

“I Survived”: The Content and Forms of Survival Narratives

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Individuals impacted by violent crime are at risk for posttraumatic stress disorder and other comorbid conditions. Screening and early intervention are key to the detection and treatment of these consequences of victimization. A growing literature points to the diagnostic power of narratives; however, little is known about the narratives produced by survivors. This study assessed the content and forms of narratives told by survivors of violent crime. In our sample, narratives of growth and optimism, grief and loss, providence, self-reliance, and justice were common. These narratives also featured common lexical properties. The discussion articulates possible explanations for these findings.

KEYWORDS *narratives, trauma, violent crime, posttraumatic stress disorder, mental health*

“He looked at me like a little bug he just squashed, and he stabs me in my chest. ... As I’m pulling this knife out of my chest, he gets another knife and sticks me in the side of my head.”—Kristine

Kristine was attacked by her boyfriend in her home in Simi Valley, California. Despite having suffered multiple stab wounds to the head and chest, Kristine managed to escape her attacker and live to tell her story. Kristine is just one of many survivors of violent crime. In fact, the Federal Bureau of Investigation (FBI) documented 1,246,248 violent crimes in 2010. Although on the decline

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in the United States, violent crime touches and irrevocably changes millions of lives each year.

Survivors and society, as a whole, incur the costs of crime. It is estimated that violent crime costs the U.S. more than \$70 billion each year in lost wages and revenue and in medical and legal expenses (Corso, Mercy, Simon, Finkelstein, & Miller, 2007). Although more difficult to quantify, the intangible costs of crime are also significant. Survivors of violent crimes often are left with feelings of anger, fear, and confusion, and many face a long road to recovery from the injuries inflicted during the crime. In addition to the physical pain and mental anguish it causes, crime leaves its victims vulnerable to financial difficulties, subsequent health issues, and relational problems (Green & Roberts, 2008). Victimization also increases one's risk of developing psychiatric disorders, including clinical depression and anxiety (Hanson & Self-Brown, 2010). In fact, crime victimization is the "leading cause of trauma-related acute stress disorder and post-traumatic stress disorder (PTSD) in the United States" (O'Brien, 2010, p. 179).

Given crime victims' increased risk of PTSD and other comorbid conditions, screening and early intervention are key to the detection and treatment of these consequences of victimization (Hanson & Self-Brown, 2010). A growing body of literature points to the diagnostic and therapeutic power of narratives (Freer, Whitt-Woosley, & Sprang, 2010); however, little is known about the types and characteristics of narratives produced by survivors of violent crimes. This lacuna limits our ability to effectively assess, identify, and treat survivors at risk for comorbid conditions. As such, we designed a study to explore the content and form of narratives told by survivors of violent, traumatic events.

Although it's used to describe events ranging from childbirth to high school dances, the term *trauma* refers to a very specific set of circumstances and consequences. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) outlined the fundamental basis of trauma, and, based on these criteria, Terr (1991) categorized trauma into two types: Type I traumas are those that result from one event, and Type II traumas involve repeated exposure to traumatic events. Given that the severity of PTSD symptoms varies with the duration and frequency of traumatic events (Terr, 1994), differentiating between Type I and Type II traumas is an essential component of assessment and treatment. For this project, we focused our attention on Type I traumas.

Like the term *trauma*, narrative has been defined and studied in various ways; however, many scholars defer to Walter Fisher's conception and definition of narrative. Fisher (1985) defined narratives as "words and/or deeds that have sequence and meaning for those who live, create, or interpret them" (p. 2). According to Fisher, story construction and storytelling serve sense-making functions, helping individuals find patterns and meaning in seemingly random and unconnected events. Although some have criticized

Fisher's assertion that all human communication constitutes storytelling, scholars have embraced and employed Fisher's paradigm in various ways. Researchers have used narratives to reconstruct social and political views (e.g., Shenhav, 2006), to articulate cultural perspectives (e.g., Rodríguez, 2005), and to explore legal systems (e.g., Grabher & Gamper, 2009). Scholars have relied on narratives to study a variety of health issues, including the social construction of health (Sharf & Vanderford, 2003), loss in later life (Caplan, Haslett, & Burleson, 2005), and sexual education experiences (Bute & Jensen, 2011). From these health and illness narratives, scholars "have derived general categories of meta-narratives based on how the storytellers make sense of the illness experience" (Sharf & Vanderford, 2003, p. 17). For example, Arthur Frank (1995) identified three types of illness narratives—chaos, restitution, and quest narratives—and Bute and Jensen (2011) derived three narrative categories from their data: narratives of uncertainty, regret, and satisfaction. Additional narrative typologies have been contributed by Bury (1982) and McAdams (2006), among others.

Although voicing one's experience is an act of healing, the use of certain narrative types and tropes is thought to be more beneficial for the narrator than the use of others. For example, McAdams, Reynolds, Lewis, Patten, and Bowman (2001), who drew a distinction between redemption (i.e., bad turns good) and contamination (i.e., good turns bad) narratives, found that the redemptive form of storytelling was associated with various positive psychological outcomes for the storyteller. Bauer, McAdams, and Sakaeda (2005) identified two types of narratives told by individuals recounting life-changing decisions and found that those whose "decision narratives emphasized a crystallization of desire (i.e., approaching a desired future) rather than a crystallization of discontent (i.e., escaping an undesired past) reported higher well-being, fewer avoidance strivings, lower Neuroticism, and better decision outcomes" (p. 1181). Although these and other studies demonstrate the importance of narrative type, few, if any, studies address the types of narratives told by survivors of violent crimes. Given that the type of narrative told about a life-changing event can be an important indicator of psychological well-being, identifying and categorizing types of violent crime narratives serves as an important first step in determining their diagnostic utility. To this end, the following research question was posed.

RQ1: What types of narratives are told by survivors of violent crimes?

In addition to examining narrative types, studying narrative content can yield important insights into the narrator's coping processes and outcomes. Research on the lexical properties of narratives suggests an association between the use of certain words or phrases and one's level of psychological functioning. For example, Pennebaker, who has conducted numerous studies on the benefits of expressive writing for trauma survivors, has linked the

use of particular words and phrases in narratives to changes in health status following the completion of an expressive writing task. Pennebaker and Seagal (1999) observed that “the more people used positive-emotion words, the more their health improved” (p. 1249) after completing the writing task. In addition to positive-emotion words (e.g., happy, laugh), Pennebaker and Seagal demonstrated an association between the use of causal terms (e.g., because, reason) and insight phrases (e.g., understand, realize) in a narrative and the narrator’s physical and mental health status. Verb tense is another important lexical property of trauma narratives. For example, Manne (2002) demonstrated a significant positive association between the use of present tense in trauma narratives and the severity and frequency of the narrator’s PTSD symptoms. Taken together, these findings suggest that the lexical properties of narratives can serve as signs of coping processes and outcomes. Given crime victims’ increased risk for PTSD, identifying and examining the characteristics of their narratives, in addition to the types of narratives they produce, should be a key concern. As such, the following research question was posed.

RQ2: What are the common lexical features of the narratives told by survivors of violent crimes?

METHOD

Identifying the types and characteristics of violent trauma narratives requires access to survivors and their accounts of the trauma. Although several studies have demonstrated that research with trauma survivors can be done, another question remains: Should it be done? Maximizing the benefits and minimizing the harms of research participation is particularly important when working with vulnerable populations; however, this balance is difficult to achieve in crime-related research. In fact, in their review of the literature on the risks and benefits of participation in this kind of research, Newman and Kaloupek (2004) noted that there were significantly more risks than benefits to research participants. Given the risks inherent in research with survivors of violent crimes (including the potential for revictimization), we decided to study survival narratives that are publicly available. The series *I Survived*, which is televised on the Biography Channel, features the narratives of hundreds of individuals who have survived life-threatening events and serves as a useful source of survival narratives for analysis. Each episode highlights the true stories of three to six survivors, who give a detailed description of what happened prior to, during, and after the traumatic event. Given the breadth and depth of the stories featured on *I Survived* and the minimal risks involved in studying these publicly available narratives, we decided to study the narratives elicited as part of the show rather than recruit

survivors of violent crimes to elicit their narratives. The following sections describe our approach to sampling and data analysis.

Sampling

As of February 2011, when data collection began on the project, the Biography Channel had aired 56 episodes of *I Survived*, which featured the narratives of 200 trauma survivors. Not all of these narratives, however, focused on violent crimes; some survivors described having their lives threatened in natural disasters, workplace accidents, and animal attacks. Eliminating narratives from the sample that were not about violent crime left 122 narratives for analysis. From this corpus of attack narratives, we randomly selected individual stories to view, transcribe, and analyze. We collected and analyzed the data concurrently, and selection and transcription of narratives stopped when no new information or insight was gleaned from the additional data.

We determined that saturation had been reached after transcribing and analyzing 51 narratives. Of the 51 survivors, 40 were women and 11 were men. The majority of the survivors were Caucasian (78.4%); 17.3% of the sample was African American, and 3.9% was of mixed race. On average, 10.5 years (range: 1–30 years) had passed between the time of the attack and the airing of the survivor's recollection of the attack on the Biography Channel. The average age at the time of the attack was 35.7 years (range: 9–66 years). Narrators recounted crimes ranging from kidnapping to sexual assault and attempted murder.

Data Analysis

We conducted a thematic analysis of the narratives to identify their types and characteristics. Thematic analysis, a foundational qualitative research approach, “is a method for identifying, analyzing, and reporting patterns within the data” (Braun & Clarke, 2006, p. 79). We followed the two main steps in thematic analysis: (a) reading through the entire set of transcripts to get a sense of the whole and (b) searching across transcripts for patterns of meaning (Liamputtong, 2011). Data analysis proceeded in stages and was aided by two trained coders—one with personal and professional experience dealing with trauma and the other with no trauma history. Coder training involved reading the extant literature on trauma narratives and practice on non-sample narratives. To begin, each coder independently reviewed the transcripts to gain a holistic understanding of the data. When the two coders met to compare and compile their notes, they noticed that the narratives depicted a predictable sequence of events but that the way in which these events were described differed from person to person. The coders then returned to the data to identify patterns in how the events were described. During this independent reading of the narratives, the coders developed theoretical memos,

which were exchanged and discussed when the coders met. Coding disagreements were resolved through discussion. After several rounds of meeting and returning to the data, the coders finalized a categorical system describing the types and characteristics of narratives told by survivors of violent crimes.

RESULTS

We observed patterns in both the content and form of the trauma narratives featured on *I Survived*. With respect to the first research question, we identified five types of narratives told by survivors: stories of growth and optimism, tales of grief and loss, providence narratives, self-reliance stories, and justice narratives. In addition to classifying the narratives into different types, we identified their common lexical properties, which included describing one's internal monologue, switching verb tense, and using figurative language. In the following sections, each of these findings is discussed in turn.

Types of Trauma Narratives

OPTIMISM AND GROWTH NARRATIVES

All of the crimes recounted in the trauma narratives were heinous. Some described events that claimed the lives of colleagues, peers, friends, and family, and all mentioned being irrevocably changed by the events. Despite what they had endured, several narrators characterized these events as opportunities for growth. Optimism and growth narratives, which were common among survivors of non-fatal attacks, took one of two forms: (a) stories that emphasized the survivor's positive appraisal of events and outcomes and (b) narratives that depicted posttraumatic growth. Given that optimism was present in all growth narratives (but not vice versa), we decided to collapse optimism and posttraumatic growth into one category.

Optimism narratives were marked by several features. For example, hope and hoping were reoccurring themes throughout optimism narratives. Survivors who told these kinds of stories described remaining hopeful in even the direst circumstances. For example, Richard, who survived being beaten and repeatedly stabbed in a home invasion, credited hope with keeping him alive: "I survived because I just wouldn't quit. I just kept trying and kept hoping, as much as trying, that the outcome of this would be life, as opposed to me being dead." Lois, a former prison employee who was held hostage in the longest prison siege in U.S. history, also referenced hope in her narrative. After being repeatedly raped and held at gunpoint for hours, Lois remembered thinking: "I'm still hopeful that, you know, this will just, you know, stop in a couple of hours ... you know, happy ending." Another

feature of optimism narratives was their focus on the future. For example, survivors who told optimism narratives often described making resolutions and plans to live life to its fullest. Dawn, who was robbed and held at gunpoint by four armed men in front of her two young daughters, spoke of her determination to move on:

When things happen, you just got to keep going, you just got to keep getting on that horse and go because if you don't, then, one, you let the people who did this to you win, and two, you just, your life, you just don't live and that's not what life's about. You just got to keep going.

To Dawn, living her life in fear was akin to letting the robbers "win"; by moving on and living her life, Dawn was able to best her attackers yet again.

Some survivors' optimism narratives also showed signs of posttraumatic growth, or resilience and rebirth in the aftermath of trauma (Tedeschi & Calhoun, 2004). These survivors did more than just live through their attack; they thrived. For example, Maggie, who, at 15, was kidnapped, raped, and shot five times while on a practice run with her cross-country team, eventually returned to competitive running and earned the NCAA Inspiration Award. She stated, "I survived because there was no other choice. That was who I was raised to be, coming from a single mom. I didn't want to just exist and I didn't want to just survive; I wanted to thrive." Survivors who told growth narratives also described a renewed appreciation for life. As Lois explained:

When you have something major happen to you and you're not sure whether you're gonna live or die ... you learn not to take things for granted. And, I took a lot of my family for granted. And, I took my daughter for granted ... and my freedom for granted. I've changed enormously.

GRIEF AND LOSS NARRATIVES

In contrast to optimism and growth narratives lie tales of grief and loss. Although all narrators survived, some felt that parts of themselves had died during the trauma. In particular, those who survived fatal attacks tended to tell narratives marked by grief and loss. Terry's narrative is one example. Terry narrowly escaped death after being shot 11 times, seeing his wife slaughtered with a sword, and having his house set on fire by his teenage daughter's boyfriend and an accomplice. After Terry escaped the burning home, he tried to save his two young children, still trapped inside. Unable to rescue them, he made his way to his neighbor's home. As Terry described:

Each step I'd make, I'd fall down and just get right back up ... I finally make it up to their porch. By this time, I collapse ... I'd lost everything, even the clothes off my back. Family. House burnt down. And that's when the despair hit me. I had lost it all.

Terry went on to explain:

I went and bought a used RV, and I set it on the very spot where our house once stood, where I raised a family, where I lost a family. And, for 4 months, I stayed pretty much shut up in that RV in a deep, depressed state, drugged up on anti-depressants, painkillers, whatever I could take to numb myself. ... It's a tremendous sacrifice to lose a wife and two children.

Although Susan, like Terry, survived being shot by home invaders, she mourned the innocence she lost in the attack:

I took his life in self-defense, but I still took a human life. And that bothered me for a long time. ... Everybody says it was self-defense. They said, "He had already shot you." And I say, "That is true. But I still have to live with knowing that I shot him. And that he has a child now that one day may come to me and say, 'Why did you kill my dad?'"

Some survivors seemed hopeful and optimistic in the face and aftermath of their personal tragedies, whereas others, particularly those who experienced profound losses, experienced grief and guilt.

PROVIDENCE NARRATIVES

Providence was another dominant theme, particularly in the narratives of survivors whose senses were compromised by the trauma. Unable to see, hear, and/or speak, these individuals somehow managed to escape their attackers. Their stories featured repeated references to higher powers and outside forces, guiding them to safety. For Donna, a woman who was repeatedly raped and stabbed before being buried alive, providence came in the form of a dog:

I heard a dog bark. And, I'm like okay, okay. And I remember saying, "Okay. This is gonna be the plan now. Somebody has sent that dog to you, Donna. Somebody is going to help you leave this area and get help for yourself."

Teri, a woman who was beaten and left to die in a snow-filled trashcan by her ex-husband, attributed her escape to divine intervention: "I survived because I believe God seethed in me. He got me through this to be here for my kids, to be here to talk about domestic violence, to save other people." Earlene, a woman who had her throat slashed while working at a hotel, also believed that God intervened during her attack:

I think to myself, "While he's over there, I can get away. I could get out of here; I could run for it." But, then, "No." I know it was God. He said,

“don’t,” because if I try to run for it I know he’s going to catch me ... God had other plans for me.

SELF-RELIANCE NARRATIVES

Unlike providence narratives, which referenced divine forces, self-reliance narratives focused on the survivor’s force of will. Planning and strategizing were hallmarks of self-reliance narratives. For example, Robert and Ana, parents held hostage by a home invader wielding a shotgun, described carrying out a plan that they had developed for emergency situations:

I had always said, “Listen. Whatever happens—if we ever come to a point where we are in a situation where our lives are in jeopardy,” I told her, “I’m gonna risk my life. I want you to run.” ... Once the baby was in her hands, she tapped me in the leg, and I felt this rush like she’s on board. She knows—she knows what I’m gonna do right now. ... And I knew at this time I was gonna rush him.

Although few survivors were like Robert and Ana, who developed a plan before their attack, several described concocting a plan in the heat of the moment. When Stacey and her roommate were raped at knifepoint, she quickly developed a plan to take back some control:

I knew that, if I didn’t feed this sick twisted mind and give him what he needed, I was going to die. I needed to keep him calm. And to keep him calm, I had to tell him he was great. ... I said to him, “You know, this was great, but why don’t you go now so we can get some rest?” ... And I’m saying this to him and knowing how twisted and bizarre that is that I’m saying that, but knowing that that’s how I’m going to live through this and that’s what’s gonna save my roommate and myself. And it worked.

Unlike those who credited their survival to divine intervention, individuals who told self-reliance narratives believed that they, alone, were responsible for their survival. As Stacey went on to explain, “I survived because of my composure and this sixth sense of intuitiveness and instinct, which took over.”

JUSTICE NARRATIVES

Survivors who told justice narratives repeatedly referred to the fate of the perpetrator. These survivors desired to live, not only because of their love of life, but because they wanted to see justice served. Denise, who was beaten and raped by someone who entered her apartment posed as a maintenance man, recalled, “I was trying to just remember every little detail ... I was very

determined that he'd get caught and arrested." Even after her attacker was caught and sentenced, Denise continued her quest for justice:

He has come up for parole twice. And I write letters and my friends and family write letters saying why we think he should not be released. I do not think that he has changed. I think that the only thing that may have changed is that I think he won't leave someone to speak the next time.

Many of the justice narratives were produced by men. For example, Ed, who was stabbed by teenagers as part of their gang initiation, tearfully recalled his courtroom confrontation with his attackers:

I actually was hoping to make a difference. I tried to say, "You are going to prison, but one day you are gonna get out. You don't have to be who you are now. ... You owe me this. And I want you to remember today. And I want you to do something to be better."

In review, survivors of violent attacks told five types of narratives: accounts of optimism and growth, tales of grief and loss, narratives of providence, self-reliance stories, and justice narratives.

Characteristics of Survival Narratives

INTERNAL MONOLOGUE

All survivors gave voice to their internal monologue when telling their stories. Describing their thoughts enabled survivors to explain their choices and decision-making processes. For example, Verna, who was raped and stabbed by a high school friend, voiced her thoughts at the time:

He stepped over me and he went into the bathroom where my daughter was, and, at that point, I knew he had his back to me. And, I thought, "OK, I'm going to get up, and I'm going to run. As soon as he notices I'm gone, he's going to come after me." So I did.

Voicing their internal monologues also allowed survivors the opportunity to describe their sense-making processes. Like Verna, Christine was attacked at her home by a man whose advances she had spurned. She recalled:

He put this loaded, cocked gun right up to the back of my head ... and he said, "Christine, I want you to listen to me very carefully. ... You' re not going to feel anything." And I said to myself, "I'm not going to feel anything??? This man's going to shoot me in my head. For what? For nothing? Because I didn't want to go out with him?"

After shooting Christine in the back, her attacker left her lying helpless in the driveway. Christine went on to explain, “The next thing I know I saw this huge tire coming straight for me, and I thought, ‘Oh dear God, this can’t get any worse.’” Despite being shot in the back and run over with an SUV, Christine lived to tell her tale.

VERB TENSE

Verb tense inconsistencies were found in all of the narratives in our sample. Although describing previous events, survivors employed both past and present tense verbs, often spontaneously switching between the two. We noticed that, while a majority of the narrative was in past tense, the attack was described using present tense verbs. In the following examples, we underlined past tense verbs and italicized present tense ones.

Earlene: “And I started to fight him back, I started to fight him back, and I *feel* around and I *feel* the telephone, the handle of the telephone, and I *get* that telephone and I *draw* back and I *bit* as hard as I can.”

Donna: “It was dark. I didn’t have my glasses on. He grabbed me, and then he *starts* punching me in the face.”

Ed: “I had my hands up, and he couldn’t go for the throat. So, he plunged it in my neck right here. And it went all the way in. And I looked, and he *pulls* the knife out. And I *see*, sliding out of my neck, covered in blood, this knife *comes* out.”

Referring to past events in present tense might indicate that the trauma is still alive and well for the narrators.

SIMILES AND METAPHORS

Figurative language also was present in all of the narratives we examined. Narrators seemed to employ these devices to help the audience make sense of the senseless. Mary was one survivor who employed these narrative devices. While hitchhiking home, Mary was abducted by a man who later beat and raped her. He then cut off both of her arms and threw her off of a cliff. Mary recalled:

I crawled back up the cliff without any hands. The first car that came . . . there were two guys driving it. I said, “Help me! Help me!” But, think about it. I have no hands now, and I’m covered from head to toe in blood. I look like something from a fright night movie. And they took off.

What Mary endured was incomprehensible; she employed similes to help the audience and herself make sense of the experience. Lois used metaphors to describe her experience in captivity:

To give you an idea of how I was locked up, I had a pair of handcuffs. To the handcuffs was a pair of leg irons. Attached to the leg irons was a belly chain. And that was attached to a pole ... I was a dog on a leash.

Sharene also used figurative language to describe her attack and attacker. After driving her to a desolate area, Sharene's boyfriend pulled over, slashed her throat, and stabbed her repeatedly. She remembered, "I caught eyes with him for just a second, and they looked like the devil. They were like a fiery-looking reddish-orange." When her attacker started driving deeper into the woods, Sharene leapt from the moving vehicle. She went on to explain, "I got up and ran into the woods until I couldn't run anymore because the woods were too thick. I have a lot of stab wounds in my hands and in my arms, and my legs were just like hamburger meat from jumping out the car." Figurative language allowed Sharene to share her experience and to help the audience imagine the unimaginable.

DISCUSSION

The narratives in our sample documented the horrific and the heroic. Despite the heterogeneity of the sample, we identified common narrative threads and devices. For example, we were able to classify the types of narratives told by survivors into one of five categories: optimism and growth, grief and loss, providence, self-reliance, and justice. In addition, we noticed that narrators consistently employed three devices: voicing their internal monologues, switching verb tense, and using figurative language. In the following section, each of these findings and their implications is discussed in turn.

Although some narratives focused on what was lost in the attack and the concomitant grief, others highlighted what was gained from the experience. Alternately construed as *posttraumatic growth* (PTG) and *benefit-finding*, this resilience and renewal in the aftermath of trauma or tragedy has been demonstrated in a variety of contexts and linked to an array of positive psychological outcomes (Tedeschi & Calhoun, 2004). For example, scholars have studied PTG following bereavement (e.g., Cadell, Regehr, & Hemsworth, 2003) and natural disasters (e.g., Karanci & Acarturk, 2005) and have found that personal growth is inversely related to depression, PTSD, and psychological distress (Linley & Joseph, 2004). Despite growing interest in narrative approaches to studying and fostering PTG among traumatized individuals, only a handful of investigations have adopted a narrative perspective (Neimeyer, 2006). As Tedeschi and Calhoun (2004) stated, "The overall picture of PTG has been

sketched ... describing the details of cognitive processing and narrative development will be much more difficult” (p. 15). Although our study did not focus on PTG narratives per se, our findings indicate that evidence of PTG can be found in personal narratives, which, in turn, might prove useful in diagnostic and therapeutic contexts.

In addition to these optimism and growth narratives, survivors told tales of self-reliance and providence. These two types of narratives represent different attributions for survival. Some credited divine intervention, whereas others believed that they alone were responsible for their survival. The attributional tendencies of trauma survivors have been well documented in the literature (e.g., Frazier, 1990); however, the majority of these studies focus on attributions made for negative events (Ginzburg, Solomon, Dekel, & Neria, 2003). Our findings highlight narrators' attributions for their own survival—a distinctly positive event. Previous research has demonstrated a link between internal attributions for negative life events and a host of physical and mental health problems, including PTSD and depression (Adler, Kissel, & McAdams, 2006). Making external (i.e., providence) attributions for positive events might be equally problematic, whereas crediting oneself with positive outcomes (i.e., self-reliance) might hold some protective potential. Additional research, however, is needed to determine what, if any, relationship exists between attributions for positive events and trauma survivors' physical and mental well-being.

The relationship between the desire for justice, evidenced in our final narrative type, and coping among crime victims also warrants attention. Victims' quests for justice were documented in several of the narratives in our sample. Although we used the term *justice* to describe these narratives, other researchers have characterized actions such as reporting a crime and demanding punishment for the perpetrator as retaliatory responses (Orth, Montada, & Maercker, 2006). Semantics aside, there is some evidence to suggest that a preoccupation with revenge is linked to PTSD (Goenjian et al., 2001). The few studies that have examined this relationship, however, relied on single-item measures of revenge (Orth et al., 2006). Our findings suggest that narratives might offer additional insight into the subjective experience of revenge and its link to PTSD. Additional research is needed, however, to examine the methodological potential of narratives in the study of revenge.

In addition to classifying the types of narratives told by survivors of violent crimes, we sought to identify their common lexical properties. Voicing one's internal monologue, using similes and metaphors, and switching verb tense were common in the narratives in our sample. Giving voice to one's thoughts and describing one's experience in metaphorical terms seemed to serve explanatory functions for narrators. For example, by comparing the extraordinary (e.g., injuries sustained while jumping out of a moving vehicle) to the mundane (e.g., hamburger meat), survivors helped the audience imagine the unimaginable. These findings complement and extend the large

and growing body of work on simile and metaphor use among individuals coping with illness and injury. Qualitative health researchers in various disciplines have explored the similes and metaphors that people use to describe their subjective experience of illness or injury (Fullager & O'Brien, 2012). For example, researchers have examined figurative language used by individuals with cancer (Skott, 2002) and women who have been battered (Eisikovits & Buchbinder, 1999), among others, and several scholars have stressed the significance of the similes and metaphors we use for the person we become. As Smith (1991) argued, "Our metaphors make us who we are" (p. 46). Despite the widespread use of similes and metaphor and their significance to the self, we were unable to locate any quantitative investigations of these phenomena. These kinds of studies are needed to assess the frequency of simile and metaphor use, the most commonly used figurative expressions, and the potential links between the similes and metaphors used to describe illness or injury and the ill or injured individual's self-esteem and self-concept.

The narratives in our sample also featured spontaneous shifts in verb tense. We noticed that survivors described the events leading up to and following the violent attack in past tense and the attack, itself, in present tense. This tendency to switch tense when describing the "worst moments of a trauma" has been documented in several other studies (e.g., Hellawell & Brewin, 2002). In fact, scholars consider temporal disruptions, such as switching verb tense, as evidence of narrative incoherence, which is linked to PTSD (Jelinek et al., 2010). Although we did not assess the coherence of the narratives in our sample, we do not believe that the tense switching we observed is necessarily indicative of an incoherent narrative. One of the primary "functions of PTSD treatment is the creation of an organized narrative with a beginning, middle, and end" (Ehlers, Hackmann, & Michael, 2004, p. 407), but the narrators in our sample managed to tell stories in this manner and switch tense. These findings suggest that tense switching might not always be disruptive and that organized narratives might still feature temporal disruptions.

Like most projects, our study has limitations. One is related to the nature of the data we collected. Our reliance on publicly available data allowed us to circumvent the risks inherent in trauma research (Newman & Kaloupek, 2004); however, our use of mediated narratives might have created some validity issues. Our repeated calls and e-mails to the producers of *I Survived* went unanswered, which made it difficult to determine what kinds of questions were asked, how participants were recruited, and how much editing or coaching was involved. One of the survivors, however, did contact us about his experience on the show. He described submitting his story through the show's Web site, being contacted by producers, and being flown to a studio to film his interview. The segment was filmed in a dark room with the cameras obscured and just one interviewer present. He explained that he was

not coached or told what to say or how to say it. He also noted that, although his interview was condensed from 90 to 15 minutes for the show, the editing was “accurate” and the editors “did a good job.” The views expressed by this survivor might not represent the opinions of others featured on the show, but his comments increased our confidence in the validity of our data and findings.

Another limitation is our lack of self-report data. Unable to ask the participants directly, we had to rely on demographic information provided by the Biography Channel and reported in the news coverage of the crime. In addition, we were unable to ask about coping and mental and physical health outcomes—data that would have enriched our findings. The survivor with whom we spoke described his experience on the show as “therapeutic”; however, we lack empirical evidence of the effects of participation on survivors. Researchers doing trauma-related studies should consider these trade-offs of using publicly available narratives versus eliciting information directly from survivors.

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