their lives as they attempt to overcome obstacles. Thank you in advance for contributing to this important research.</p>
Questions about your Leadership
<p>Questions from this portion of the survey came from the Copyright 2007 Psychological Capital Questionnaire (PsyCap), Mind Garden, Inc. by Fred L. Luthans, Ph.D., Bruce J. Avolio, Ph.D., & James A. Avey, Ph.D. All rights reserved in all mediums. Distributed by Mind Garden, Inc.</p>

From Adversity to Leadership Questionnaire

Below are statements that describe how you may think about yourself right now. Use the following scale to indicate your level of agreement or disagreement with each statement. 1- Strongly Disagree; 2-Disagree; 3-Somewhat Disagree; 4-Somewhat Agree; 5-Agree; 6-Strongly Agree.

21. I always look on the bright side of things regarding my job.
22. I'm optimistic about what will happen to me in the future as it pertains to my work.
23. In this job, things never work out the way I want them to.

APPENDIX B

Email to Participants

E-MAIL INVITATION FOR SURVEY PARTICIPANTS – RESEARCH STUDY

Email invitation for Phase 1, Survey Participation

I am a doctoral candidate at the Graduate School of Education and Psychology at Pepperdine University. This year, I am conducting a research study for my dissertation on women leaders who have overcome adversity in their early years and set out on a path for leadership. This study, “From Childhood Adversity to Leadership: Women who Pursued Leadership Development Despite the Odds,” could help other women find the courage as well to move into the ranks of leadership.

Since you are a recognized leader already and/or have been enrolled in a leadership development program relating to training, a certificate, or a degree, your insights regarding this topic would be most useful in conducting this analysis.

Below is a link to an electronic survey that designed to capture some of this information; the survey should take you about 15 minutes to complete. The survey link is as follows:

<https://www.surveymonkey.com/s/adversitytoleadership>

Participant responses are confidential and safe guards have been taken to ensure responses cannot be tracked to computer IP addresses nor can the survey be repeated at the same computer terminal more than once. By completing the survey, you are agreeing to voluntarily participate.

If you know of other women who you would suggest to participate in this study, please let me know so that I may follow up with them.

If you have additional questions, please feel to contact me anytime.

Latrissa L. Neiworth, Doctoral Candidate, Graduate School of Education and Psychology, Pepperdine University. Email: [REDACTED]; Phone: [REDACTED].

APPENDIX C

Interview Questions (Sample Script)

Interview Questions, based on Giele's Framework

The first question focuses on adulthood:

What was your major?

Name of your college where you completed your undergraduate education?

What year did you graduate?

What about graduate education? Where did you attend?

What was the area of study for your degree?

And what year did you receive your degree?

What did you think you would like to become in terms of occupation and type of lifestyle or family life?

What were you thinking then and how did things actually turn out?

The second question focuses on childhood and adolescence (earlier life):

What was your family's attitude toward women's education?

What did they think about you going to college?

What did they think about what you would become?

What was the effect of your parents' education on your attitudes?

What about brothers and sisters? What were their influences on you?

What about family finances and their impact on your attitudes?

How about you or your families' involvement in a faith community? What were these influences?

What about your families' expectations and their impact on your attitude?

How was your education different from or similar to that of your parents and brothers and sisters?

The third question is regarding current adulthood:

Since college, what kinds of achievement and frustration have you experienced?

What type of mentors have you had?

What has happened that you didn't expect in employment?

What about with family?

What about your faith?

How about furthering your education?

What type of work opportunities have you had?

How about equal work opportunities?

Have you had children and how have they influenced your life?

How have changes in marital status impacted your life?

How have any lifestyle changes influenced yourself or a family member?

What about moves, how have these influenced you?

What about your memberships in the community?

How has your involvement or lack of involvement in faith community impacted your life?

What types of housing issues might you have encountered and how did they impact you?

How have racial and gender integration or non-integration influenced you?

What about a job search or loss and its impact on your life?

And feelings about yourself?

Have there been good things such as particular rewards, satisfaction, or recognition?

The fourth question is about future adulthood:

Looking back at your life from this vantage point, and ahead to the future, what are your main concerns at the moment?

Looking further out, what are your goals, hopes and dreams for the next few years?

What problems do you hope to solve?

Where do you hope to be a few years from now with respect to work or finishing graduate school?

What are your hopes in regard to family?

What are your expectations for your faith community?

What about the community?

What are your concerns around mentors?

What about health?

What type of concerns do you have around finances?

APPENDIX D

IRB Approval Letter

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

November 25, 2013

Latrissa Nelworth

Protocol #: E0713D07

Project Title: From Childhood Adversity to Leadership: Women Who Pursued Leadership Development Despite the Odds

Dear Ms. Nelworth:

Thank you for submitting your application, *From Childhood Adversity to Leadership: Women who Pursued Leadership Development Despite the Odds*, for expedited review to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your advisor, Dr. Margaret Weber, completed on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 (Research Category 7) of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

I am pleased to inform you that your application for your study was granted **Full Approval**. The IRB approval begins today, **November 25, 2013**, and terminates on **November 25, 2014**. In addition, your application to waive documentation of informed consent, as indicated in your **Application for Waiver or Alteration of Informed Consent Procedures** form has been approved.

Please note that your research must be conducted according to the proposal that was submitted to the GPS IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit a Request for Modification form to the GPS IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and require submission of a new IRB application or other materials to the GPS IRB. If contact with subjects will extend beyond **November 25, 2014**, a **Continuation or Completion of Review Form** must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine*

University Protection of Human Participants in Research: Policies and Procedures Manual (see link to "policy material" at <http://www.pepperdine.edu/irb/graduate/>).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact Michelle Bias, Director of Student Success at mbias@pepperdine.edu. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,



Thema Bryant-Davis, Ph.D.
Chair, Graduate and Professional Schools IRB
Pepperdine University

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives
Ms. Alexandra Roosa, Director Research and Sponsored Programs
Dr. Margaret Weber, Faculty Chair



APPENDIX E

Scoring for ACE

ACE Score Calculator http://acestudy.org/ace_score - Finding Your ACE Score

While you were growing up, during your first 18 years:

1. Did a parent or other adult in the household **often or very**

often... Swear at you, insult you, put you down, or
humiliate you? or

Act in a way that made you afraid that you might be physically hurt?

Yes No

If yes enter 1 _____

2. Did a parent or other adult in the household **often or very**

often...

Push, grab, slap, or throw something at you? or

Ever hit you so hard that you had marks or were
injured?

Yes No

If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever...**

Touch or fondle you or have you touch their body in a sexual way? Or

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

If yes enter 1 _____

4. Did you **often or very often** feel that ...

No one in your family loved you or thought you were important or special?
 or Your family didn't look out for each other, feel close to each other,
 or support each other?

Yes No If yes enter 1 _____

5. Did you **often or very often** feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
 or Your parents were too drunk or high to take care of you or take you
 to the doctor if you needed it?

Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?

Yes No If yes enter 1 _____

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her?

Or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with
something hard? Or

Ever repeatedly hit at least a few minutes or threatened with a gun or knife?

Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or

alcoholic or who used street drugs? Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household

member attempt suicide? Yes No If yes enter 1 _____

10. Did a household member go to prison?

Yes No

If yes enter 1 _____

Now add up your "Yes" answers: _____

This is your ACE Score.

APPENDIX F

Electronic Informed Consent – Phase 1, Electronic Survey

The overall purpose of this research is to investigate and explain how some women who encounter adversity earlier in their lives decide to pursue leadership.

If I choose to agree to be a part of this study, my participation will involve taking a confidential electronic survey, via SurveyMonkey, which will take approximately 15 minutes of my time.

If I decide to participate, I will answer affirmatively to the question regarding consent that follows as the end of this consent form; if I choose not to participate I will answer the question negatively and my participation will be terminated.

After completing the electronic survey, I may decide to participate at a later date in a confidential follow-up interview regarding this topic. A question in this electronic survey will advise the Principal Investigator whether I am interested in participating in a follow-up interview or not.

The follow-up interview will take

30-60 minutes and it will either be done by phone or in person by the principal investigator, whichever is most convenient to the Participant.

I understand that the possible benefits of this study include exploring how some U.S. women have been able to find a path to leadership in spite of the adversity or traumas faced in their youth. An investigation as such could add additional findings to the areas of positive adaptation, resilience and leadership. Two surveys have been combined to collect this data – the Psychological Capital Questionnaire (PCQ), which is defined as assessing “an individual’s positive psychological state of development” and the Adverse Childhood Experiences (ACE) which assesses “common stressful and traumatic exposures affecting the (neuro) development of

children.” As such, some of the questions relating to these surveys in this research may be difficult to answer. I understand that participation in this research is voluntary and I am under no obligation to answer any question and can opt out of any question asked if I so choose.

I understand that there are certain minimal risks and discomforts that might be associated with this research, similar to those faced in daily life. These risks include being asked questions that I may not be comfortable in answering and sharing personal information as part of this research. Participants can expect only minimal risk for such factors as boredom, fatigue, and the normal experience of completing psychological testing.

I understand that I may choose not to participate in this research. I understand that my participation is voluntary and that I may refuse to participate and/or withdraw my consent and discontinue participation in the project or activity at any time without penalty or loss of benefits to which I am otherwise entitled.

I understand that the investigator will take all reasonable measures to protect the confidentiality of my records and my identity will not be revealed in any publication that may result from this project. The confidentiality of my records will be maintained in accordance with applicable state and federal laws. I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I will be informed of any significant new findings developed during the course of my participation

in this research which may have a bearing on my willingness to continue in the study. I

understand that raw data collected as part of this research will be shared as requested with Dr.

Fred Luthans, MindGarden, Inc. author of one of the surveys being used and that a final copy of this study will be shared as requested with the Centers for Disease Control and Prevention, which

has an interest in tracking studies relating to this topic, but that no information will be provided that identifies me in any manner whatsoever.

I understand that I may contact Latrissa Neiworth, [] or Dr. Margaret Weber, [] if I have other questions or concerns about this research. If I have questions about my rights as a research Participant, I understand I can contact Dr. Thema Bryant-Davis, IRB Chairperson at Pepperdine University's Graduate School of Education and Psychology at [] or by email at []
[]

I understand to my satisfaction the information regarding participation in the research project. All my questions have been answered to my satisfaction. If I would like a copy of this informed consent information, I can obtain it by contacting Latrissa Neiworth at

[]

By answering the following question, I hereby consent to participate in the research described.

*By answering this question affirmatively you are agreeing to participate in this research study being conducted by Latrissa Lee Neiworth, Doctoral Candidate, Pepperdine University under the direction of Dr. Margaret Weber, Dean of the Graduate School of Education and Psychology, Pepperdine University.

Yes, I agree to take part in this research study.

No, I decline to take part in this research study.

APPENDIX G:

Informed Consent Form – Phase 2: Interviews

(This form will be provided in person for face-to-face interviews and will be faxed or emailed for phone interviews. Principal Investigator will have one copy of this informed consent form for each subject interview.)

Participant: _____

Principal Investigator: Latrissa L. Neiworth, under the direction of Dr. Margaret Weber, GSEP,
Pepperdine University

Title of Research Project:

FROM CHILDHOOD ADVERSITY TO LEADERSHIP: WOMEN WHO PURSUED
LEADERSHIP

DEVELOPMENT DESPITE THE ODDS

1. I _____, agree to participate in the research study
being conducted by Latrissa L. Neiworth under the direction of Dr. Margaret
Weber, Graduate School of Education and Psychology, Pepperdine University.

2. The overall purpose of this research: This study seeks to advance the discussion regarding how some women who have experienced one or more adverse experiences in childhood have coped with this adversity and were able to pursue leadership development.

3. My participation will involve the following: I will be asked to verbally answer questions about my life course from childhood to the present. I am voluntarily participating in this research and can answer (or not answer) any question that I so choose. I understand that my answers will be recorded but that my information will be kept confidential. I will not be identified in the research or in any publications that results from this research. My participation in the study will take between 30 and 60 minutes and will be conducted either by phone or in person, whichever has been my indicated preference.

4. I understand that the possible benefits to myself or society from this research are:

How some U.S. women have been able to find a path to leadership in spite of the adversity or traumas faced in their childhood. This is an important issue to explore as the study investigates what common factors these women leaders share – including measures of psychological capital relating to self-efficacy, confidence, optimism and resilience and their self-described adaptive style revealed in the retelling of their life stories. An investigation as such could add additional findings to the areas of positive adaptation, resilience and leadership. In addition, a possible theoretical model regarding women, overcoming adverse childhood experiences and leadership will be explored.

5. I understand that there are certain minimal risks that might be associated with research.

These risks include: being asked questions that are uncomfortable to answer, being asked questions that would reveal personal information, and being asked questions that may bring back painful memories regarding my childhood.

I understand that I am free to answer (or not answer) any question asked as a part of this interview and that I can stop my participation at any time without any negative consequences.

6. I understand that I may choose not to participate in this research.

7. I understand that my participation is voluntary and that I may refuse to participate and/or withdraw my consent and discontinue participation in the project or activity at any time without penalty or loss of benefits to which I am otherwise entitled.

8. I understand that the investigator(s) will take all reasonable measures to protect the confidentiality of my records and my identity will not be revealed in any publication that may result from this project. The confidentiality of my records will be maintained in accordance with applicable state and federal laws. I understand that raw data collected as part of this research will be shared as requested with Dr. Fred Luthans, MindGarden, Inc., author of one of the surveys being used and that a final copy of this study will be shared as requested with the Centers for Disease Control and Prevention, which has an interest in tracking studies relating to this topic, but that no information will be provided that identifies me in any manner whatsoever.

9. I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact Dr. Margaret Weber, at

if I have other questions or concerns about this research. If I have questions about my rights as a research Participant, I understand I can contact Dr. Thema Bryant-Davis, IRB Chairperson at Pepperdine University's Graduate School of Education and Psychology at or by email at

10. I will be informed of any significant new findings developed during the course of my participation in this research which may have a bearing on my willingness to continue in the study.

11. I understand to my satisfaction the information regarding participation in the research project. All my questions have been answered to my satisfaction. I have received a copy of this informed consent form which I have read and understand. I hereby consent to participate in the research described above.

12. In order to use the data from the study, please consider the following additional permissions. Please initial the appropriate line.

_____ I agree to participate in this research and would allow appropriate quotes to be used in publications. These individual responses would not be associated with my name or workplace, and would be referred to only by a pseudonym.

OR

_____ I agree to participate in this research but do not wish for any of my quotes to be used in publications.

Participant's Signature

Date
