

THE UNIVERSITY OF CALGARY
The Healing Process in Women Survivors of
Childhood Sexual Abuse

by

Mary E. Beamish

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ABSTRACT

The nature of the healing process from the perspective of four women recovering from the aftereffects of childhood sexual abuse was examined using a phenomenological approach. The participants, ages 31 to 46 years, were in counselling for one to four years following the initial recollection, in adulthood, of their abusive histories. Explication of verbatim transcriptions of audio-taped interviews revealed that the essential structure of the healing process for these four women involved a radical change in personal identity from a negative, destructive one which was strongly influenced by, but did not acknowledge the abuse to a constructive position which recognizes a traumatic personal history, but builds on positive beliefs and values. The change in personal identity followed repeating patterns of crisis, restructuring of the woman's belief system, and reintegration. Participants emphasized the importance of caring and validating social support and the significance of spirituality in their healing processes.

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TABLE OF CONTENTS

	Page
APPROVAL PAGE.	ii
ABSTRACT	iii
ACKNOWLEDGMENTS	iv
TABLE OF CONTENTS	v
LIST OF TABLES	x
LIST OF FIGURES	xi
CHAPTER ONE INTRODUCTION	1
Historical Overview of Child Sexual Abuse	1
Traumatic Classification	4
The Problem	6
Goal	8
Assumptions	9
Overview of Thesis	9
CHAPTER TWO LITERATURE REVIEW	12
Definition	12
Prevalence	15
Aftereffects	18

	Page
The Healing Process	21
Experiential Literature	27
Autobiographies	27
Professional and Self-Help Literature	29
Phenomenological Literature	31
Self-Renewal	31
Chapter Summary	34
 CHAPTER THREE	
METHOD	36
Choice of Design	36
Procedure	38
Turning to the phenomenon	38
Investigating lived experience	39
Reflecting on the essential themes	40
Describing the phenomenon through writing	40
Selection of Participants	40
Data Collection	42
Data Explication	44
Ethical Considerations	47
Chapter Summary	49

	Page
CHAPTER FOUR INDIVIDUAL EXPERIENCES OF HEALING	50
Amy's Journey	50
Phenomenological Portrait of Amy	60
Rose's Journey	69
Phenomenological Portrait of Rose	76
Bev's Journey	82
Phenomenological Portrait of Bev	90
Judith's Journey	96
Phenomenological Portrait of Judith	105
Chapter Summary	114
 CHAPTER FIVE THE HEALING PROCESS	 115
Definition of Healing	115
Themes	117
Trauma Revisited	119
Recovery of Memories	119
Emotional Component	121
Cognitive Component	123
Believing the Memory	123
Identifying Coping Mechanisms	127

	Page
Reorganization	132
Reintegration	134
Spirituality	138
Interpersonal Environment	139
Individual or Group	140
Personal Characteristics	142
Functions	143
Chapter Summary	144
 CHAPTER SIX DISCUSSION OF RESULTS	 145
Personal Understanding	145
Key Issues	147
Three-step Progression	147
Radical Change	151
Preconscious Knowing	154
Mother-Daughter Relationship	155
Spirituality	156
Implications for Counselling	156
Safety First	156
Healthy Relationships	157
Problem Identification	158

	Page
Vision	158
Strategy - Process Match	158
Use of Symbol	159
Physiological Approach	159
Disclosures and Confrontations	159
Future Research	160
Chapter Summary	161
References	162
Appendix A Demographic Information	168
Appendix B Informed Consent	169
Appendix C Letter to Nominated Participant	170

LIST OF TABLES

	Page
Table 1. Short-term Aftereffects of Child Sexual Abuse - A Listing of the Common Items taken from Courtois (1988), Gil (1988), and Mrazek and Mrazek (1981)	22
Table 2. Long-term Aftereffects of Child Sexual Abuse - A Listing of the Common Adult Experiences taken from Courtois (1988), Gil (1988), and Mrazek and Mrazek (1981).	24
Table 3. Comparison of the Healing Process between the Results of This Study and the Bass and Davis (1992), Gannon (1989), Herman (1992), Jaffe (1985), and Malmo (1993) Models.	148

LIST OF FIGURES

	Page
Figure 1. A schematic representation of Amy's black room prior to healing . . .	59
Figure 2. A schematic representation of the relationships between the five main themes which describe the healing process in women survivors of childhood sexual abuse as experienced by the four participants in this study	118

CHAPTER ONE

INTRODUCTION

Not Believed

They do not believe me I cry
 And once again my heart thunders
 Its rage and anguish to the uncaring sky
 I am lost in an anguish of
 Wishing I could doubt and
 Believe what they say
 And knowing with a bitterness undeniable
 And truth certain and right
 That I know it is truth.
 My heart weeps silent tears
 Why do they not believe me?
 Why do they deny my pain?
 I am no child - I am not fooled
 By movies and books - I know the truth
 Painful though it is.
 I strive to believe unflinchingly
 But courage falters and fails
 In the darkness or light
 As nightmares disturb my sleep
 And flashbacks and memories
 Disturb my days
 My wounded child refusing to give
 Me peace unless I believe and
 Do not deny
 The uncomfortable truth.
 But God willing I shall heal
 And soar on eagles' wings
 Untroubled, peaceful, and free.

Eleanor Kamrlk (Unpublished, used with permission)

Historical Overview of Child Sexual Abuse

The first sounds of protest to break through a culturally imposed silence
 surrounding child sexual abuse are found in the early 1850s with the fury of Josephine
 Butler's exposé of the sexual exploitation of children in Britain's Victorian society

(Rush, 1980). Butler led a group of Abolitionists in a fight against parliamentary indifference and a flourishing white slave trade (children under 14 years of age who were used for prostitution) by legitimizing the children's stories and naming the "respectable" men who paid for their services. No previous society had allowed children's "stories" to discredit the myths which blocked out the reality of the child's experience and permitted covert child-adult sexual relations to co-exist along side the taboo which most societies place against incest.

Florence Rush (1980) conducted an extensive search into the sexualization of children within the Jewish, Greek, Roman, Hindu, and Christian cultures up to the Victorian era. The common thread running throughout her documentation is the legal and religious tenet that women and children are designated as property whose primary function is to serve and honour husbands or fathers. In the earlier cultures, any unlawful sexual union was considered to be a sin against the husband or father whose property had been devalued. The experience of the woman or child was never addressed because neither had any rights to be violated. The silence through the ages was not that the children did not cry out in protest; but, that they cried in a world that discounted them and discredited any who managed to gain attention.

The children's voices which were first given public hearing through determined women like Josephine Butler were heard again, albeit briefly, in the life histories of "neurotic" women and offered as evidence in Sigmund Freud's seduction theory of hysteria. Freud's reframing of the child's experience into the oedipal theory in 1909 and its effective negation of the reality of incest (Courtois, 1988) silenced the children

once more and led into 50 years of what Armstrong (1982) has labelled the "Age of Denial." Throughout this time the mental health profession did not address the issue of child sexual abuse at all. It was not until after feminists began to examine and identify the traumatic effects of rape in the late 1970s, that pioneers in the field, such as Sandra Butler, Alice Miller, and Florence Rush focused their attention on the sexual exploitation of children. The investigation of the characteristics and effects of incest which followed the renewed interest in the problem was built on methodologies using "retrospective interviews and narratives provided by victims/survivors" (Courtois, 1988, p. 8). Western society has been significantly challenged by the legitimization and publication of these women's accounts. Now, in the 1990s, victim/survivor stories bombard us daily in the media, eight month waiting lists are not uncommon in Calgary, and professional counsellors are pressured to respond to the demand for treatment (N. Buzzell, personal communication, October 13, 1992).

In the past 15 years, feminist therapists and researchers have provided leadership in developing effective treatments and establishing descriptive data in areas such as prevalence, family dynamics which engender abuse, symptoms, and aftereffects of child sexual abuse. Such progress has frequently been made at great personal expense to practitioners and researchers doing this work because of ridicule from traditional mental health professional associations (Caplan, 1985). In some cases, major contributions have come from outside the health care system, such as The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse (Bass & Davis, 1992) and its companion, The Courage to Heal Workbook (Davis, 1990).

These books often form an important part of sexual abuse treatment plans; yet, Ellen Bass came into the field as a creative writing teacher and Laura Davis as a student in one of Ellen's classes who first attempted to write about her frightening childhood sexual experiences in a class assignment. Neither have sought counsellor certification (Bass & Davis, 1992). Bass and Davis are but one example of how the problem of child sexual abuse is expanding rapidly in many disciplines.

Child sexual abuse is no longer a secret. The silence of four thousand years has been broken and children's voices are finally being heard and taken seriously. The challenge to respond with compassion is issued to this generation.

Traumatic Classification

Judith Herman (1992) argues that a child's experience of sexual abuse parallels the trauma inflicted by other deliberately imposed acts of violence. These encompass the whole spectrum of atrocities in which one person victimizes another by virtue of the power differential between them. Such situations include everything from domestic violence and rape to political terror and wartime human rights violations. Child sexual abuse is thus classified under the broad category of traumatic events with devastating sequelae.

Some of the other terms such as "victim," "survivor," "healing," and "recovery" which are commonly used in relation to child sexual abuse are also derived from the concept of trauma. "Victim" is deliberately used to address the innocence of the child and places sole responsibility on the adult perpetrator (Courtois, 1988; Gil, 1988; Laidlaw & Malmo, 1990). "Survivor" conveys the ideas of resourcefulness

and of having made it through a life-threatening situation. As Brady (1992) writes, "Everyone who has been the victim of childhood sexual abuse and lived to tell his or her story is a survivor" (p. 1). The concept of psychological healing as an inner journey depicting movement away from emotional and mental woundedness towards wholeness of body, soul, and spirit has grown steadily in professional and popular usage over the past decade. The term "healing process" is frequently applied to the positive psychological changes which occur as survivors of childhood sexual abuse address their injuries. The titles of some recent books provide examples of its use: The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse (Bass & Davis, 1992), Beyond Survival: A Writing Journey for Healing Childhood Sexual Abuse (Brady, 1992), Healing the Incest Wound: Adult Survivors in Therapy (Courtois, 1988), and The Healing Way: Adult Recovery from Childhood Sexual Abuse (Kunzman, 1990).

The need to focus on the healing process is evidenced by the sheer number of people who require treatment of some kind. Bagley and King (1990) conclude from their Calgary studies that "at least 30 percent of the female child and youth population will be current or former victims of child sexual abuse" (p. 70). Browne and Finkelhor (1986) estimate that 40 percent of all victims will require therapy in adulthood which is related to long-term harm associated with their abuse. Gender and developmental differences between the men and women, children and adults who need help in this area suggest that the process and intervention strategies may need to differ among these groups. My personal interest lies with women.

The Problem

A review of the literature indicates that practitioners have approached the aftereffects of child sexual abuse from almost every theoretical perspective and employed a wide range of treatment strategies and techniques. For example, Courtois' (1988) summary of the incest and its aftermath draws on aspects of four theoretical models: feminist, traumatic victimization, self development, and loss theory to explain the occurrence of child sexual abuse and its aftereffects and to guide intervention. Courtois (1988) categorizes interventions into stress/coping techniques, experiential/expressive-cathartic techniques, exploratory/psychodynamic techniques, and cognitive/behavioral techniques. Gil (1988) and Gallagher (1991) combine a feminist approach with cognitive-behavioral techniques. Cheryl Malmo (Calgary Seminar, 1993) combines a feminist approach with the theory and techniques of ego-state therapy following John and Helen Watkins (1979) and mind-body healing using the concepts of Ernest Rossi (1986). Pat Quigley and Nancy Buzzell (Calgary Family Service Bureau Seminar, 1992) combine a feminist approach and integrated body psychotherapy theory and techniques outlined by Rosenberg and Rand (1985). There are short term programs with three month limits and long term treatment strategies which continue for three and four years. There are individual counselling sessions, group therapy programs, and self-help study guides. Survivors are seen by social workers, nurses, counsellors, psychologists, psychiatrists, clergy, and many whose training is not recognized by the professions. In summary, the need for treatment is great and the approaches which facilitate healing are many.

Many authors indicate that healing occurs through a progression of steps or phases. Examples of such progression are seen in the work of Herman (1988), Gannon (1989), Bass and Davis (1992), and Malmo (Calgary Seminar, 1993). These four examples demonstrate that there is some similarity among the different systems, but they are not the same. Nor do these authors document how they formulated their models of healing.

The human science paradigm recognizes the importance of understanding a human experience, such as healing, from the perspective of the person living through it (von Eckartsberg, 1986). Bass and Davis (1992) indicate that their book is based on interviews with hundreds of women who were recovering from childhood sexual abuse and that as they listened to the women's stories, similarities in the experience of healing began to emerge regardless of their social, cultural, or educational backgrounds. However, this work was not published as an empirical study and Bass and Davis (1992) do not describe their research methods and have not published that aspect of their work. Herman (1992), Gannon (1989), and Malmo (Calgary workshop, 1993) each indicate that his or her work is based on a long history of clinical experience and professional literature. They provide many vignettes and case histories to support their arguments and illustrate their ideas, but they do not document any systematic gathering or analysis of data to validate their description of the healing process.

Another genre of literature which documents women's experience of healing from childhood sexual abuse is autobiography. Ordinary Wonders (Green, 1992) and

Obsidian Mirror (Wisecchild, 1988) are excellent examples of captivating personal accounts of the authors' journeys from destructive childhood experiences through to productive, vibrant life. These books stand as raw data, but no attempt has been made to analyze them or to make comparisons across experiences to explicate the healing process.

As indicated above, there are a number of different versions of the healing process in women survivors of childhood sexual abuse which have been published. However, there does not appear to be systematic explication of the healing process which documents the development of the different systems and identifies the essential nature of the experience from the women's perspective. Therefore, a rigorous analysis of several women's experiences of healing from sexual abuse in order to provide a description of the essential nature of the healing process from their perspective seems warranted.

Goal

Phenomenology is the study of human nature which was developed initially by the early 20th century German philosophers Husserl and Heidegger. Its primary assumption is that human truths are to be discovered within the conscious awareness of the phenomena under investigation as described by the individual experiencing it and prior to any formal theoretical analysis of the event (Spiegelberg, 1982). Its data, therefore, consist of detailed descriptions of lived experience in terms of subjective meaning (Colaizzi, 1978) and its goal is to "understand interior life" (Tymienieka, 1962, p. 49) by apprehending the essential structure (interconnected themes) of the

phenomenon through reflection (Giorgi, 1971). The philosophical foundations and methods of phenomenology lend themselves to the identified problem of documenting womens' inner experiences of healing from the aftereffects of childhood sexual abuse.

The goal of this study is to describe the common structural features (essential themes and their interrelations) of the healing process as experienced by women survivors of childhood sexual abuse who have successfully addressed the long-term aftereffects of their abuse.

Assumptions

Two assumptions were made at the outset of this study: (1) although the physical and spiritual aspects of the child's nature are also affected, the primary injury and its long-term aftereffects are located within the psychological realm and are a function of the child's struggle to make sense of and adapt to frightening and painful experiences without help from a caring and protective adult (Herman, 1992) and (2) the essential structure of the healing process can be accessed through the narratives of women who are, themselves, making the healing journey (Polkinghorne, 1988).

Overview of Thesis

Chapter One began with an historical overview of child sexual abuse and continued with a discussion of the classification of child sexual abuse as a traumatic event, the decision to examine women's healing, and the need for this particular research. The chapter ends with a brief introduction to phenomenology, the goal of this study, and the two assumptions that have been made at the outset of the work.

Chapter Two contains a review of the relevant literature. The chapter begins

with a discussion of the definition of child sexual abuse chosen for this study. This is followed by the results of several Canadian prevalence studies, two tables presenting the commonly recognized short- and long-term aftereffects, and the identification of some of the factors which interact to produce individual patterns of dysfunction. Examples of experiential accounts of the healing process as they are presented in autobiographical, self-help, and professional literature are then examined. The chapter concludes with a summary of an essay which is phenomenological in nature and presents common themes described by people who have experienced self-renewal in the aftermath of tragedy.

The research method is described in Chapter Three. A discussion of phenomenology and its congruence with psychological healing is followed by a detailed account of the procedures used in this study. These include a description of the participant selection process, data collection, data explication, and ethical considerations guiding interaction with participants.

The results of the individual explication which describe the essence of the healing process from the perspective of each participant are presented in Chapter Four in four essays entitled Phenomenological Portrait of _____. Each portrait is preceded by a document called _____'s Journey which is not actually part of the findings, but provides the reader with the contextual information necessary for understanding each participant's healing experience.

Chapter Five contains the results of the across participant data explication. The eidetic features of the lived experience of healing as described by the four

participants in this study are presented in the form of a definition of the healing process and development of the common themes identified in the data.

Chapter Six contains a discussion of the results of the study under the headings of personal understanding of the essence of the healing process, the key issues raised in the study, implications for counselling, and future research.

CHAPTER TWO

LITERATURE REVIEW

This chapter contains a review of the literature which is relevant to women's experience of healing from child sexual abuse. It begins with a discussion of the definition of child sexual abuse chosen for this study. This is followed by the results of several Canadian prevalence studies, two tables presenting the commonly recognized short- and long-term aftereffects, and the identification of some of the factors which interact to produce individual patterns of dysfunction. Examples of experiential accounts of the healing process as they are presented in autobiographical, self-help, and professional writings are then examined. The chapter concludes with a summary of an essay which is phenomenological in nature and presents common themes described by people who have experienced self-renewal in the aftermath of tragedy.

Definition

In the wake of dramatic social changes concerning child sexual abuse clinicians, researchers, and lawyers alike have been challenged to develop a precise, yet functional definition of child sexual abuse. Bagley and King (1990) begin their search for an adequate definition in humanist concepts which highlight the child's right to sexual health as a natural result of growing up in "a protected and nurturing environment" (p. 38). This principle represents a significant change in focus from social practices which presume the right to family privacy and legal codes designed to address fertility concerns by limiting vaginal intercourse between blood relatives.

Bagley and King (1990) find that their focus on the child's welfare is also echoed in feminist literature.

There are three principles which the humanist and feminist perspectives consider when evaluating human sexual relationships: (1) ethics are defined by the result of the behavior, (2) sexuality is only expressed in the context of mutual consent, and (3) appropriate sexual behaviors are assessed according to developmental criteria (Bagley & King, 1990). Ethics which are defined by the result means that the morality of a particular act is judged according to whether or not the behavior might inflict harm. As was indicated previously, the child's experience of sexual abuse is categorized as a traumatic event (Herman, 1992). Later in this chapter, more details of the physical, emotional, and social harm which may result from adult-child sexual relations will be presented. These aftereffects are sufficiently documented to claim potential risk to the child in all adult-child sexual interactions. The humanist view contends that potential risk is all that is morally necessary to condemn adult-child sexual relations (Bagley & King, 1990). The principle of mutual consent addresses the issues of full understanding and freedom of choice for both partners. Finkelhor (1979a) argues that children are incapable of giving consent on either ground. First, they can not appreciate the social and biological meanings attached to sexuality and second, they do not have the physical strength or psychological maturity to refuse an adult. The principle of developmental appropriateness implies that healthy sexual behavior should be defined in relation to physical, emotional, and social maturation processes. The research in this area is very limited, but there is some indication that

sexual activity is frequent and non-traumatic between consenting children (Bagley and King, 1990).

The following definitions of child sexual abuse are offered as examples which incorporate these three principles. "Child sexual abuse involves an exploitive sexual experience between children or early adolescents and an older person" (Finkelhor, 1979b, p. 16). "Child sexual abuse is seen as any activity which diminishes or damages the budding sexual development of a child" (Bagley & King, 1990, p. 49). "Child sexual abuse is any sexual activity or experience imposed on a child which results in emotional, physical, or sexual trauma" (Butler, 1985, p. 5). This last definition is the most suitable one for the purposes of this study because it points to the traumatic consequences of the experience and thus anticipates the need for the healing process which is the phenomenon under investigation.

Butler's (1985) definition is not particularly useful however, for helping women determine whether or not their personal childhood sexual experiences actually constitute sexual abuse. Naming particular experiences as sexual abuse is complicated by the common tendency of children who are abused by those they love to minimize, rationalize, or discount such behavior. Because of this, Bass and Davis (1992) use the following inventory to assist their readers in identifying whether or not their experience as a young child or teenager constituted sexual abuse:

- * Touched in sexual areas?
- * Shown sexual movies or forced to listen to sexual talk?
- * Made to pose for seductive or sexual photographs?
- * Subjected to unnecessary medical treatments?
- * Forced to perform oral sex on an adult or sibling?
- * Raped or otherwise penetrated?

- * Fondled, kissed, or held in a way that made you uncomfortable?
- * Forced to take part in ritualized abuse in which you were physically or sexually tortured?
- * Made to watch sexual acts or look at sexual parts?
- * Bathed in a way that felt intrusive to you?
- * Objectified and ridiculed about your body?
- * Encouraged or goaded into sex you didn't really want?
- * Told all you were good for was sex?
- * Involved in child prostitution or pornography? (p. 21).

This list is not intended to be exhaustive; but rather to serve as an indication of the types of adult sexual behaviors which fall under the definition of child sexual abuse as stated by Butler (1985). The wording clearly refers to the power differential which forces compliance on the child and expands the behavioral criteria for defining child sexual abuse far beyond vaginal intercourse.

This discussion of the principles underlying the definition of child sexual abuse and inventory of offending behaviors is presented to clarify the nature of the child's traumatic experience. Similarly, the following sections of prevalence and aftereffects are intended to substantiate the extent of the problem in our society and delineate the depth and breadth of its consequences. The sheer number of women and children involved and seriousness of its aftereffects of child sexual abuse demonstrate the importance of understanding the nature of the healing process.

Prevalence

Bagley and King (1990) have summarized eleven major studies which were conducted in Britain, the United States, and Canada between 1979 and 1988 which have attempted to estimate the prevalence of child sexual abuse in the general population. The results of these studies place the incidence of sexual abuse of girls in

the range of 12 to 45 percent and of boys from three to nine percent. Interpretation of these figures and comparisons across studies is complicated by inconsistencies in the definition of abuse, age categories, sample characteristics, and methods. Bagley and King (1990) discuss three factors which suggest that these studies may well underestimate the extent of the problem: (1) Protective adaptations, such as repression, depersonalization, and multiple personality which some children develop to survive intolerable situations, preclude those most severely affected from reporting their abuse when surveyed as adults. (2) Cultural prohibitions or beliefs regarding the privacy of sexuality constrain some victims from responding to items targeting sexual abuse. They found this to be particularly true among older people. (3) None of the studies accessed the more dysfunctional segments of the population, such as the drifters, the street people, the prison inmates, or the mental health patients which "almost certainly contain a disproportionate number of child abuse victims" (p. 70). On this point Herman (1992) cites four studies which found that 50-60 percent of psychiatric inpatients report childhood histories of physical or sexual abuse or both.

One of the largest studies ever undertaken, The Badgley Report (1984), was commissioned by the Canadian Committee on Sexual Offenses Against Children. The design involved a representative sample from all regions of the country and was conducted by interviewers from Canadian Gallop Poll. Analysis of the more serious categories which identified unwanted touching and intercourse indicated that 17.6 percent of females and 8.2 percent of males had been subjected to such assault prior to their 17th birthday.

Three Calgary surveys: Sorrenti-Little, Bagley, and Robertson (1984), Bagley and Ramsay (1986), and Bagley and Young (1988) found similar rates of abuse. The 1984 study used a subjective assessment of trauma and a subsequent self-esteem rating below the 50th percentile at the time of the survey to identify potentially abusive assaults. The results allowed them to create an operational definition of serious child sexual abuse as "an assault in which someone achieved a sexual relationship with the subject by force, or threat, or seniority (being at least three years older) involving handling or interference with the child's unclothed genitals, or attempted or achieved intercourse" (p. 63 in Bagley & King, 1990). In this University of Calgary study 19.6 percent of females and 8.5 percent of males had been subject to sexual assault by the time they were 17 years old.

The 1986 and 1988 studies went on to use the same operational definition. The 1986 Community Mental Health survey used a random sample drawn from the telephone book and found that 28 percent of women under 40 years and 18 percent of women over 40 years reported childhood sexual abuse. The authors were uncertain whether this significant difference represented an actual increase or a reporting aberration reflecting the reluctance of older people to discuss sexuality. Reluctance of older people to discuss sexuality was indicated by the 2.6 percent of respondents who were over 50 years of age said they had been sexually abused, but declined further information. The data of those who declined further information were excluded from the prevalence figures. The 1988 study of young mothers who were randomly selected from community health clinic records gave a prevalence figure of 24 percent.

As a result of their studies, Bagley and King (1990) estimate that "at any point in time at least 30 percent of the female child and youth population will be current or former victims of child sexual abuse" (p. 70).

It is noted that the operational definition of unwanted touching or intercourse used in these Canadian studies does not include a number of sexualized experiences listed by Bass and Davis (1992) which would qualify under Butler's (1985) definition. With an expanded operational definition added to the factors mentioned earlier which serve to underestimate the prevalence rates, Bass and Davis' (1992) figure of one in three girls being sexually abused before the age of 18 years may be realistic.

Aftereffects

Herman's (1992) assessment of the child-victim's world provides a useful backdrop against which to describe the aftereffects of child sexual abuse:

Repeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality. The child trapped in an abusive environment is faced with formidable tasks of adaptation. She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for or protect herself, she must compensate for the failures of adult care and protection with the only means at her disposal, an immature system of psychological defenses (p. 96).

An examination of the summaries of Bass and Davis (1992), Browne and Finkelhor (1986), Courtois (1988), Gil (1988), Herman (1992), and Mzarek and Mzarek (1981) concerning the aftereffects of child sexual abuse indicates that this is a very complex topic involving at least three dimensions: (1) primary and secondary effects, (2) short-term and long-term effects, and (3) intrapersonal and interpersonal

effects.

Primary effects refer to direct consequences of the sexual experience and include physical trauma to the genitals as a result of penetration or injuries sustained from beatings or physical restraint, infections to the urinogenital or pulmonary (due to inhaled semen) systems, sexually transmitted diseases, and pregnancy. Secondary effects refer to two types of response which the child may make to the abuse. The first is adaptive responses such as compliance, depersonalization, inattention to sensation, and forgetfulness of the incident to defend herself from intense emotions such as fear or rage and physical pain. The second type of secondary response involves psychological reactions such as developing a negative self-identity to explain the experiences, or creating an idealized family scenario.

Short-term effects describe those things which usually pertain to children's responses and persist up to two years following the abuse. They include problems such as nightmares, stomach pains and ulcers, fears, running away, suicidal ideation, daydreaming, and inability to concentrate in school. Long-term effects are the adult experiences which represent dysfunctional behavior patterns developing out of adaptive, but no longer functional, protective mechanisms or her negative belief system. Eating disorders, depression, depersonalization, substance abuse, prostitution, phobias, and panic attack represent the kind of effects that continue to operate in the woman's life long after the traumatic childhood experiences cease.

Intrapersonal and interpersonal effects separate the aftereffects into emotional, self-perception, somatic, and sexual categories which operate primarily within the

boundaries of the survivor's own person from those relational and social functioning problems which interfere with interpersonal relationships.

The unique pattern of aftereffects which are present in a particular individual is seen as an interaction among the actual event(s), personality of the particular child, and the quality of the social support system in which she lives. In a review of the empirical work investigating the correlations between the nature of the actual abuse and its consequences, Browne and Finkelhor (1986) concluded that the following trends were indicated: (1) abuse by fathers or stepfathers was more damaging than by those less closely related, (2) experiences involving genital contact, particularly penetration were associated with more trauma, (3) adult perpetrators inflicted more harm than teenagers, (4) the greater the force, the more serious the consequences, and (5) negative, stigmatized responses from parents or institutions at the time of disclosure magnify the injury. In addition to these factors, Herman (1992) contends that the effects of chronic abuse are significantly more detrimental than a single episode. It is also recognized that childhood sexual abuse frequently occurs within the environment of a generally dysfunctional family and in conjunction with other types of abuse.

Any discussion of the aftereffects must acknowledge that definitive research in this area has not yet been done. Gil (1988) cautions that "Although the majority of published studies of childhood sexual abuse do provide a consistent picture of psychological problems in adulthood....most adult studies are retrospective in design....To date there have been relatively few [controlled] studies that document

these effects" (p. 27). Gil (1988) also discusses some of the directives for future research which involve using larger samples, both prospective and longitudinal studies, and the use of random samples of clinical, survivor populations to examine specific issues such as the effects of different types of abuse and the ages at which the abuse occurred. She notes that some of these are currently under way.

The last point to be made as a preface to presenting two tables which list the most consistently mentioned aftereffects, is a caution that, individually, almost all of these symptoms are considered to be a final common pathway which may have been set in motion by any number of emotionally traumatic situations including sexual abuse. In the absence of actual memories of specific, sexually abusive incidents, it is the presence of a cluster of otherwise inexplicable symptoms which suggest to the counsellor that a careful early history needs to be taken.

Tables 1 and 2 represent a composite list of the common aftereffects of child sexual abuse described by Courtois (1988), Gil (1988), and Mrazek and Mrazek (1981). Table 1 lists the short-term effects according to primary-secondary responses and intrapersonal-interpersonal consequences. Table 2 lists the long-term effects according to intrapersonal-interpersonal consequences.

The Healing Process

As indicated in Chapter One, there are a number of models which track the healing process through a set of steps or phases. The following inventory provides examples of the ways that others have conceptualized the process by listing the names which they have assigned to the different stages.

Table 1

Short-term Aftereffects of Child Sexual Abuse - A Listing of the Common Items taken from Courtois (1988), Gil (1988), and Mrazek and Mrazek (1981).

<u>Category</u>	<u>Primary Effects</u>	<u>Secondary Effects</u>
<u>Intrapersonal</u>		
Emotional	anxiety fear anger shame guilt	dissociative reactions - numbing memory impairment, denial, splitting hypervigilance night terrors, sleep disturbances fear of the dark hiding in cupboards, corners emotional constriction depression - sadness, grief, suicidal thoughts, self- mutilation, crying
Self-perception		negative self-identity poor self-esteem fantasy world
Physical/Somatic Complaints	pain urinogenital infection pulmonary infection venereal disease pregnancy physical trauma genital, rectal trauma	stress reactions - headaches, stomach pains, bed wetting, obsessive-compulsive behaviors, thumb sucking numbing - inattention to body functions/needs, poor coordination, high pain tolerance eating disorders - anorexia, obesity
Sexual	sexual arousal	inappropriate awareness excessive curiosity compulsive masturbation exhibitionism sexually abusive towards other children

Table 1 continued

<u>Category</u>	<u>Primary Effects</u>	<u>Secondary Effects</u>
<u>Interpersonal</u>		
Relationships	broken trust with abuser	trust issues - inability to trust, trust indiscriminately emotional withdrawal quiet voiced - especially when needing to be heard
Social Functioning	compliant	relate sexually to others truancy running away from home excel in school parentified behavior very "good" stealing starting fires isolated withdrawn

Table 2

Long-Term Aftereffects of Child Sexual Abuse - A Listing of the Common Adult Experiences taken from Courtois (1988), Gil (1988) and Mrazek and Mrazek (1981).

Intrapersonal Effects

Emotional	<p>generalized anxiety, phobias, panic attacks, fear of being alone, dark fear of suffocation fear of authority, paranoid, hypervigilance nightmares, sleep disturbances depersonalization, emotional deadness disregard own emotions chronic depression, lack of motivation, helplessness suicidal thoughts/attempts, self-mutilation inability to recognize or express anger constant anger guilt, shame</p>
Self-perceptions	<p>low self-esteem, unworthy inadequate, defective, crazy no memories of a period of childhood perfectionist alienation from body poor body image multiple personality</p>
Physical/Somatic Complaints	<p>failure to heed body signals chronic pain, psychosomatic illnesses stress problems, migraines, stomach pains, skin problems gynaecological problems addictions - alcohol, drug, gambling, spending, stealing, eating disorders, bulimia, obesity swallowing or gagging sensitivity</p>
Sexual	<p>disorders - desire, arousal, orgasmic aversion to being touched conflict between sex and caring sexual acting out - prostitution, stripper, addiction compulsive asexual, celibacy strong aversion to particular sex acts sexual fantasies of dominance or rape</p>

Table 2 continued

Interpersonal Effects

Relationships	boundary issues - control, power, co-dependent inability to set limits external locus of control abandonment issues fear of intimacy highly conflicted close relationships sabotage relationships parenting problems - skills, intimacy, discipline hostile relationships with parents or siblings knowing instinctively what the other person wants
Social Functioning	fears of being watched extreme privacy needs wear bulky clothing to hide body high risk taking/ inability to take risks high achiever antisocial behavior, rebellion involved in social action social isolation religious defection revictimization trouble with authority

Herman (1992) discusses the necessary establishment of a healing relationship and attention to safety issues and then describes a progression of healing stages through (1) remembrance and mourning, (2) reconnection, and (3) commonality. Gannon (1989) describes seven steps in each of three stages of recovery: (1) reclaiming the past and working through the trauma of the abuse, (2) eliminating self-sabotaging behaviors and enhancing personal capabilities, and (3) refining and strengthening the new personality in order to thrive in the world. Bass and Davis (1992) list twelve stages in the healing process: (1) the decision to heal, (2) *the emergency stage, (3) *remembering the abuse, (4) believing it happened, (5) breaking silence, (6) understanding it wasn't your fault, (7) making contact with the child within, (8) trusting yourself, (9) grieving and mourning, (10) anger, (11) *disclosures and confrontations, (12) *forgiveness?, (13) spirituality, and (14) resolution and moving on (* indicates stages that are not applicable for every woman). Malmo (Calgary Seminar, 1993) lists 13 steps for working with trauma in psychotherapy: (1) recognize the symptoms, (2) identify specific problem or issue, (3) access the source of the problem, (4) identify and express all feelings, (5) reparent the traumatized child, (6) reframe destructive beliefs, (7) resocialize or educate, (8) empower, (9) ego-strengthening, (10) anchoring or suggestion for the future, (11) orient to the present, (12) checking in to the present, and (13) integration, change and synthesis happens in the future. These four examples demonstrate considerable variation in the way that different authors conceptualize the healing process.

The phenomenological method requires that all theoretical conceptualization of

the phenomenon under investigation be set aside, or bracketed as a means of allowing the data to stand alone and demonstrate truth without being distorted by preconceived ideas (Giorgi, 1971). Experiential literature which describes women's experience of healing is often presented within a particular theoretical perspective. The discussion which follows was not approached to formulate hypotheses or suggest a predetermined framework. Rather, it is included within the context of this literature review to indicate the scope of the work in this area which has already been done.

Experiential Literature

Autobiographies

The highly individual nature of the healing process is demonstrated by the very different childhood experiences, distinctive descriptions of their healing journeys, and unique literary approaches taken by Wischild (1988) and Green (1992) in writing their autobiographies. Both stories begin in confusion and despair as the author's life is crumbling around her and then take the reader back through her traumatic childhood experiences as they unfold in her dreams and recovered memories. The central theme of each book is the author's efforts to understand her childhood responses and her struggle to find new and edifying ways of living and defining her own life.

Wischild (1988) draws her readers into the heart of her inner struggle through an allegorical journey. The various facets of her personality which developed conflicting views of the abusive experiences are depicted as different characters who meet each other as Wischild attempts to make sense of her returning memories and everyday experiences which are affected by the varying perceptions of her characters.

The journey takes them to places like the well, the rock, and the pit and puts them through great trials such as a fire and dust storm. Through all of this the characters learn to understand (if not always agree with) the other voices. Eventually, they learn to accept and help each other climb the tree which will connect them/her with other people.

Green (1992) brings her readers into her personal transformative experience through her journal entries. Regaining her desire to write was like finding her right arm again and Green's journal writing became her tool for understanding the messages and insight of her deep heart. Each chapter begins with a short explication of the critical events and insights that she gained during a particular time period. She follows the explication with journal entries which trace her thoughts, feelings, and reactions as they unfolded day by day to bring her to the place of understanding spelled out at the start of the chapter. The composite of Green's insightful summaries represent her beliefs which form the core identity of the person she was becoming.

These and other autobiographies provide very detailed accounts of one individual's journey through trauma, aftereffects, and healing. They provide descriptions of the author's interior world and details of the circumstances and people that influenced them. As mentioned in Chapter One, to the extent that autobiographies represent factual experience and have not been altered for literary reasons, they provide a rich source for raw data with which to describe the healing process. They do not, however, provide an analysis of the healing process or go beyond the individual experience.

Professional and Self-Help Literature

Books intended to educate and lead therapists and survivors through the healing process are another source of experiential writing. These books are usually written from a particular theoretical point of view and lead the survivor through a series of steps or phases to guide him or her through the healing process. Factual information and psychological explanations of the process are also provided and there are many examples or vignettes throughout the books to illustrate the point being made. In the books written for a professional audience, these illustrations are often given in the form of case studies and are framed according to the therapist's formulation of the patient's experience. Other books use excerpts from transcripts of sessions or letters written by clients to provide personal examples of the step or experience being described. The following books exemplify this use of experiential accounts of the healing process.

Gil (1988) addresses her book to therapists and puts particular emphasis on assessment, developing a therapeutic relationship, therapeutic issues, and intervention techniques. Throughout, she uses transcripts of conversations between herself and a patient to illustrate her point. Herman (1992) uses case studies and vignettes which are written from her perspective as examples of her formulation of the experience and healing from chronic trauma. Mahoney (1991) gives an extended example of a clinical experience with a survivor of childhood sexual abuse to demonstrate techniques he adapted to access material not readily available to the conscious mind.

Soul Survivors (Gannon, 1989) and Becoming Whole Again (Gallagher (1991)

are representative of self-help books which make extensive use of experiential accounts of healing. Gannon (1989) supports his three stage, 21 step program with extensive examples from the experiences of six survivors. Each survivor has written a synopsis of his or her story for the introduction and the short vignettes throughout the text are written in the first person. Gallagher (1991) takes an educational approach which uses letters written by survivors as examples of the topic or techniques she is developing. She then highlights parts of the letter to illustrate important points and provides an exercise to help the reader personalize the lesson learned from the letter and make it relevant to his or her own experience.

The Healing Relationship (Oliver & Utain, 1991) presents a unique combination of autobiographical writing and theoretical explanation. In this book large sections of autobiographical experiences are followed by the passages intended to help the reader create a theoretical framework by which to understand the passage.

This group of professional and self-help books provides many descriptions of women's healing experiences. Like the autobiographies, The Healing Relationship (Oliver & Utain, 1991) provides the reader with a description of one woman's full journey. The others describe single episodes in many women's healing journeys and are not intended to follow an individual through the whole of her process. One difficulty with all of these books in terms of identifying the essential nature of the healing process is that the women's accounts of healing are secondary to the theory, steps, techniques, or exercises which the author is describing. Another problem in using them for that purpose is that the authors do not document the methods they have

used to develop their various approaches to healing.

Phenomenological Literature

A search of the research literature dealing with the healing process for women survivors of child sexual abuse revealed no examples of qualitative research, in general or phenomenological research, in particular. The two which seem to be closest are the interview process which support Bass and Davis' (1992) Courage to Heal and a research project which was commissioned by the Women's Research Centre and published under the title Recollecting our Lives (1989). As mentioned in Chapter One, Bass and Davis (1992) have not published information about their method, but Recollecting our Lives (1989) clearly describes its method of data collection and analysis which documents women's experiences of child sexual abuse. The work was done in the Vancouver area and involved interviews with seventeen adult survivors and eight women whose children were sexually abused. However, the focus of this report is on the experience of sexual abuse and its aftereffects from the perspective of both the child and the mother. The interview guide used in the study does not include any questions which specifically target the healing process.

Self-Renewal

An essay written by Dennis Jaffe (1985) which describes the process of self-renewal following extreme trauma also appears to be phenomenological in nature. Similar to the idea put forward by Herman (1992) which includes child sexual abuse among many kinds of trauma, Jaffe's (1985) study encompasses individuals who have been involved in tragedies as diverse as grave illness, disability, child abuse, war,

accident, flood, and terrorist attack. Like this study, Jaffe's attention is turned to the issue of recovery. His concern is with "what happens afterward, when self-renewal, over and above mere physical survival, takes place" (p. 100). However, like the Bass and Davis (1992) work, he does not publish his method or describe his analysis. He writes "I have gathered a number of personal accounts - from books, from colleagues whose own lives include self-renewal and transformation, and from my clinical experience with survivors of life-threatening illness, of abusive families, and of war. These accounts exhibit common themes, experiences, and stages of transformation that are shared by many different types of survivors" (p. 101). The essay is offered as "a first attempt to organize material on this theme" (p. 101).

The focus of Jaffe's (1985) work is on the internal coping mechanisms, decisions, and resources that account for the strong, meaningful life force which some people are able to create out of the devastating experience of extreme adversity. His research reveals two ways of coping with trauma. One is to avoid the horror and pain through a process of "numbing" which seals off the psychic wound and inhibits any natural emotional response or effort to reconceptualize toward a positive meaning. The other is to meet the challenge through a process of "self-renewal" which involves a restructuring of the person's basic identity. By accommodating the experience into their personality, individuals provide for the development of new levels of capacity and awareness and move on to survive as substantially different persons. Preference for the term "self-renewal" over "healing" underlines the idea that the choice not to live as a victim, in spite of victimization, represents a change which involves much

more than a simple return to homeostasis. Rather, it necessitates a transformation of personality through a "different level of organization, a quantum leap of development" (1985, p. 101).

Jaffe's (1985) description of the process of self-renewal adds three "stages" to the themes posited by Kubler-Ross (1969) as the common experience of coming to terms with death. The initial response to any trauma is characterized by the "numbing" described above as the first coping mechanism. Kubler-Ross' term is denial and Jaffe observes that there is usually a long interval between cessation of the traumatic event and the movement through the subsequent stages of anger, bargaining, depression, and finally acceptance as described by Kubler-Ross. The "numbing" pathway includes characteristics of these themes right up to, but not including acceptance. The "self-renewal" pathway is first identified in the acceptance of the horrible experience or disease and the decision to move on with life. From that point the self-renewal pathway moves through the phases of (1) active struggle and response, (2) transformational experience, and (3) survival as a shared experience.

The active struggle and response phase includes the survivor's development of an action plan for overcoming the adversity. The important feature of the plan is its emphasis on the struggle for some measure of personal control and determination to reject the helplessness of pure victimization. The decision to be an activist on his or her own behalf seems to play a significant role in the person's future adaptability and is commonly referred to as the "will to live."

Survivor reports of the transformational experience tend to use the metaphoric

language of rebirth or renewal as a means of describing the qualitative difference that has occurred. Somehow the individual manages to incorporate the pain, the cruelty, the horror, the injustice, and the losses associated with their experience into the very structure of their personal identity in a way that doesn't deny its reality and yet provides positive meaning for present life. The result is a "new, enhanced, empowered sense of him- or herself and new, expanded, and more flexible resources for coping with future adversity" (Jaffe, 1985, p. 108).

The features identified in "survival as a shared experience" highlight the necessity of social support. Supportive people, be they professionals, victims' groups, family, or lovers play an essential part in validating and anchoring the person's evolving identity in nurturing acceptance. Another aspect of "shared experience" is to be observed in the power of social activism and public witness for providing personal growth, purpose, and collective identity.

Chapter Summary

The definition of child sexual abuse presented in this chapter was based on the principles of trauma, consent, and developmental appropriateness. Prevalence studies were cited which indicate that one in three girls may have been sexually abused before the age of 18. The aftereffects of sexual abuse were categorized according to short-term and long-term effects and divided into primary and secondary effects across a number of intra- and extra-personal areas. Chronicity, relationship to the abuser, nature of the abuse, and quality of the social support available to the child were mentioned as some of the factors which interact to determine a specific pattern of

symptoms in a particular woman. An overview of the experiential literature as it is found in autobiographical, self-help, and professional writings was presented and the chapter concluded with a summary of an essay which presents common themes described by people who have experienced self-renewal in the aftermath of tragedy of many kinds.

CHAPTER THREE

METHOD

This chapter presents the philosophical principles which demonstrate the congruence between the method and the research problem. This is followed by a description of the overall procedure and a detailed account of the participant selection process, data collection and explication methods, and ethical practices adopted to protect the participants.

Choice of Design

Lincoln and Guba (1982) state that "to create meaningful findings from a search for knowledge, there must be a relationship of congruence among problem, paradigm, and method" (p. 239). The following is an argument for congruence between the healing process in women coping with the aftereffects of childhood sexual abuse and the philosophical and methodological principles of phenomenology.

Concerning human nature, phenomenology states that "objects of cognition and acts of cognition are essentially correlated and correspondent...and whatever presents itself in intuition...is simply to be accepted as it gives itself to be, though only within the limits in which it presents itself" (Tymienieka, 1962, p. 8). The two major themes of phenomenology expand on this position. The first, as developed by Husserl, deals with the nature of consciousness and its constituting power whereby reality can be found in the everyday language which individuals use to describe the self-evident things of their *libenswelt* or the prereflective experience of their life-world (Valle & King, 1989). The second theme, expanded considerably by Heidegger,

examines the nature of *dasein* or being-in-the-world and the idea of co-constituted meaning. This means that there is a total unity of the person and his or her world. "Man is made by the world in which he comes into being, and he, as he develops his abilities and powers, in turn, gives shape to the world, himself, and others" (von Eckartsberg, 1971, p. 66). It also implies that "man's very destiny seems to be oriented toward 'meaning-giving', discovering the meaning and purposes of his living in the universe" (von Eckartsberg, 1971, p. 66). Giorgi (1971) defines phenomenology as "the study of phenomena as experienced by man. The primary emphasis is on the phenomenon itself exactly as it reveals itself to the experiencing subject in all its concreteness and particularity" (p. 9). The study of human phenomena is primarily concerned with understanding interior life, as opposed to explaining nature (Giorgi, 1970).

The methodological principles thus developed by the phenomenological approach to the study of human experience (1) put the emphasis on individual uniqueness, (2) utilize an ecological perspective, and (3) give priority to lived experience (von Eckartsberg, 1971). Its characteristic aim is to apprehend the structure of the phenomena as it is experienced at its most fundamental level of consciousness through the description of its specific, irreducible components and its interconnections. The method "essentially involves the processes of intuition, reflection, and description" (Giorgi, 1971, p. 10) which are revealed through narrative forms of expression (Polkinghorne, 1986). Phenomenological techniques of analysis are left intentionally vague to allow for their application to specific subject matters

which, by their unique structure will determine the appropriate framework (Tymieniecka, 1962).

The identified research problem is the lack of a systematic explication of the essential nature of the healing process as understood from the perspective of women survivors. The phenomenological principles and method described above are consistent with the goal of apprehending the structure of the healing process through the accounts of women who have gone through the experience. Narrative descriptions draw out individual uniqueness, ecological perspectives, and personal meanings derived from the lived-experience of a human phenomenon which primarily involves changes in interior life.

Procedure

Van Manen (1984) lists four interrelated procedures involved in "doing" phenomenology:

- a. turning to a phenomenon which seriously interests us and commits us to the world
- b. investigating experience as we live it rather than as we conceptualize it
- c. reflecting on the essential themes which characterize the phenomenon
- d. describing the phenomenon through the art of writing and rewriting (p. 3).

These four procedures have been adapted to meet the characteristics of this particular subject.

Turning to the phenomenon. My commitment to understanding the treatment of women suffering from the aftereffects of childhood sexual abuse stems from my motivation to be a counsellor involved in women's quests for psychological

wholeness. I have no personal history of childhood sexual abuse, but am sensitized to the need for qualified workers in this field by the disclosures of friends, the statistics which indicate that any practice serving women will include survivors, and exposure to practicum experiences which bear this out. In my opinion this is a core issue for any counsellor in today's society.

Investigating lived experience. The method of investigation centres around the retrospective narratives of "healed" women. Phenomenology makes an important distinction between "lived experience" and the conceptual hypotheses of the scientific method. Husserl's methodological starting point was phenomenological reduction. This entails both a turning away from (*époché* or bracketing) any form of conceptualization of the object under investigation and a "turning towards consciousness in which the things are present...or constitute themselves. It is the radical limitation of self to what is actually seen or perceived" (Ijsseling, 1979, p. 6). On the other hand, Heidegger took the position that it is impossible for the researcher to suspend his or her beliefs entirely and that the important procedure is to recognize and acknowledge when personal beliefs are operating and expose them to change in the ensuing dialogue with the data (von Eckartsberg, 1986).

At the outset of this study, my understanding of the healing process for women survivors of childhood sexual abuse was that it was related to the restructuring of the woman's self-identity. I did not know what this meant in specific terms. My understanding certainly expanded as my contact with the participants and work with the data progressed and I believe that this increasing store of information served to

suggest areas to explore rather than shape the content of the participant's descriptions in any way. The stories were so far from my own childhood experiences that it was not hard to remember that the participants were the "experts". I recognized that the quality of data and its explication would be correlated with my ability to empathize. Knowing that the participant would be reading my explication and working together with me to create a document which she could endorse as a true reflection of her experience was a major incentive to stay focused on each woman's own experience.

Reflecting on the essential themes. This was a two phase process incorporating aspects of explication methods described by Colaizzi (1978), von Eckartsberg (1986), and Becker (1992). The first phase involved the discovery of the structural features of the healing process for individual participants and the second phase involved the search for eidetic structure (general essence) across the four participants. The details of this process are found under the heading "data explication."

Describing the phenomenon through writing. The final descriptions of the essential features and their interrelationships are the result of many efforts to capture the essence of the women's experiences in words. The process of writing and rewriting refined and focused the description on the themes which represent the outcomes of this study.

Selection of Participants

I approached a number of local therapists who work with survivors of sexual abuse to discuss the purpose and design of the research and to request nominations for women from their practices who they felt met the criteria and would share their

healing experiences as part of this project. The criteria were two-fold: (1) to have completed an intensive period of individual and/or group therapy which dealt specifically with the aftereffects of childhood sexual abuse and (2) to have experienced, by her own and her therapist's appraisal, considerable healing in that area. The opportunity arose to obtain the whole sample from one agency, but it was decided that as the aim of the research was to examine the nature of healing, and not to evaluate a particular treatment approach or set of techniques, that a heterogeneous sample (in terms of therapy received) would better serve the goal. This is in line with the "variational" method described by Idhe (1973) to create a broad range of experience across the sample for characteristics which are not directly associated with the phenomenon under investigation. Similarly, there was no attempt to control for cultural, educational, religious, or socioeconomic variables. Each of the four women who were nominated had been treated by a different therapist.

A prospective participant decided whether or not to continue with the project after I explained the nature of the research, her tasks, and the risks and benefits of being associated with such a project. All agreed to participate. They filled out the Demographic Form (Appendix A) and Informed Consent Form (Appendix B) and chose a pen name by which all data associated with her were identified.

The demographic profile of the participants is as follows. All four were Canadian-born, Caucasian, English-speaking women who ranged in age from 31 to 46 years. Three were once-married and one lived in a common-law relationship. The youngest was pregnant with her first child. The other three women had two teenagers

each, still living at home and attending high school or university. One of the three had a younger child as well. All had post secondary degrees or diplomas and two had Masters degrees. All four had been abused by their fathers over periods ranging from five to ten years and all were abused by others as well. These included grandfathers, uncles, and their father's friends (both men and women). The nature of the abuse involved fondling, anal and vaginal intercourse, insertion of instruments, oral sex, forced observation of gang rape, gang rape, physical restraint and punishment, and encouragement of seductive behaviors. One woman was raped by two classmates in junior high and another was abused by an older teenaged girl. All four had troubled relationships with their mothers, which included physical, as well as emotional abuse. Two felt their mothers had been sexually inappropriate with them. The length of time that they were in therapy ranged from one to four years. All have participated in therapy groups to work on issues related to their abuse.

Wertz (1983) notes that it is important that the researcher supply enough background or contextual information that the reader can make sense of the interpretations made by the researcher. The relevant background information for each individual participant is found in Chapter Four under the title "____'s Journey" preceding her phenomenological portrait.

Data Collection

The data were collected in two interviews with each participant. The bulk of the information was obtained during the first, audio-taped interview which was structured by the researcher using an initial open-ended question requesting the

participant to describe her experience of the healing process as it related to the sexual abuse she suffered as a child. Each woman was prepared for this question in the introductory meeting and given the freedom to address it in her own way. It was the responsibility of the researcher to keep the interview focused on the healing process and to encourage as detailed a description as possible of the specific events and the meanings that each participant came to attach to them. As well, it was necessary to keep a clear sense of chronology to ensure that each time frame, that is, before treatment (the abuse and her reaction to it), during treatment (the events and experiences that represented change), and after the treatment period (current experiences which describe "healthy" characteristics) was well represented in the story. I used soliciting questions and reflecting and summary statements throughout to maintain the focus and clarify meaning.

I was careful to create a comfortable environment which was private and free of interruption for the duration of the interview and to demonstrate respect and empathy towards the participant in order to facilitate the disclosure of very personal and sensitive material.

At the end of the first interview, the participant was given a note pad to record any further ideas which she felt were important to her experience, but were forgotten during the interview. She was also asked to collect together any objects, such as art work, poetry, letters, music, or photographs which had been particularly significant to her during the healing period.

I used the time between the first and second interviews to transcribe the tape

verbatim and prepare the initial drafts of the journey and the phenomenological portrait. Copies of all three were given to the participant a few days prior to the second interview to allow time for her to edit, clarify, and to indicate her responses to my first attempt to capture her experience in words. Again, I emphasized that it was her description and interpretation of the experience that was important, not mine and I encouraged her to make as many changes and criticisms as were necessary to make this document a true reflection of her own lived experience.

The second interview was a collaborative effort between researcher and participant to refine the two documents (the journey and the portrait) and incorporate new material using the objects and her notes to expand the discussion. The participant's description of her objects was recorded during this second interview and the editing of the written work was done directly on the draft copy.

Following this interview, I completed my interpretation of her experience by incorporating all of the material collected to date into a final draft of the journey and the portrait. The participant was once again asked to review this final copy and make corrections as necessary during a third meeting.

This pattern of data collection proceeded for each of the four participants. The four portraits then provided the data base for the second phase of the explication while the transcripts and working drafts served as source documents in instances of uncertainty or comparisons between specific examples.

Data Explication

The formal steps of interpreting the data began with two full readings of the

transcription while listening to the tape. The first one focused on the accuracy of the transcription and notations to indicate emotional content and inflections which are lost in the written record, as well as my own reactions to the story. The second reading with the tape was used to further relate the sound with the written words and to make a subject index and enter events along a time line as they were mentioned.

The next step involved sorting of the text into the following categories: chronological ordering of events; characteristic behaviors, experiences, and self-identity prior to and after treatment; repeating themes related to the healing process, definitions and metaphors used to describe healing; and significant events and insight concerning healing.

The chronological ordering of events was further refined into a biographical form in a similar manner to von Eckartsberg's (1986) suggested treatment of process-oriented material by using the guiding question: "How does this piece of information contribute to the change over time?" This format served as the outline from which to write the participant's journey.

The rest of the categories served as the starting point for identifying the themes and the relationships between them. Interrogation of the themes and their relationships proceeded back and forth between looking at the story as a whole with the goal of trying to capture the essence of the change as a unified concept and reworking the individual themes so as to discover the internal consistency within each one and a logical arrangement of themes so that the connections between them were both true to the story line and compatible with the overall picture. The questions

guiding the manipulation of each idea and the search for its place in the puzzle were, "What does this have to do with healing?" and "What does this mean in regards to healing?" This is similar to the pattern also described by von Eckartsberg (1986) as a "whole-part-whole" technique used in hermeneutic analysis (p. 83). The description of the structure thus revealed became the draft copy of the individual phenomenological portrait. As described above, the final version of the portrait was a collaborative effort involving the editing and refining skills of both myself and the participant to create a word-picture truly representative of her lived experience of the healing process.

A pilot project using one participant and following the above method through to the writing of the final draft of a phenomenological portrait was carried out to test the general method and familiarize myself with the various pieces of equipment and software. The pilot project brought several equipment difficulties to light; however, the important learning involved the realization that the description of the lived experience of healing really belonged to the category of narrative knowing and a hermeneutic style of analysis as discussed by Polkinghorne (1986). I also changed my approach to writing the phenomenological description in two ways after my experience with the pilot project. In the pilot study I used the first person in an attempt to really empathize with the participant and I presented the phenomenological description in a single document. I believe that the third person account is more authentic as it is obviously not written by the participant and the separation between prehealing and healing experiences helps to focus on the healing process and simplifies the

presentation. Using a single document required a confusing movement back and forth between the aftereffects and the healing process.

The second level of data explication had the goal of stepping beyond the individual experiences of healing and describing the common features of the healing process across the participants of the study as a statement of eidetic structure. Spiegelberg (1972) writes about the philosophy of this process as "projecting the general by looking through particular examples" (p. 701). In practice this meant working with themes and chronology as developed in the four portraits and examining them for similarities and dissimilarities across them. Those features which were common to all four participants were reworked to create descriptions which were abstract enough to include the four specific examples in each category. Then the whole-part-whole process was begun again to establish an overall framework and the connections between the parts.

Ethical Considerations

The details of the research design which related to either direct interaction with the participants or the handling of identifiable paperwork and audiotapes were worked out with concern for the participants' safety, privacy, comfort, and freedom of choice as the first priority. These are the very areas which are ignored and violated within the abusive situation and were therefore, even more important to establish within the context of this research.

The first stage of interaction with the participant involved obtaining the nomination and informed consent of qualified women without coercion or violation of

their privacy. This was accomplished by having the therapists make the initial contact with former clients whom they believed fit the study criteria and might enjoy taking part in such a project. If the woman was open to learning more about it, the therapist sent her a letter (Appendix A) which I supplied, outlining the nature of the study and how to contact me by phone if she was still interested. In this way, it was hoped that prospective participants who contacted me were both qualified and wishing to be involved.

A meeting was then arranged. The agenda included the full description of the purpose of the study, its method, the nature of the commitment required from a participant, the risks and benefits that she might encounter as a result of going through the process, and the provisions that would be made to protect her identity and well-being. After these topics were explained to her satisfaction and if she was still willing to participate, I asked her to sign the Informed Consent form (Appendix B) and fill out the Demographic Information sheet (Appendix C).

The possible risks were related to the highly sensitive nature of the topic under investigation. The interviewing techniques were designed to respect the right of the participant to set her own limits and to provide an atmosphere of trust and safety in a comfortable and private environment. Should she experience distress arising out of the interviewing process, the participant was assured of the researcher's training in this area and that her therapist had agreed to see her, if she needed. She also had the right to withdraw from the study at any time.

The possible benefits were related to the increased level of self-awareness and

self-understanding to be gained through the articulation and clarification of significant and positive events in her life. The collaborative approach offered a potentially empowering situation which engendered personal pride and satisfaction.

Several measures were used to protect the participant's identity. A pen name was used to label the tapes and identify her in the transcribed interviews, the thesis, and any subsequent presentations. Identifying details in the journey and portrait were changed to preserve the meaning, yet disguise the individuals involved. The tapes and forms showing the participants' real names were kept in a locked cabinet, accessible only to the researcher.

Chapter Summary

In this chapter, the congruency among underlying principles of phenomenology, the method, and the problem of describing the healing process for women survivors of childhood sexual abuse was demonstrated. Then the general procedure was presented and the methods used for participant selection, data collection, and data explication were described in detail. The chapter ended with a discussion of the ethical considerations taken to protect the anonymity and safety of the participants.

CHAPTER FOUR

INDIVIDUAL EXPERIENCES OF HEALING

This chapter contains the results of the first stage of data explication. The essence of the healing process for each participant is presented in an essay entitled Phenomenological Portrait of _____. Each portrait is preceded by a biographical sketch called _____'s Journey which provides the reader with the relevant aspects of the participant's life surrounding her sexual abuse, her coping mechanisms, and the aftereffects which disrupted her life prior to healing. All of the quotations are taken from the interview transcripts. The results appear in their interview order.

Amy's Journey

Amy grew up in emotional turmoil. Both parents were alcoholics and their home was the gathering place for family friends where drinking and fighting was the norm. Two of these family friends committed suicide and her mother made a serious attempt. Her father often befriended men who were lonely and away from their own families. He would bring them into their home and instructed the children to call them "uncle." Amy was the eldest of three children. She and her sister were always very close. Their little brother died of leukemia at age four. She also had two half-sisters from her father's previous marriage who did not live with them.

The turmoil surrounding was evident within her as well. She was only three years old the first time she ran away from home. At five she remembers wanting to die and having a policeman rescue her from the side of a cliff. At school she wet her pants frequently. In Grade three she beat her head against a brick wall in frustration

and in Grade five, she was diagnosed with a stomach ulcer.

Amy did not feel very safe when she was with her mother. There was the time when her mother was driving and rolled the car with the three children inside. Another time, she grabbed the wheel when her father was driving, trying desperately to steer the car into the ditch. Her father's business trips out of town were occasions of great stress as the children would have to fend for themselves against their mother's anger and her neglect during alcoholic blackouts. Fear and anger still accompany Amy's memories of being whipped with a belt when her father was away. Her mother developed cancer and underwent a radical mastectomy when Amy was eight. She died a couple of years later. The girls were told to "stop crying" after the funeral and they had no opportunity to talk about her again.

Her father remarried six months later. He sold the farm and they moved into his new wife's home in town. Amy's step-mother also had a son who had already left home and two daughters, sixteen and nine at the time the families joined together. The older one was soon expelled from the house leaving Amy the eldest of three girls who were fairly close in age. She recalls being terrified in her bedroom in the basement of that house and getting into trouble for sleeping under the kitchen table or in the bathtub.

Even as a little girl, Amy's father had always encouraged her to be "sexy." His delight in a provocative style of dress and a seductive manner continued as she matured and "sex-appeal" became a very significant aspect of her self-image. She had learned early that was the best way to gain his approval. During junior high Amy

began to act out and her aggressiveness precipitated a heated debate between her parents with her step-mother threatening to send her to boarding school as a solution to her "insanity." Amy discovered that the trouble she got into for drinking was more bearable than feeling the fear and anger that was seething inside of her. Alcohol became her "saviour." Her other escape was school work and extra curricular activities. She excelled in everything: drugs, alcohol, sex, and high marks. Somehow she found the energy to do it all.

During university her father provided her with lovely apartment and the good life (which she later learned was financed out of her own inheritance which she did not know about). She graduated with a BA in Sociology and earned a scholarship to work in a developing nation.

While there, things really started to come apart for her and she had to do more and more to keep her anxiety under control. She tried to disguise her alcohol consumption by putting her liquor into coffee cups. Despite her attempts to maintain her weight though rigorous exercise and purging, she gained 30 pounds from over-eating. Her relationships with men were a farce and earned her the reputation of "heart-breaker." Amy took great pleasure in leading men into a serious relationship and then dumping them for the pleasure of seeing pain in their faces. Her sister came for a visit, and seeing the situation, pleaded successfully with her to come home.

Back in Canada, Amy began working on a graduate degree and spent a great deal of her time in a native community. This was the turning point. For the first time in her life, she heard people talking about a model of healing and men and

women who were experiencing personal victory by facing their destructive heritage. Slowly, it began to dawn on her that the reserve's experience reflected her own issues. Alcoholism, sexual abuse, deprivation, violence, spirituality, and healing belonged to her as much as to those on the reserve she was studying.

A major breakthrough came one day when she attended an Alcoholics Anonymous (AA) meeting on the reserve with the Chief and the Program Director. Amy was recruited to write the symptoms of alcoholism on the board as the group talked about them. What she began as a scribe, she finished as a participant by completing the list out of her own experience. The group broke out in laughter and Amy, with great surprise, joined in by saying, "I think I am. I'm an alcoholic!"

It was another few months before she began to contemplate sobriety for herself and joined an AA group and then an Overeaters Anonymous (OA) group as well. The more success she had over the addictions, the worse she felt. It just didn't make sense to her so, thinking that maybe she needed some help to mourn her mother's death, she sought the help of a "grief" therapist. Instead, the image of her "perfect" family began to erode and the therapist suggested that the real problem lay in her relationship with her father. Much to her chagrin, the family therapist she went to with her father and step-mother blamed her for her parent's marital problems. Amy realized that she had always been 'the other woman' in her father's life, competing for his attention as a woman, not a daughter. She was instructed not to see them separately. As Amy relates, "At least there was something healthy enough in me to know that this was not right" and she decided that it would be better not to see them at all.

Still the emotional turmoil persisted and she began to wonder if it might have something to do with an incident she remembered with "Uncle" Marvin when she was three years old. "Uncle" Marvin was a native man who had spent a lot of time in their home when she was little. He had invited her into his bed one morning and introduced her to fondling and masturbation. As an older child, she had remembered the incident and felt that she had been "very fortunate to have been introduced into sex the natural, Indian way." Now she wasn't so sure and so she signed up for counselling at the Sexual Assault Centre. With closer questioning about her family life, Amy began having violent dreams, fragments of memory, bodily reactions of revulsion at the mention of particular names, and overwhelming floods of anger and sadness. "For days, it was like being wound up like a rope or something and hit against the wall. It was just so, so painful." Amy uses the term "traumas" to describe the violent emotional and physical sensations which were being triggered by almost everything she did. She never knew what was coming next. She felt totally out of control wanting to scream, run, lash out, to hurt anybody or anything, to cut herself, to do anything to relieve the pain. Slowly, she began to understand that between the ages of three to ten, she had been repeatedly used to satisfy the sexual appetites of her father and at least three of her "uncles." The abuse included fondling, exhibitionism, fellatio, vaginal penetration, and anal penetration. One of Amy's memories blocks out while three of them are fondling her at the same time.

The Sexual Assault Centre was set up as a crisis facility and limited clients to a three month course of treatment. Amy was discharged with the assurance that she was

ready to go it on her own and had the tools to cope. She did have some tools. She knew she had to go with her feelings, she had some experience with anger work, and she knew that she needed to turn the anger outward. But she was not ready to go it alone!

This was her "summer of hell." It was full of suicidal thoughts, traumas, and craziness as the images of the abuse took over her life. Fortunately, she had made some very good friends through AA and a self-help survivors' group. One woman in AA, who was to become Amy's best friend, knew only too well what she was going through and stayed very close to her. One particularly frightening incident convinced her to "put a lid" on it all and Amy determined to take a break from it all. Once again, she was able to contain the pain by refusing the memories. This time, however, she turned to self-nurturing to soothe her soul. She immersed herself in writing her thesis, terminated a bad relationship with a boyfriend, deepened other friendships, and waited for her name to come up on the waiting list of a counsellor who was recommended by a friend.

The following spring Amy entered into two significant relationships. One was the therapeutic relationship with her psychologist who specialized in sexual abuse and the second was with her future partner, Dennis. Therapy continued individually on a weekly basis for two and a half years and included a 12-week group program. The real work of healing took place during this therapy period, both inside and outside of sessions. In retrospect, she can look back now and describe what her life was like as a result of her sexual abuse.

"My life was so many lies." As a child Amy was alone in her efforts to make sense of the ongoing traumatic experiences of neglect, physical violence, her mother's attempted suicide, exposure to drunkenness and lewd behavior, sexual abuse, the deaths of her mother and brother, threats of abandonment, conflict, and general lack of safety. From her mother came beatings and "abandonment" via drunken blackouts. From her father came the lessons of sexually enticing behaviors, lack of protection from his friends who sexually abused her, and his own sexual relationship with her. The only sense that she was able to make of it all was that she must be responsible for the destructiveness of those around her.

"It was because when I was abused, I learned that, I mean I believed, it's not, it's not my offenders, it's me. I'm a bad girl. I'm wrong. I'm shameful. I'm dirty... I couldn't believe that they were all bad, cause then - Who would there be to take care of me? I think, like I don't know, I just think like that. So then, I must have been the bad one."

Amy's self-image of herself as a child was "always covered in black guck, oil, tar. I couldn't see her. I didn't want to be near her." The guilt got worse and worse and she couldn't go into a church without feeling it rise up. She became the exhibitionist her mother had predicted when she was little. Her self-image of herself as a young adult was as a "sluttish, dirty-looking woman" whose friends once had to restrain her from joining the strippers in a bar.

As Amy reconstructed her inner life from the distance of her adult self, she sensed that the traumatic experiences themselves were unthinkable. The emotions of fear, anger, distrust, grief, hurt, rage, pain, and hate which naturally accompanied such total disregard for her were unbearable and certainly too dangerous to express.

In her childish way Amy instinctively did what she could to protect herself from the horror of it all - psychologically, she built a solid wall around the traumatic experiences and every thought, feeling, and sensation associated with them. The wall was constructed with a set of beliefs calculated to make her life, as it unfolded in her family context, appear acceptable and good. These lies essentially locked the horrors into a place in her memory that she came to know as her "black room" and plastered the door with big "danger" signs. Amy locked herself out and did whatever was necessary to keep those memories out of her consciousness.

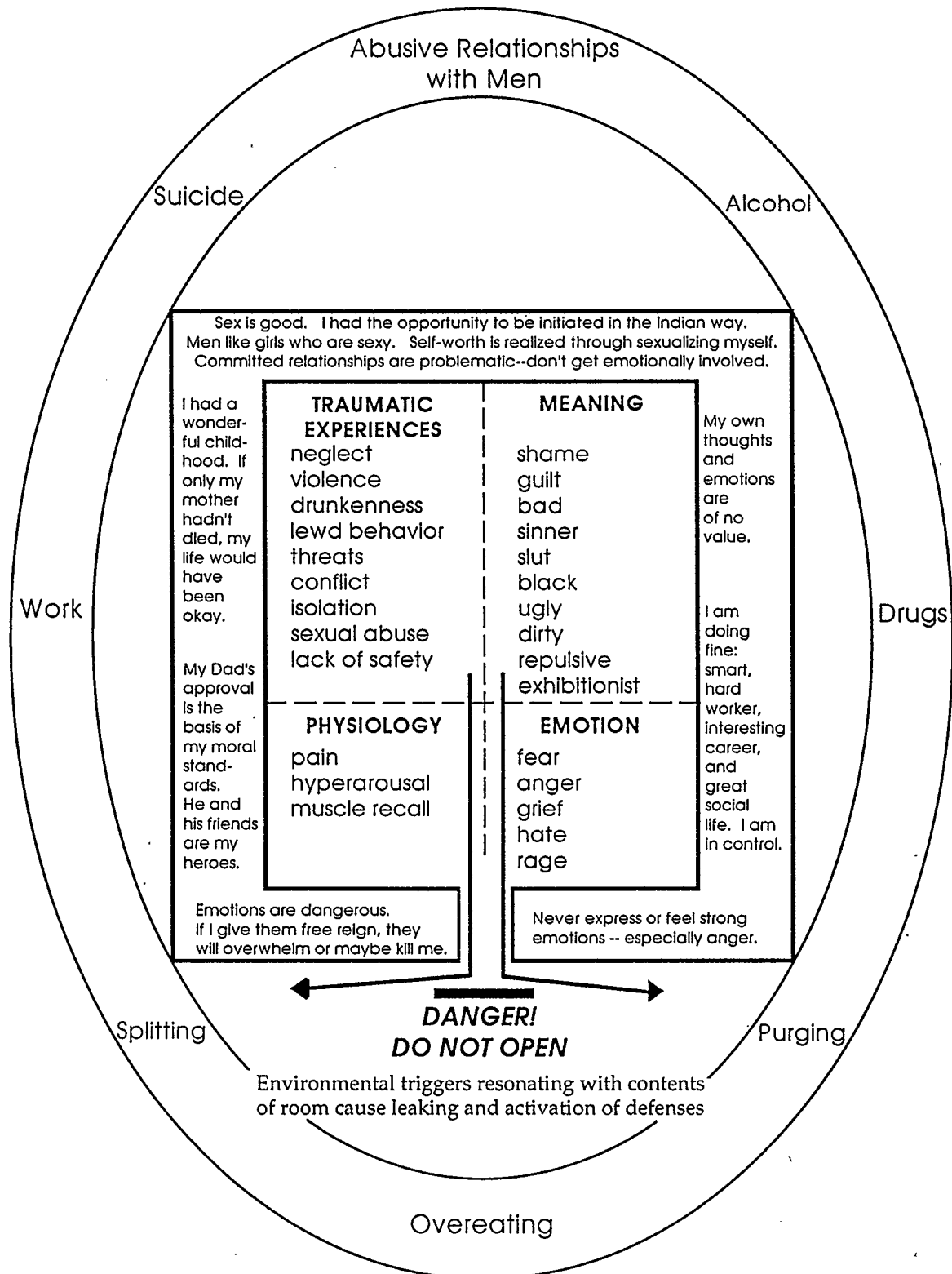
The false ideas became part of her basic belief system about life and about herself and acts as an antidote to the various aspects of the pain on the inside. Regarding sex, she would say, "Sex is good." "Girls are made for man's sexual pleasure." "My self-worth is realized through sexualizing myself, through being sexually attractive to men." "Committed relationships are always problematic, so don't let a man get too close." Concerning herself, she felt that her personal thoughts and feelings were not important and that she was doing just fine. After all, she was very attractive to men and had lots of friends, she was clever and doing well in graduate school, she was a hard worker and had already had interesting career experiences. Concerning her addictive habits, she considered her drug and alcohol use was purely social. She believed that her habits were no different from those around her. The effects of her overeating were held in check with purging and exercise, so they caused her no alarm. As for emotions, Amy believed that the negative ones (particularly anger) should not be given free reign or better yet, not acknowledged at

all, because they could overwhelm her. Regarding her family life, it had been picture perfect. To her, it was "a Kellogg's Corn Flake family" except for her mother's untimely death. Her father and many "uncles" were her heroes. Her dad's approval served as a moral guide. And, she remembered having had a very special relationship with her mom. The wall of lies told her that life was good and effectively sealed off the pain.

All should have been well, except that people and events in her everyday life kept striking resonating chords with the locked away emotion, physiological experience, negative self-images, or committing further abuse. It was as if the door of the sealed off room was leaking and threatening to expose its monstrous contents. Even as a youngster, she learned that the best way to deal with pain was to escape and she developed a whole arsenal of effective ways to separate herself from or appease the leaking pain. As indicated schematically in Figure 1, she surrounded the room with a variety of defenses: alcohol, drugs, overeating and purging, dissociating, immersion in work, and abusive relationships with men. Even when these were removed, as happened early in her fight for health, the thought of violent suicide provided soothing relief from the pain and self-hate that was escaping from the forbidden room.

The defenses served to protect Amy from emotional discomfort, present or past. Her experience of dissociation is a good example of how her defenses were effective in reducing the pain of the moment and yet, terribly destructive over the long term. Amy was totally unaware of her ability or tendency to "split" or dissociate. In

Figure 1. A schematic representation of Amy's black room prior to healing.



therapy she came to recognize that "when I was in any kind of danger, when I was being invaded, I just left. I'd just go somewhere up here [gesturing above her right shoulder] until it was all over." She would continue whatever she was doing as if she had been preprogrammed and got through it without being aware of physical sensations, emotions, or sense of danger. Afterwards, she did not remember what had transpired during that time. Amy recalls her stepmother's frustrated reaction to her: and the words, "Don't you look at me with those big eyes and blank expression." The negative consequences of splitting were that she did not appreciate the danger that she exposed herself to, particularly as an older teen and up to the beginning of recovery, and that her cognitive memories of her childhood remain very fragmented.

When Amy entered long term therapy to deal with her childhood sexual abuse, she had already begun the process of dismantling the protective ring of alcohol, drugs, overeating, and denial. She had made some significant, supportive friendships; separated herself from destructive relationships, including her father; and she had begun to place high value on self-nurture. Her "summer of hell" was an indication of the nature of the contents of her black room and the severity of her reaction to her abuse.

Phenomenological Portrait of Amy

Amy's experience of healing is captured in her description of confronting the monsters in her black room:

It was like there was this room that I had to go into. And, and there were monsters and a terrible... It was dark and it was scary and it was a very fearful place for me and... But in the movie *Poltergeist* they, they had to go through this room. And then they went down the light

to a room underneath it. So my metaphor was - I had people holding both ends of this cord and I would just stay on the cord and be with the light and I could get through to the darkness. It's, it's spiritual too. So, to know that I can go back there and I can feel this again and I can remember it. But I've got people hanging on to me and I've got something to hang on to. Cause that is what it's like. It's that terrible.

She adds to the metaphor by saying, "Yes, healing is being an open door. It's being open to it. I believe the only way to heal for me is to go through it, to walk right through it again." For her, healing is exposing the evil of abuse and the darkness of lies to the light of truth.

Exposing the lies has been a long and difficult process for Amy. In fact, the farther she moves along in her journey towards wholeness, the more she realizes that healing is indeed, a lifelong process. "There'll always be things in the here and now that I'll have to deal with as a result of having been sexually abused." In time, Amy learned to be gentle with herself and replace the desire "to have all this behind me" with an appreciation of the importance of slow, deep healing which does not avoid the fullness of her anger. She uses the graphic phase "bulimic healing" to describe the truncated experiences which avoid the powerful, negative emotions and arrive prematurely at forgiveness. Amy understands that it is not that forgiveness isn't an important step, it is just that if it is done without a full appreciation of the "sin against" and the pain it caused, forgiveness itself can amount to another "quick fix" defense to avoid the black room.

The other factors which Amy describes as necessary for successful confrontation of the abusive incidents and the lies are found in both her dark room metaphor and in significant events which happened along the way. They include the

role of significant friends and counsellors, a strong personal identity, a determination to pursue wholeness in spite of the pain that it causes, and her belief in both light and truth.

Amy learned to choose friends and counsellors who were also committed to her healing and who were prepared to stand as witnesses to the horror, validate her responses to it, and help her to identify the truth. In the metaphor, the supporters are represented as holding onto the cord. They could not do the work for her, but they did provide a very necessary, secure base and an outsider's perspective of the event. They were able to offer the encouragement, comfort, and expertise she needed to stay in the room and do the necessary work. The isolation which fostered the lies in the first place was broken because of their support. Amy mentions many who have held onto the cord for her: Indian women on the reserve, 12-step friends in both AA and OA, an intake worker at the Sexual Assault Centre, the women in her "survivors" groups, her best friend who was there for her through the "summer of hell," and then, most significantly, her committed partner Dennis and her long term therapist.

The deepening friendships were only possible as Amy learned to appreciate her own boundaries; that is, to understand her own identity and take responsibility for her own thoughts, feelings, and actions. Along with recognizing who she was (and who she wasn't), Amy learned to take good care of her physical, emotional, and spiritual self. This became a process of shedding her old, destructive habits and the beliefs which supported them and replacing them with new relationships, abstinence from casual sex, a healthy self-image, and respect for her body. It certainly was not an

instant metamorphosis, but Amy captures that sense of becoming a new person by saying: "It was almost like, when a snake loses its skin. It was almost like that. Like, I'd put them on and I just wouldn't feel right. It didn't feel like who I really was." With the strengthening of her own sense of self, Amy was determined to pursue wholeness at all cost and resolved to face the monsters in her dark room.

The relationship with her therapist provided a particularly important role in fashioning Amy's new identity. In the beginning stages, she was like the anchor person on the end of the rope providing safety, support, respect, and consistency. "She was always there for me." As time went on, she became the parent that Amy never had by providing a model of a healthy relationship with strong personal boundaries and the honesty to say "Sorry." She displayed genuine pleasure in Amy's accomplishments (as opposed to the competitiveness experienced at home and the workplace) and taught her valuable lessons in empathy as she demonstrated a true understanding of Amy's thoughts and emotions. The day they cried together had a powerful impact on Amy. It was an amazing thing that someone in authority would share in her pain.

Amy's experience of light and truth are tied to her experience of spirituality and her search for God. The more she began to rely on God, the stronger was her inner conviction that she was "going to make it through." Her friends held the cord outside the room, but it was God who held on to the other end from somewhere inside the room itself. Her sense of safety was very much related to her developing spirituality.

Significant moments along Amy's journey were touched with the creative input of a wholeness or hope which, to her, seemed to come from both within and beyond herself. For example, during the crazy summer of traumas, she was having a bath one day and had an overwhelming desire "to reach for the razor and cut myself, real bad. Instead, I reached for the soap and I decided, started to cleanse myself and wash myself. Reaching for something that was healing rather than for something that was harmful was such a spiritual metaphor." It was as if God had given her a new goal and a new way of coping. Another example was the sense of release and trust in God she experienced at the end of writing an "anger letter" to her mother; "I was crying and angry and then, there was just a moment of peace and I knew I had done it. That I was finished and that I'd done the work that I had needed to do. I learned to really rely on God, that it was going to be okay and I was going to make it through." Amy also began to recognize that when things in everyday life resonated with unresolved issues within her, that she would react very strongly and fall back into her old patterns. She came to identify these events as "little red flags" which, for her took on a spiritual meaning indicating a need to stop and examine the whole incident "in the light of truth."

For Amy, the actual confrontations with past traumatic events remained as varied as the experiences themselves. It was often complex and required creativity to adapt to a particular memory or sensation and respond effectively to its unique qualities. There was, however, a basic pattern which Amy began to recognize and work through with her counsellor. The confrontation would begin with the recovery

of some aspect of the hidden pain as a nightmare, dream, fragment of a memory or image, a physical or muscular memory, or an overwhelming emotion that was inappropriate to the present situation. Sometimes an incident would surface within a therapy session in the context of a structured regression. One of the constant frustrations and difficulties of the whole healing process for Amy has been that the bits of memory she had to work with were so fragmented. So her first challenge was to piece together the somewhat separated emotional, cognitive, and sensual aspects of the childhood experience.

Believing was hard enough, without the nagging self-accusation that she was inventing it. So, the second and perhaps the most difficult and ongoing challenge, was to overcome her strong desire to protect the "hero" image of her family and reject the idea that such an event actually happened. "No, no, no, no, my dad never abused me. I'm the one who's crazy. That never happened!" "It took a long, long time, because of that, like that fly trap of denial. No I wasn't! Yes, I was! No, I wasn't! I have to write it all down, or I forget it."

Once accepted as a reality, Amy then had to express the emotions that rightfully belonged to the incident. Her habit of splitting complicated the whole issue of negative emotions. She had been totally unaware of her tendency to "split" until she began to work on it in therapy and came to recognize that she would "leave her body" at the slightest emotional discomfort. It was a very subtle and effective coping strategy and one that happened at such an automatic level that it was very difficult for her to control it and "stay present" to pain and anger. Amy also discovered that it

had been her habit to turn the anger she did experience towards herself rather than outward to those who had hurt her. A significant moment of insight happened during the process of making a collage while attending sessions at the Sexual Assault Centre. The task was to cut out magazine pictures that would depict her life. Amy arranged likenesses of her abusers in a circle and included a slutty-looking woman to represent herself at the top. Then she cut out a gun and carefully placed it so it was pointing towards her own picture. "That was the beginning of the realization of how I'd always turned my anger into myself, instead of where it deserved to be which was... Or, I turned it onto other men instead of onto these assholes who really had abused me."

Expressing anger was an important part of getting in touch with the full extent of her injury. For Amy, anger work took on many forms such as hitting pillows with a bat, stabbing the ground with a knife, writing letters to her mother and the abusers who are no longer alive, speaking her truth to family members, and allowing her true feelings to surface as there is occasion to share her story with others. She has come to understand that strong emotion is part of the truth and that she must not deny it or hide it if she is to live in the light. Finding constructive and honest ways to express her anger is a very important part of Amy's healing.

Expressing appropriate emotion opened the way for Amy to reevaluate the meaning of the traumatic experience and revise her assessment of herself. In time, it was easier to see her young self as an innocent child who, above all, needed to be comforted, loved, and accepted. It was as if that "little girl inside" was still waiting

to be parented. With her true emotions expressed, Amy was then free to attend to the inner child's needs. "One day I took her shopping with my Visa Card. I just said, 'Oh, you can buy whatever you want.' And I bought a doll and a skipping rope and clothes for the doll. Like, I went to the baby section and I got all these clothes that would fit my doll."

Again and again, the pattern of recall, accept, express, reevaluate, and reparent had to be played out with each new memory. Eventually, Amy would be able to incorporate the incident into her normal memory as a terrible, but factual event in her past. It became a memory that was informational and explanatory, but no longer destructive and shameful.

One of the last pieces of work that Amy did with her therapist was to confront her father and step-mother with the truth of her childhood experience, as she understands it now. It was something that she knew she had to do for herself regardless of her father's reaction. She had to be prepared to accept his denial of everything that she had to say. In actual fact, Amy read a prepared statement to her father in the presence of her therapist and he rejected it in total. Consequently, Amy is now alienated from him and her sister who won't talk to her because she has hurt their dad. There is still much healing that needs to happen within the family as a whole. Amy hopes that there can be some reconciliation in the future, but only on the basis that the abuse was real.

Reclaiming healthy sexuality is still in the future for Amy. Sex is on the very edge of Amy's personal boundary and something that she needs to control completely.

If not, she finds herself withdrawing and confusing real love-making with abuse all over again. Physical intimacy presents a significant challenge for Amy and Dennis as a couple. To their delight however, Amy is now pregnant and in spite of her difficulties with reclaiming her sexuality, the baby represents the tremendous hope they both have for the future.

There were many times throughout the past six years when it seemed to Amy that she had made no progress at all and she would have to go back over her journals to see where she had been. Amy still finds it necessary to list the changes which attest to her healing in order to convince herself that things really are very different. Today she can say with pride that she has been sober for six years, that she has not purged for four and a half years, that she has been in a committed relationship for three years, that she has spoken her truth to both her father and stepmother and been able to accept their denial as their own responsibility, and that she has been involved in a teaching video which will be helpful to other survivors. Amy's old skin truly does not fit anymore.

Amy is now 31 years old and she feels that she has moved into the final stages of her healing process which, from her point of view, will probably continue for the rest of her life. Her goal is to live her life based on values, choices, and challenges that are consistent with the new self-image she is creating. Amy's favorite meditation is to visualize "a spring with clear, shining water. That's what I want to be, what God wants me to be."

Rose's Journey

Rose is 46 years old. She is married and the mother of two teenagers. By profession, she is a teacher who returned to graduate school several years ago and now is the founder/director of a private organization. It was during the second year of her Masters program that memories of her childhood abuse began to surface.

Rose is the second of three daughters born to a couple who decided to marry after she was conceived. This is significant because Rose feels that she became her mother's "reality check." The second pregnancy became the evidence that forced her mother into a "shameful" divorce and locked her into an unhappy marriage. It is Rose's sense that her mother rejected her even in the womb and that this rejection expanded as a persistent theme of nonexistence throughout her troublesome relationship with her mother. Her father's love was all the more special and as a young child Rose was particularly close and attached to him. They fished together. They gardened together. He was her best friend.

Rose became a very capable little girl. She did well at school and was involved in many activities at church. She felt very close to God and made her own decision to be baptized when she was fourteen. She excelled in high school, obtained an education degree, and thoroughly enjoyed teaching.

Rose met her future husband at a summer job. He too, had a difficult home life, but together they were determined to love, examine themselves, and change for each other's and their children's sakes. With the birth of each child, a son and a daughter they prayed, as a matter of principle, for the breaking of generational sin and

unhealthy patterns which they might have brought with them into their new family.

Events that would eventually bring the answers to that prayer began to unfold after Rose's father's death. Her grief was profound and persistent. Two years later she decided that "enough was enough" and determined to move on with her life. The next years were marked with heightened anxiety and eventually, with full-blown anxiety attacks. In the summer between her first and second years in graduate school, Rose and her husband had a house guest whose sexually provocative behavior triggered uncontrollable outrage in Rose. As the woman's stories of childhood sexual abuse began to emerge, Rose found them hauntingly familiar.

Rose also began to experience panic attacks while on vacation. These experiences were terrifying, but made no sense to her at all. She also was having bouts of depression that were equally confusing. The mounting pressure eroded the quality of Rose's school work and an insightful and caring professor took the time to acknowledge the change and encouraged her to seek counselling. In Rose's mind, counselling was linked to mental illness and actually arranging an appointment took tremendous effort. It was also the first step in her healing journey. Within a few weeks memories of her childhood started to emerge and with them the uncovering of her real story and the things she had done to survive.

Rose's first experience of sexual abuse came at the hands of her mother's brother when she was three years old. It began on the family farm and continued for about three years after this uncle and his bride moved into Rose's home. During this time she had ongoing problems with bladder infections which required at least one

particularly traumatic hospital stay. As an adult, Rose appreciates that one of the reasons that no one visited her there was the distance between her house and the hospital; but as a child, she thought that her severe pain was related to what her uncle was doing and believed they had put her in jail for being so bad. Another distressing memory of this time was of her mother carrying on frivously while Rose was desperately ill with 104 degree temperature. Her mother somehow enjoyed the credit for nursing such a sick child, yet never so much as hugged her or comforted her. She seemed incapable of empathy or appreciating just how awful it was for Rose. Rose thinks she is about six years old in a memory of a sexually abusive incident with her uncle when her aunt walked into the bedroom unexpectedly. The shocked expression on her aunt's face is vividly painted in Rose's memory; but her aunt just turned and walked away. Rose suspects that her uncle's abuse stopped after that discovery.

Rose was nine years old when her father began his sexual advances. They gradually escalated over the next three years. During that time, Rose excused his behavior by believing that he was sick and desperately hung on to the hope that the Daddy she once knew would return. He did stop for about a year, but began again when she was 14. This time she understood that his cruel and monstrous acts were purposeful. Her hope died and with it her sense of being. "My mother wouldn't let me have my self. I think my father killed my self."

Rose called out to God. She chose to be baptized and adopted the life of faith and righteousness as her own. She wanted to become a nun. All the more, the violations of her father stood as a defilement not only against her body and soul, but

an abhorrence to her sense of morality and desire for spiritual purity. Rose was determined to make choices for "good" and continued to pray for and love her father.

Another of Rose's memories is of singing a solo in church, looking out over the congregation and seeing her father's face red with embarrassment. It is her sense that he finally comprehended the good that he was violating and stopped his intrusions. Many years later he too, had a powerful conversion experience and led a changed life. The abuse issue never came up between them because Rose did not regain her memories until after his death, but she was very touched by his remorse and repentance of adultery and wondered, in retrospect, whether he included his actions against her in that term.

Throughout therapy Rose had far more difficulty dealing with issues involving her mother than with her father. Although her mother was never in treatment, Rose's therapist suggested that her mother probably has a narcissistic personality disorder. Rose was afraid of her and offended by her nakedness and other wanton behaviors. As far as she can recall her mother never overtly sexually abused her, but she certainly did it covertly in many, many ways. She would follow her into the bathroom and make inappropriate comments about her personal care. Rose's journal is filled with terms like, "She raped my mind. She raped my spirit." And yet, her mother seemed so weak and fragile that Rose did everything possible to protect her from getting hurt. Rose felt that she got sucked into her mother's unreality. "She took all of her life from me. To me that was the most abusive. It was most terrifying to not exist."

An older teenage girl became Rose's third abuser. This girl, who Rose did not particularly like at all, was the daughter of her mother's best friend. There were only a few incidents, but they caused an even greater estrangement between Rose and her mother because it was she who had pushed and imposed the friendship.

Rose's chief methods of coping with the depravity in her childhood were dissociation and denial. The first memory to return was the worst incident with her uncle and the one during which she had learned to separate herself from the experience. From that point on she had been able to "forget" each incident and minimize the difficulties of her life as being "not that bad." Her ability to deny physical sensations was so inclusive that she did not realize when her bladder was full. When she began to be aware of her body, simple pleasures like feeling her muscles move while she swam or judging distances while walking down a hill were brand new and delightful experiences. On the other hand, when she first began to allow some feelings, she discovered that the sensations of the midway or driving through the mountains were terrifying. Until she was in therapy, Rose was unaware of her tendency to dissociate, but can look back and think of incidents when even her little daughter was aware of her "absence" and would have to tug at her skirt to get her attention.

Denial and minimization were equally strong in other areas too. She simply didn't recognize her own anger or frustration and she maintained the image of her very special dad who had loved and cared for her and so made up for her mother's inadequacies. Rose once attended a seminar which involved some psychological

testing. She was told at that time, "You keep saying, It's not that bad, I can handle it.' But we would say to you, 'It is that bad and you can't handle it.'" She just refused to acknowledge reality.

Rose put on a bright and happy "face" for herself and the world to hide the deep pain and fear. Outwardly, she ordered her life on the principles of faith and righteousness and learned to "take courage" to cope with the fears that welled up within her while doing even the simplest daily chores. She maintained a measure of control by adopting a cheerful, dependable stance toward others and believed that she could cope with anything that came her way. Even still, she had rather a detached sense of living her life behind roles and looking out on life, rather than living it directly. She knew how to function as a wife, a mother, or a teacher, but she was really uncomfortable with the concept of self. She didn't know who Rose was.

When she began to look inside during therapy, she found a very different picture. Shame overshadowed everything. She "wore guilt as a second skin and was surrounded by fear." She believed that she was stupid, incapable, and worthless. Despite her verbal endorsement of faith, Rose lived under the shadow of superstition and negative expectation. She was easily discouraged and tended to sabotage the good opportunities that came her way. Rose cautiously lived her life on the surface. She was careful to avoid the negative and afraid to partake of the good, lest it be taken away. She was terrified of authority, particularly male authority, but didn't want to identify herself with the weak and fragile woman she saw in her mother.

In retrospect, Rose was also able to see that the typical dysfunctional family

rules of "don't think, don't feel, and don't will" that she was studying in class applied all too well to her own family. She realized that they were all tangled in the destructive patterns of "blaming, shaming, and denial." She also saw herself as the "rock," as the "cover" for her children, her husband, and her mother. She was the one who was solid and responsible. She was the one to make things right. It was as if personal boundaries didn't exist. Rose still didn't exist as an individual separate from the others. Neither were the others free to take responsibility for their actions.

When Rose entered counselling, she was looking for help with her mystifying panic attacks, depression, and falling grades. She was suspicious about her reaction to her house guest's stories of childhood sexual abuse, but the rest of her own story, including the shame which shaped her inner life, was simply not part of her understanding at that time.

Now, four years later, Rose has been able to integrate the reality of her childhood into her self-perception and move on to the point where she no longer thinks in terms of abuse or dysfunction. As Rose worked her way through each new issue, her husband and children also became actively involved in seeking healthy ways of relating to each other openly and honestly. The whole family has grown and changed together. The re-relating with her father has also taken place within Rose's own mind. The mourning is past. Similarly, the issues with her uncle, now dead, have ceased to carry any emotional weight. With him it is more like a nonrelationship. He means nothing to her.

The current outstanding issues concern her mother and extended family.

Happily, from Rose's point of view, they live in another part of the country and do not challenge the everyday functioning of her own household, which has come such a long way. Because other young children in her extended family may be at risk, Rose has told them her story. Not unexpectedly they have denied it all and written back to tell her "what her life was really like." Rose's husband and children were malleable and willing to seek wholeness as a family and so re-relating on a truth basis was very challenging and difficult, but possible. That willingness to change perspectives is obviously not present, as yet, in any of Rose's extended family. She feels that she will not really be whole until she is able to reestablish ties with them, so how to accomplish it seems like an enigma. Rose believes that her own mental health and her children's safety are at risk if she allows them to draw her back into their chaos which denies her experience.

Rose's journey brings her to a place where she herself is feeling very whole. She has drawn her immediate family into that wholeness as well and is now at the place where she is longing to see the same for her mother and the rest of her family. She realizes that the last goal is a tremendous challenge and one that is capable of creating immense emotional turmoil for her. Her ability to stay in communication with them and maintain her own integrity will stand as a real test of her healing.

Phenomenological Portrait of Rose

For Rose, healing from sexual abuse was like giving birth to her true self. It was as if the very core of her being could no longer be contained by the dim perspectives, constricted perceptions, and dysfunctional patterns which she had

constructed to cope with the hidden realities of her childhood. The metaphor echoes again and again in the phrases she uses to describe her experience of healing: "knowing I really existed," "being yourself," "being birthed," "finding out who I am," "finding my identity," "coming to grips with reality," and "making sense of my life." The integration of each discovery, past or present, horrible or delightful, demanded such a readjustment at every level of her life that, over a period of five years, Rose literally became a "new" person. Unlike the "old," her "new" identity is anchored in the reality of her experience and shaped by her own beliefs. It is this sense of integrity that, for her, differentiates her present self from the pretence engendered within her family of origin.

There were a number of people who played a significant role in Rose's birthing story, people who already tried to live by the values that she espoused and who proved themselves trustworthy as witnesses of her pain. The first was her husband. Together, they chose again and again to love through their conflicts. Together, they chose to learn and to change. The same is true with the children and their reciprocating love for their mother. Had these three not been willing to grow and change with her, Rose's emerging self would, of necessity, be quite different. Beyond family, Rose found support, affirmation, and encouragement in the professor who first suggested counselling, a close friend who became as a surrogate mom and was able to hold the intimate details of the abuse for her, and another woman, a pastor's wife in a similar position, who became a fellow traveller on the road of disclosure, grief, and prayer. Therapy provided two therapists, one for individual

work and another for group work, whose expertise in this area provided solid direction and knowledge. Perhaps even more important was their willingness to risk being changed in the therapeutic relationship by bringing their true selves to the encounter. Rose supplemented individual counselling by attending a small group for survivors of sexual abuse which was particularly useful as a weapon against denial. She also confided in her husband and two women friends who each played their part in walking through the horrors of her experiences with her.

The birthing process extended over four or five years and both Rose and her husband made extensive use of the knowledge and the tools which came their way either through self-help literature or counselling. Rose describes four steps that were repeated over and over: (1) discovering parts of herself previously unrecognized, (2) experiencing the truth of that part, (3) identifying and changing unhealthy reactions to the traumatizing experience, and (4) re-relating to others and herself in a way that incorporated the newly recognized self and the changed behaviors.

The paths that lead to the discovery of previously unrecognized parts of herself are as unique as the parts themselves and include experiences such as listening to other women's stories, somatic symptoms, music, and drama. Rose learned to understand that her body did indeed "hide all the secrets," as her therapist suggested and to allow the pain in her head, or stomach, or back to be released into a memory.

The symbolism of music played a particularly important role in revealing and representing Rose's relationship with her father. "My heart belongs to Daddy" and "Delta Dawn, what's that flower you've got on? Could it be a faded rose from days

gone by?" spoke to her deep soul long before she understood their significance.

Movies like Rage Child and Colour Purple which depict abuse also provided a very powerful medium for recognizing and expressing deep emotion. Similarly, the stage production of Phantom of the Opera had a profound effect on Rose. She identified strongly with Christine, the female lead whose love-hate relationship with her "monster" resonated throughout Rose's being. Rose had come to think of her father as a monster and the poignant dichotomy touched her deeply. That night she remembered the worst of her abuse. It was the incident which hid the core of her shame and its discovery allowed her to say "This is enough, I can put this behind me now."

Experiencing the truth was incredibly difficult. Perhaps because of the strength of the denial or her determination to keep the memory of her father prior to the abuse intact, Rose found that she relived every memory in the fullness of its sensual detail. Beyond the specific abuse memories, there was also the re-associating of just the everyday aspects of Rose's experience as a child. These parts seemed to invade her inner self as a stranger and it took a process of talking with "her" and writing with "her" and having others affirm "her," before the little girl of Rose's childhood inched her way into Rose's adult identity on the basis of her real past. In many ways, "It was quite, quite beautiful."

Beyond feeling it, experiencing the truth also meant mourning the terrible losses that were represented by such an incident and then letting it go. Letting go was a relatively simple task for Rose because the concept of forgiveness and the idea of

leaving the question of justice in God's hands had always been an integral part of her belief system.

Identifying and changing unhealthy reactions to the abuse became a family project that was fuelled by Rose's determination to "get this malignancy cut out of my life so that there is no way that the kids are going to carry this on." It also demanded a simultaneous re-relating to those who were close by. Some of the really strong patterns of interpersonal relationship that had to change involved blaming, shaming, and denial and there was a lot of sorting out which had to occur before some semblance of harmony could return. Most of the new behaviors were based on an understanding of healthy boundaries and limits. Another was the distorted gender identities which both Rose and her husband brought into their marriage. It took a lot of teaching and struggle for each to make peace with their own genders and develop a more balanced understanding of the intimate male-female relationship. And then, beyond the conceptualizations, they needed to find congruent ways to act them out. Within their nuclear family, they have made it through the upheaval of identifying the related unhealthy patterns and incorporating significant change into their interactions. They have managed to re-relate in such a way that they live "just a normal life." Re-relating to the family members who were farther away and still living their lives within the original system was a very different matter. To Rose's sorrow, none of her extended family has, as yet, been able to adapt their thinking to include Rose's new understanding of the reality of her childhood experience. They have simply refused to believe her and written back to "tell me what my life was really like." Rose's

prerequisite for re-relating is acceptance of the reconstructed version of her childhood as true. This "new" self, with its strong boundaries and sense of personal responsibility is the only identity which she can bring to the relationship. The one who has had the most difficulty with this change is, understandably, Rose's mother. After much struggle to maintain the boundaries she set with her mother, Rose finally had to speak her truth and, as gently as possible, tell her mother that they would have to lead separate lives until her mother accepts the "new" reality. This has been an agonizing experience of letting go of the hope of finding something that would lead to a reconciliation. She is now content to pray for her mother's wholeness and leave the confronting to God. Time does seem to be bringing some changes which have yet to be lived out. Rose believes that her joy will be complete when she can re-relate with her extended family.

The words that Rose now uses to describe her true self show just how significant a transformation has occurred during her healing. She is a woman, a wife, a mother, an educator who is free to know herself and to be known by those who are trustworthy. Her perspectives are much broader and she is capable of expecting good things for herself and her family. She has a voice and dares to feel deeply. She lives her life with a quiet joy born out of the freedom "to be" and also born out of the empowerment which comes from successfully breaking the generational malignancy within her. She knows that her children will not be subjected to the same evil which sought to destroy her. Rose knows herself to be capable in love and work.

Bev's Journey

Bev's father exerted a powerful force on the lives of all those around him. He was a huge man whose unpredictability, violence, wealth, and unfailing ability to get his own way shaped Bev's world. He actually spent very little time with his wife and children and yet, the misogyny that hung over his life left such anger and bitterness in its wake that even in his absence his influence was painfully evident in the household. Bev was terrified of his rages. At the same time she was prepared to do almost anything to win his love. Right up to the time of his death just over a year ago, Bev and her two brothers were still trying to please him. She was 43 years old when he died and although she had taken some initial steps at wondering about her past, it was not until after his death that flashback memories of numerous episodes of sexual abuse at the hands of her father, paternal grandfather, and older step-brother began to reveal the extent of the assaults against her.

Bev grew up in a small, prairie town where her father owned a successful business which took him away from home quite regularly. She was the oldest of three children. Her two brothers were one and a half and five years younger than she. She also has a half-brother who lived with them for two years when she was seven and eight. This brother was her father's son from his first marriage. He fondled Bev regularly during that time. Family life was shaped by her father's compulsions to rage, sex, and food and intermittent periods of remorse. Today she understands him as a "rageaholic" who was also sexually addicted. His womanizing habits were well-known to the townspeople and so were the Lincoln cars and expensive gifts which he

gave to her mother in recompense. But his physical, verbal, and certainly sexual abuse against his family was kept very hidden. There was a image to keep up and "rich people never told their problems." The sayings that taught the children how to handle the violence and uncertainty of their lives were, "Don't think! Don't talk! Don't feel!" and "You're not paid to think around here."

One of Bev's memories is of an incident when she was three or four years old and having a bath with her father. He was sexually aroused, masturbating, and trying to show Bev what to do. He was very angry and Bev was certain that his anger was her fault for being so inadequate. She kept crying out, "I don't know what you want! I don't know what you want!"

Bev's grandfather would also masturbate in front of her and then force himself into her mouth. The terror of that was in the gagging and suffocating while he held her head so firmly that she could not move. The worst experience of all was being taken to the newly built shed on her grandfather's farm. There her grandfather forced her to watch (even holding her head to prevent her turning away) while three men raped her grandmother. This was apparently a privilege given in partial payment for the men who had build the shed and in lieu of a fair wage for the job.

Bev's mother grew up in an impoverished home and had a previous marriage fail before marrying Bev's father. The recognition and financial security that came with the marriage to Bev's father were very important to her. However, the price to her physical safety and emotional health was very high. Black eyes, bloody noses, smashed milk bottles, and fists through the wall were common occurrences.

In fact, the fighting was so predictable on his return from a road trip, that when Bev was 12 years old and noticed her father's car in the driveway when she came home from school, she walked back a mile to the nearest pay phone to advise the police that there would be trouble at her house tonight and to please send a squad car to stay close by. They knew her father and the house and promised to look out for her. That night she brought her little brother into her bed because he was always so frightened by the shouting and screaming. When the fighting began, Bev hid her brother under the bed and slipped out to get the police. She was devastated when she couldn't find them. Eventually, a neighbour let her in his house to call the police. When they did arrive, they simply restrained him until her mother and the children got dressed and sent to a motel for the night. Her mother was mortified and her father accused Bev of betrayal. Bev was held responsible for the terrible exposure and was sent off to school the next day to pretend that nothing had happened. Shortly after that, her father stopped coming home at all.

According to the memories which she has recovered so far, that also was the end of his sexual advances towards her. His belittling and demeaning remarks were as hard on her as his physical violence. Even as an adult it seemed that no matter how hard she tried to please him, she would fall short of his expectations.

Bev's mom did her own raging and controlling in his absence. She was secretive about many things and she too, responded to the children with much criticism and ridicule. She had a particularly difficult time with her older son. But she tried her best and Bev does have happy memories of birthday parties and holidays.

When the boys were older, they spent the summers with their father at the lake, providing a much more relaxed atmosphere for Bev and her mom to enjoy. Ongoing criticism from her mom keeps Bev in a fairly protective stance and she still feels very vulnerable in her presence.

Bev's brothers went on to achieve high profile success in their chosen fields - one in academia and the other in business. Bev herself, much to her father's disappointment, was content to train as a Registered Nurse. During training, she met the man who was, in time, to become her husband. However, finding herself pregnant by him before the wedding, she used her medical knowledge to abort the fetus in such a way as to make it appear spontaneous and didn't tell anyone.

For the most part, married life was like living a fairy tale. In many ways, Bev felt weighed down by the role of wife, but her husband was generally kind, gentle, and moral. He loved her dearly, was very complimentary towards her. He appreciated her beauty, sensitivity, good taste, and quick mind. He too, was very successful in his business and provided them with a very comfortable and luxurious lifestyle. They had three lovely children, a son and two daughters. Bev had no need to earn money and she sought personal satisfaction and outlets for her talents in a variety of volunteer positions and working for the betterment of the community. She also kept her nursing interests active working part time as a prenatal instructor. From the outside, she had it all - and she knew it. The confusing part, both to herself and to the seven professionals from whom she sought help over the years, was ongoing depressions, sadness, crying, ongoing talk about divorce, and even a suicide attempt.

It just didn't make sense. Purging had also been part of her life since her marriage. There were times when she felt the need to rid herself of the fullness in the stomach six and seven times a day. She hid her bulimia from everybody, but didn't ever see that it harmed her in any way. It only "made her feel better." The other thing that didn't make sense, at the time, was their son's acting out behaviors. When he turned 14, he managed to shake this fairy tale household pretty hard. He simply rebelled at being the son his mom needed to reflect her adequacy. He drank, he smoked, he skipped school, he missed curfew, and did whatever else he could think of to challenge her authority. A parenting course shone the first light on Bev's iron-clad control over the minutest details of her children's lives.

Bev now sees the confrontations with her son as the first of a series of critical events which led up to the revelations which set her on the "path to wellness." Although she was not a believer, the troubles with their son sent Bev to her knees. Her prayer was for help "to be the best parent she could be." In retrospect, Bev understands that her prayer invited God to begin the transformation of her own person. It was another five years before the pieces of the puzzle really began to fall into place. In March 1991 Bev invited Christ into her life and shortly thereafter began to hear Him speaking directly to her in prayer. The following September, God instructed her to send a Bible to her father. This she did and enclosed a brief, "I forgive you" note without any appreciation of its significance. Several days later, her father was diagnosed with cancer and wanted her to nurse him for a week or so while he taught her how to run his business. Bev was not interested in running the business

or nursing him, one on one was an impossible expectation. The same month she and her husband went to an intense, personal growth retreat with Context Inc. during which time she was taken aback by the realization that she was afraid to say, "No" to her father and by an uneasy sense that, as she explained her struggle to the group that they might think she had been sexually abused. The Context trainer also told them that she and her husband had a co-dependent relationship in which she gained containment from him and he gained emotion from her. She understood her observation as an indication of their closeness. It was January before Bev, with the help of her husband and brother wrote to tell her dad that she wouldn't be coming. This was the first time in her life that she had refused him. She was terrified of his response and especially afraid of losing his approval.

In March of 1992, Bev's volunteer work took her to a breakfast meeting with a couple who would be speaking at an upcoming conference. The topic was child sexual abuse and Bev was shaken to the core as she listened to the man's description of the behaviors and coping mechanisms of women who were sexually molested as children. Many of the symptoms fit for her, but she focused particularly on the bulimia and found an opportunity to talk to him privately about her habit. He was the first person to know in 21 years of Bev's purging. She went away knowing that she would have to look closely at the possibility of child sexual abuse in her own life. Her father died in April with all three of his children still trying to sidestep his anger and earn his respect. By May, Bev had read the Littauers' books Freeing the Mind of Memories that Bind and Promise of Restoration and attended their conference. Her

flashbacks began by the end of the month. She told her husband shortly after and began counselling in July. Bev states that knowing the truth about her past was "like someone putting the final, very crucial piece to a puzzle there."

The other thing that learning about abuse and recovery did for Bev was to give her language for an understanding of her own beliefs and behavior patterns. These had been incorporated into her personality in her formative years, but were now crippling her, "holding her back," preventing her from "being the person she was created to be."

Bev describes three different aspects of herself, prior to healing. There was a true or real self which she very quickly understood as neither acceptable nor adequate. Her opinions were not valued and her actions were ridiculed or maligned. Bev learned the lessons of her violent and unpredictable household well. She lost total sight of her true self and lived her life on two other levels - an inner one which registered the negative aspects of her self-image and emotional responses to perceived injustices and an outer, magnificent mask which she presented to the world. The two main requirements for carrying this off were total control over her environment, lest "something surprising should come out of left field" and the skills to be a "chameleon." Lacking a sense of self, she was able to read a situation and adapt to it. It was a defense that gave her respect and approval in many circles. Bev's mask was excellent and by her own evaluation, she "had it all."

The very success of the mask only added to her confusion concerning the inner, hidden self. Bev's self-identity remained tied to her experiences with her

parents. She believed she was selfish, a quitter, superior to some, and inferior to others. The recurring theme throughout her life and in every stressful moment has been, "I don't know what you want. Just tell me what it is and I'll do it!" This plea echoes both her sense of inadequacy and her confusion. It reflects the "not knowing" that hung over her bouts of depression, sadness, worrying, and crying. And it surrounded her fears, her shame, and uncontrollable rage which very occasionally broke loose.

The struggle to maintain the mask is perhaps most dramatically exemplified by her actions one day when she drove into her garage. Thinking that she couldn't go on, she just closed the door and left the car running. Realizing how awful it would be for the children to find her, she got out (just in time), and carried on as if nothing had happened. She didn't tell anyone because she could find no reason to kill herself. Bev had a whole arsenal of behaviors to keep up the front and avoid her inner state. One of the primary behaviors was a very firm hand on the details of her children's lives. She controlled what they did, what they wore, what they ate, what they bought, what television programs they watched, which friends, which sports, and when to practise music, do their homework, and go to bed. She "rescued" them when they got into trouble. Her world was constructed by "shoulds" and everything in it was either black or white, good or bad. They simply had to be the "perfect" family. The need to control and to be liked spilled out into other compulsions too, like cleaning, talking, and over-committing herself to community projects or too many classes. She spent a lot of money simply because she didn't want to disappoint a

friendly sales person. She presented herself as a woman of "class" and good taste. Her purging too, was a compulsion which, in retrospect, seems to have been linked to the controlled expression of rage or some other negative emotion. Even co-dependency, with its overlapping personal boundaries and its taking of responsibility for the things that rightly belong to another, can be seen as another form the control which Bev used to keep the mask in place.

This is Bev's description of herself and her life's journey up to the time that she began having memories of her childhood abuse. It is the starting place on her "path to wellness."

Phenomenological Portrait of Bev

Bev set out on her quest for healing just one year ago. Even though a tremendous amount has happened in that time, she is well aware that she is at the "beginning of a journey that will likely take [her] lifetime." At 43 years of age Bev's life took a new direction. She began to examine her inner life and for the first time realized that the violence she hoped to put behind her could not be ignored. Bev understood herself as being like a set of Russian dolls:

The Russian dolls are the little doll inside a doll, inside a doll, inside a doll. And I really believe that the little one, the baby one was born perfect. It was born perfect. It was painted up perfectly. And then, somewhere along the line, the, the toddler one was really abused and left out and she's got scratches and there's some paint missing. She's still very, very pretty, but she is scuffed. And probably up to age 12 - those dolls in there are very scuffed and maybe were even left out in the rain a little bit too much and not taken care of the way that they should have been. And after that um... the dolls became very painted... very, very uh... elaborately painted, really um... It didn't look real. And now in my 40's, I believe that the doll looks more real. It has more of her being or her essence. You can tell. You can see it.

Until the 80 year old doll... (Because I'm just a 44 year old doll inside of an 80-something doll, I believe. And I believe that I will live that old because I am doing this work now. I think that this stuff may have killed me if I kept trying to keep the lid on all this poison.)

The continuity of time in human experience became a painful reality for Bev when the discovery of the true condition of the mistreated little dolls and the knowledge of the "forgotten" incidents of sexual abuse were added to the other memories of her father's rages. Bev's healing began with the exposure of the abused, little dolls and the over-painted older ones who created masterful and elaborate schemes to hide the scuffs. It will continue as a life long effort to learn to paint today's doll with a brush which expresses her real essence. The year on the path towards healing has taught her that the switch to new techniques comes slowly, step by step.

The first point Bev makes concerning the overall nature of her healing experience is that it is ongoing, perhaps for her lifetime. The second, is the statement that "I can't separate my healing from my faith." For Bev, Christ is intimately involved in each step. He initiates new revelations, He guides her, He enables her, He gives meaning, He gives hope, and He gives her a vision for the future. Like the stuffed toy in Velveteen Rabbit who didn't get real until he was loved, the event that began the chain of critical incidents leading towards realness was Bev's experience of God's love for her. In becoming a Christian, she knew she was loved and she knew she was forgiven. This was a totally new experience for Bev and her life's goal shifted from an overwhelming personal need to, "Heal the world" to one that reaches out to God with hope and says, "Heal the world, only start here, inside of me."

Bev uses two other analogies to describe what the healing process is like for her. The first has to do with the restoration of an old chest which has been found in an attic and the second talks about the effects of pulling out a large weed. Both images centre on the experience of flashback memories and can be divided into the same three-step progression of awareness, separation, and new development. Each highlights different aspects of the progression. Together they provide a picture that allows another to enter into her world. Bev describes:

I am a chest. Like I was just that beautiful chest and over the years was put in this... was packed away with this stuff and put away in the attic. And it's all dusty and dirty and it really stinks in that attic. Like, I mean, you go up there and you can really smell it. And you finally decide that it's in the chest and you look in the chest and it's mouldy and musty and there's all this stink coming out of that. And you pull things out and some things... like there's maybe a pair of old trousers and there's a beautiful dress (but it's got a mark on it with mould) and finally, you come to this lunch box.

And someone has put this lunch box away and there's this rotten old sandwich in there and you can take the whole thing out. The lunch box is not worth saving - you can just chuck the whole thing and start the cleansing on the chest. Now there's still a stain on the inside of the cedar where the lunch box had sat and started to decay. The dress is able to be... you can um... clean it up, dry clean it up. The chest, you can really clean it all out and the aromatic cedar starts to come back again and you can paint the outside. And now it's just a beautiful chest that sits in the living room and it's useful.

As Bev works with this imagery, she understands that Christ is the one who discovered the lunch box and tossed it. The flashbacks revealed to her the rotting, festering things within her that she "didn't even know were there." Once she was aware of their presence, she felt she could "deal with it." The chest, itself, represents her physical body and the contents are behaviors - some of which (like humour) can

be cleaned up and put to good use, whereas others simply need to be tossed out as being no longer functional. The restoration, new paint, and the move into the living room where it is a treasured and useful piece of furniture speaks of her new growth and hope for the future.

The analogy of weeding deals more with the emotional and physical toll that accompanies this process of restoration. It is an analogy of the response of a living thing to the trauma of having its roots disturbed and exposed to violent upheaval. Having a flashback and going through the next few days is like, "someone's pulled a huge weed out beside a flower and the flower just goes limp, like it's going to die. But if you pat it down with water and let the sun get to it, it sort of grows up even more strong and gets even more and more beautiful. It's like that."

Using the symbolism of the removal of the weed, Bev describes the turmoil that is going on within her throughout the process of recovering a memory. For her, the awareness phase begins with a sort of prodromal period. She does not sleep well for several nights and then finds herself inexplicably crying during prayer or unable to put someone or something out of her mind. She has learned in these times to cry out to God and ask, "Why?" The pattern which usually unfolds for her then, is to waken early in the morning, and having begun her prayer time with a prayer for protection, Jesus leads her into the midst of a some previously forgotten, childhood experience. It is like being part of a replay which is accompanied with excruciatingly painful and detailed sensory experiences which seem to belong more to the present than to some historical event.

The aftermath of reliving these times results in an emotional, physical, and spiritual exhaustion which takes 24 to 48 hours to subside. Bev feels like a wilted, dying flower. She has learned to let her husband and those within her inner circle of trusted friends know that this has happened and, like the recovery period following major surgery, allows herself the time to withdraw. She allows others to take up the slack and provide extra love and care. Withdrawing is not easy, though. She has to fight the desire to make totally unrealistic demands of herself in that time as the old patterns of reacting to the shame and inadequacy stirred up by the memory press for some kind of overt compensation.

The inner work which does unfold, as she gives herself the chance, goes on at several levels. One level is just coming to terms with reality. The whole memory seems to be covered with such incredulity that the first task to be accomplished is simply believing that such a thing actually happened. Acceptance of each new memory leads to new grief and mourning for the loss of innocence and childhood and for the relationships that could have been. Mourning is also tied to a prayerful search for the significance of that particular memory and the light it can shed on the problems in the present. This usually means identifying the coping mechanisms and belief systems that were set in place at that time. On a physical level, Bev's body is exhausted and she requires a lot of sleep to recover.

Bev finds that as her energy begins to pick up, she has a new sense of integration within herself. She has a deeper sense of knowing where she has been. She has the ability to make sense of those things in her life that made "no sense." It

is a time of returning to everyday life, but with a new determination to grow into beliefs and behaviors which find their source in her true self rather than in the habitual patterns of the mask. It is the walking out of the challenges to "be real" and to stay on the "path to wellness." The walking is easier now though, because the heavy load of the unknown has been lightened.

With the help of the Holy Spirit, Bev has learned to work through much of the above process on her own. However, she also talks about the vital importance of her relationships and the role of the others who are walking with her. Her husband and children, her bible study fellowship, her therapist, and her recovery group friends remain a vital component of her healing process.

The members of Bev's nuclear family are intimately affected by the profound changes that are occurring within her. She is convinced that everyone is benefitting from the healthier boundaries and personal responsibilities which are beginning to define their relationships. But in as much as her prime defense mechanism involved an attempt to control as much of their lives as possible, they have each been forced into new places. Openness, learning, change, and growth are characteristic of the evolving family structure which, from Bev's point of view, is now being built more and more on the foundations of reality and allows each one to be more true to their own nature rather living out the fairy tale invented by her own mind.

The bible study fellowship gives Bev a structured format for examining truth according to her Christian perspective and a testing ground for the new belief system about her own identity and the world which she is in the process of reconstructing.

Bev's psychologist has been instrumental in providing validation, education, and a personal example of healthy behaviors. Especially significant is the overall sense of trust that Bev feels in her professional expertise and personal integrity as one who has travelled the same road, a few years before. She has great confidence in her.

Similarly, there is an honesty that is possible between the members of Bev's recovery group that is unique and very special. The women are committed to "be there" for each other. They talk, they listen, they cry, they walk, and they play. For a season they are travelling the road together. Perhaps the most important thing that they do for each other is to provide the opportunity to build relationships based on their true experience. For many of them, it is a first opportunity to trust and to discover their real selves. For Bev, it is a place to experiment with a box of real colour and to leave behind her chameleon habits.

Judith's Journey

Abuse and abandonment run like recurrent themes throughout Judith's early family life. She is the second adopted child of a couple who both used alcohol and violence to cope with their own turmoil. Within the limits set by their jobs, both parents partied hard and drank to excess. Judith remembers her father as a fall-down alcoholic who she would have to carry into the house and put to bed. To her, he was a pitiable, disgusting man who never ever demonstrated any care for her or her older brother. He was physically handicapped by polio and arthritis. Even as a child, she considered him as an absolute nothing in her life and was confused when he appeared in a violent dream when she was about 12 years old. She could not understand why

she would dream about a man who meant so little to her.

Judith's mother exercised strong control over the children and was highly critical of and intrusive in all areas of their lives. The household rules for them were strict and enforced. Her brother claimed that her discipline was cruel and physically abusive. Until her memories returned Judith remembered only the yelling and the wooden spoon on her bottom. Her mother was insensitive or indifferent to her daughter's physical and emotional states. For example, one holiday at the family farm Judith's pyjamas were torn and bloody in the morning and her face was swollen and bruised. Judith had no explanation for it and got into trouble because her mother had to buy her new pyjamas. In spite of her mother's insensitivity, Judith still felt safer when she was around.

At thirteen, two classmates raped Judith at noon hour. It was a terrible shock to realize that her friends would do such a thing. She handled it by crying a bit in the washroom, washing her face, and returning to class as if nothing had happened. There was no one to tell. At fourteen, Judith and a friend played "hooky." They got caught and the school called home. Her mother was working evenings, but Judith was so afraid of the repercussions that she decided that she couldn't cope and took all of the 50 or more aspirin that were in the medicine cabinet. She really hoped to die and was pretty "spacey" when her mother came home and pulled her out of bed to yell at her about skipping school. But that was all that happened. The next day the family went to visit some relatives and Judith remembers sitting in the back seat of the car and feeling just terrible. Her ears were ringing so badly that she couldn't hear what

people were saying to her, yet no one asked about her. There was no one to tell.

Judith dated a lot in junior high although she was really very afraid of boys. She and her future husband Max, met at the beginning of grade 10. He too, came from a dysfunctional family, but he was the one person who made her feel safe. They partied, drank a good deal, and they hung out with a pretty wild group. Perhaps because they had each other, they managed to stay out of the drugs and serious trouble that some of their other friends got into.

They married and Max did well with his own business until the downturn in the oil and gas industry in the early '80s. In the good years, they paid for their home and had two sons. Judith enjoyed the boys when they were little, although she found it harder with two and recognized that much of her parenting was determined by virtue of being an extreme opposite to her own upbringing. The recession meant lean times. Max's business survived. Judith returned to work and Max went back to school. Work and family life didn't mix very well for Judith. She just didn't seem to have enough left at the end of the day to be emotionally involved at home. Max and the boys loved sports. "When they weren't doing it, they were watching it, or playing it out in the alley." The boys got involved in hockey. Pretty soon, family time meant rink time, usually every night of the week. It was a macho world and the "be tough" messages fit well with her increasing discomfort with physical demonstrations of love. The cuddling and hugging soon fell away. Judith didn't even like hockey, but she went to every game for twelve years without it ever occurring to her to do otherwise. In her mind, "That was just what a good wife and mother did."

In her early twenties, Judith made a serious effort to search for God with the result that she came to believe in One who is good and loving. She does not understand Him according to any formal, religious doctrine, but identifies Him with universal intelligence and universal love. He has been a source of faith and strength for her since that time.

Judith held a number of jobs over the years. The most recent one was at the bank in her own neighbourhood which worked very well for her. She knew she did good work and she did not have problems with her bosses, per se; yet Judith lived in constant fear that she would be fired. Authority figures always brought out an overwhelming sense of inferiority and obedience in her that simply controlled her life.

Judith's father died in 1985 and after his death she began to experience some things that seemed to be related to him, but did not make sense to her. More inexplicable things concerning her childhood happened after her mother's death in 1990. The spring and summer of 1991 proved to be a time of personal crisis for Judith. She was almost 40 years old and her family life seemed to be reduced to a big nothing. It seemed empty of anything meaningful. "I felt like all of us walked up to our back door, wiped off our personality (what there was of it) and then came in the house. We didn't know each other." By then she was so unhappy in every aspect of her life that even though she knew divorce would be self-destructive and was afraid of what she might do to herself, if were on her own, she could see no other solution. Life was just too overwhelming to carry on as it was. She knew she was throwing everything away. Her brother had been suggesting for some time that she take part in

a personal growth program called Personal Best. She enrolled in the first course at the end of August. Max stayed with the boys while she attended the class and was packed and ready to move out when she came home.

Personal Best One was a turning point for Judith and four months later she began to have memories about the first six years of her life that finally began to make sense of the things that had been so nonsensical to her. Her memories of sexual abuse extend over a five year period from age two to seven and included her father, grandfather, uncle, and many of her father's friends, men and women, who she believes paid for Judith in booze. Her father was unemployed during some of that time. She has memories of dark, small places, basements, bathrooms, and many bedspreads at eye level. They include a variety of cruel and deviant behaviors including oral copulation, anal and vaginal intercourse, and the use of instruments. Sometimes her father held her down for the other participant.

The memories about her mother have been harder for Judith to work with, but they confirm her brother's claims of severe beatings and perhaps some sexual abuse as well. Her brother remembers only the physical abuse and the constant screaming and fighting within the household. Judith suspects that, given the extent and severity of the sexual abuse against her, that she probably was not the only one to have been molested.

As Judith started to look inside and do some work with her beliefs through Personal Best, she found many other words beyond "unhappy" to describe the effects of the abuse on both her early and adult life. Fear and anxiety pervaded every facet

of her being. As a small child, it was fear of darkness and monsters. As a young teen, her own house seemed to be shrouded in black and she was frightened to be there when her mother was working evening shifts. The violent dream about her father belongs to this time of her life and involves him cutting all her joints with a knife. Fears began to seep into other areas of her life as she became a wife and mother. Sexuality was always confusing to her and she was uncomfortable with the "love-cuddly stuff" after her boys were six or seven years old. As the boys became teenagers the idea that they, or their friends, might attack or rape her played on Judith's mind. Even the thought of really loving Max was terrifying because love corresponded to vulnerability which would give Max the freedom to rape her and pass her around to his friends. There was nothing to justify her concerns about either the boys or Max according to anything they had ever done or said.

At work, Judith was afraid of the power held by those in authority over her. She was very sensitive to criticism and always expected to be fired. Fear ruled her life and drained her energy. Driving at night, walking outside at night, being in elevators or closed spaces where a man might attack her all blossomed into troublesome phobias. Early in therapy, her psychiatrist concluded that she had a men phobia. She learned to hide her fear of most men fairly well, but to be touched, say on the shoulder from behind, caused a violent inner reaction.

Prior to the recovery of actual memories and her acknowledgement of sexual abuse, Judith had several experiences that were triggered by events that were close enough to her own issues that, without any sense of understanding on her part, were

so frightening that she likened it to having her life threatened. One experience happened when the mention of the word "incest" was called out in a list of many negative words. She reacted by blocking out everything surrounding the exercise for a couple of months; everything, that is, except the feeling of terror and the knowledge that it had something to do with her father. Another experience was being overcome with fear when she witnessed her girl friend expressing anger related to her incest. Judith became hysterical, yet she could not explain her reaction.

The effort required to keep things under control often exploded into anxiety attacks and frequent migraine headaches which began as a teen and persisted throughout her adult life, although she never mentioned them to a doctor. The tendency to ignore physical sensations is also illustrated by her regular inattention to a full bladder, even after many cups of coffee.

The bottom line of Judith's self-identity was the belief that she was guilty of being alive, of being born. "So anything that touched me, everything around me was bad, or guilty, or wrong, because I was." Judith shocked her Personal Best group by calling herself ugly. To her the word summed up the inner ugliness and evil that she felt dwelt within her. She hated herself. Liar, stupid, undeserving, and unfixable were similarly powerful words that she used with certainty against herself. It is little wonder that she entertained many thoughts of suicide and often sat with knives or contemplated closing the garage door and letting the car run. She never actually did anything to herself after the aspirin incident in Grade Eight, but the thoughts were never far away.

Judith's work with the metaphysical concept of "time" demonstrates quite graphically how confusion and fear worked together to play an important role in preventing her from enjoying or connecting with life in the present. This was revealed during a time-line exercise in which Judith was able to locate definite areas in her head for her past and for her future. For her present, though, there was no location on which to focus. It seemed like "a fishing line, wrapped, wrapped, wrapped all over me. Wrapped, wrapped around and around and through and up and down and everywhere!" The challenge, for her, was to get the line unwound and untangled and woven into a manageable piece in front of her where it might represent today or even the moment. The insight was that Judith really had no sense of her "now" (the present) at all. "My now was never now. My now was always a fear of what happened back then or an anxiety about what might happen in the future."

Judith developed a number of ways to cope with all of her fears, self-hate, and the things that made no sense to her. The primary mechanism was denial. Denial that she had been abused in any way. Denial that anything was wrong. Denial that she was utterly isolated from meaningful connections with others. She was the great pretender. With no sense of value in herself, she looked to external rules and other people to show her how to behave and how "to be". It never occurred to her that she might have choices or could decide to do something according to her own interests or for her own health. The nonsensical parts were clouded with confusion, yet the denial and fear prevented her from looking inside or even attempting to use logic to sort things out.

The other coping device that Judith has come to recognize and feel more comfortable with as her healing progresses, is a significant level of dissociation between various parts of her personality. She doesn't consider herself a Multiple, nor does she know whether they are aware of each other. What she does know is that there are parts of her personality that she does not use. They are parts that look different than her, and have personalities that are different than hers, and would like to do things that she doesn't do. She has been aware of at least ten "voices in her head" for a long time. There is one who speaks with an English accent and likes big, fluffy hats. Another is a 15 year old cheerleader who is innocent and sexually curious. There is also a dark-skinned woman who wears black chiffon and seems almost sultry. Judith is afraid of the dark woman and has not worked with her yet. More recently, she has become aware of "the abused children." Judith understands these strange and somewhat uncomfortable experiences as parts of herself that she shut out of her life as a way of coping with the stresses of her childhood and teenage years. As she learned more about coping mechanisms, she realized that escaping into the people in her head had always been her way of dissociating during the abuse itself.

Similar to, yet different from her experience of the various parts of her personality, Judith also encounters visions and voices which she feels may be past life memories of herself and others. These are particularly unsettling because they cannot be substantiated by any kind of logic. If they are real, she wants to know what they are and what meaning they hold. If they are not real, then she is faced with the fear of "being crazy." So far, nobody has been able to give her a satisfactory account of

what these experiences are all about.

This, then was the Judith who went off to the first Personal Best course at the end of August 1991. She knew nothing about abandonment, physical abuse, sexual abuse, panic attacks, men phobias, or dissociated parts of her personality. She did believe in a good God and she did know that she had some unarticulated issues with both men and women. She was terrified that if something significant didn't happen that weekend, she would destroy herself.

Phenomenological Portrait of Judith

Judith has come to understand her healing as a matter of choosing wholeness as a way of being. The result of working, full time for almost 21 months now, on this project of making very difficult choices, is to be able to say, "Life has never felt as good. I feel content, happier the great majority of the time."

The series of three Personal Best courses in the fall of 1991 proved to be a life-changing experience for Judith. Perhaps the most significant event played itself out in front of a washroom mirror. The scene began while Judith was sharing with the group about how ugly (inner ugliness) and full of self-hate she was. The facilitator responded by suggesting that Judith go to the washroom during the break and stand in front of the mirror and say, "I love you." The following is Judith's description of her inner struggle to complete the assignment.

So I sat with my legs crossed on the sink counter, looking into the mirror saying, "Mirror, mirror on the wall, Who's the fairest of them all?" And the mirror said, "Fuck off" and um... lots of things like that.

For the first break I watched the zits on my nose, and then I watched my eyes dilate and um... stuff. And it just wasn't working. So I, I left and I was really... I was really emotional.

And the next break I went back into the washroom and I did the same thing. Um... you know, the mirror's telling me the same thing. And so then I kind of thought to myself, "Okay. [The facilitator] talked about choices. We have choices in our life. I have a choice. I have a choice to make - either I choose to love myself or I don't." So I decided one arm [hand to raise] was, "I love myself" and one arm was, "I didn't" and I couldn't raise that arm and choose it and say that I loved myself.

At that time I was really quite... I was extremely emotional and I said, "God, I, I, I can't do this. I can't make this choice. Help me." (Which I've said before), but (snaps fingers) just like that, it was as if a brick came out of my head. It was just, it was just as if... that's all, it was just as if somebody removed a brick from my head and I knew that it would be okay. I was able to choose my left hand and that I loved myself. There was a lot of work after that too, cause I didn't believe it either.

Not only was this a turning point as a decision to love herself, it also signalled the end of the migraine headaches which had plagued her since her teens.

The other significant points about the Personal Best (PB) courses were a number of principles, resources, and experiences which prepared her for the shock of returning memories and the work that lay ahead. The first was the willingness to look inside and participating in exercises which facilitated her examination of the beliefs and "bottom lines" which governed her life. Out of this came an awareness that she was not as awful as she had believed and that things were not necessarily all her fault. Another was the experience of a safe environment and the beginnings of key friendships. These friendships have since developed into a committed and ongoing mutual support network providing both resources and relationships capable of

sustaining deep sharing. After the first course, she was able to say to her husband that she thought their marriage might work. He too, became active in Personal Best and they took the third course together. The third part of her preparation involved experiences which stirred up deep-seated memories and emotions. The whole thing remained nonsensical to her, but she began to appreciate the curious ability of the mind to forget yet still retain its experience in some form in order to survive under harsh circumstances.

Soon after the third course began, Judith deliberately made an opportunity to return to a perplexing childhood memory about her father which had surfaced during PB One. Using meditation she discovered that the original memory expanded into explicit sexual abuse. In the ensuing shock and denial, she found herself curled up in a chair in her housecoat, sucking her thumb and hugging a teddy bear and seeing the word "liar" leaping out at her from pages where it wasn't even written. Thoughts of suicide were stronger than ever. A friend from PB who had been working through her own experiences of incest for some time listened to her story and her emotional torrents, validated the memory, labelled it "incest," and gave her the name of the professional that had helped her. She began working with her friend's counsellor and Neurolinguistic Programming (NLP) techniques right away. Soon afterwards, she started seeing a psychiatrist as well and took long term disability leave from work. A social worker specializing in incest and child sexual abuse and a psychologist have been involved in Judith's recovery process as well. She also joined a self-directed long term survivor's group.

Judith's experience of healing has been a process learning to choose wholeness as a way of being. Her description of her healing continually returns to the concepts of choice, health, and being.

Choosing, for Judith, is a huge topic which is divided into categories dealing with recognition, freedom, and power. As was apparent in her description of the incident in front of the mirror, the very first step in her healing process involved recognizing that she not only had the right, but also the inescapable responsibility of choosing how she would behave and what she would believe about herself and the world she lives in. Acknowledging accountability and her need to choose for herself opened up the process of introspection and self-examination for Judith.

When Judith finally identified her struggle as a life time of distortions originating in abuse, she made it very clear to herself that she was "going to be healed, no matter what." And so the end goal of healing was set. Very significantly though, she found that the walking out of that choice in everyday life always meant a multitude of smaller choices. There were always other options available. The old and familiar habits of fear, guilt, or self-hate which were not consistent with wholeness were always easy to fall into again. Moving forward required a constant and determined effort to make healthy choices. It sometimes meant revisiting issues that had already been resolved only to find them opened up again at a deeper level and the healing process needing to be reworked.

Judith's challenge to make healthy choices has been characterized by patience and willingness to work with her own nature. She is fascinated by the very process of

life and the wonders of the mind. She also realizes that wholeness is a life long project. As her dysfunctions touch every area of her life, she has discovered that it is necessary to set priorities which for her, is rather like sorting the laundry and doing the socks first "because everyone is out of socks" and leaving the rest for another time. Judith's focused, patient, persistent, and characteristically cautious way of working on her healing is captured in a wonderful image she observed in a recent meditation where she was on the inside of a block of ice and busily chipping away at the ice, using a tooth pick. Throughout the whole of the meditation she could hear this "Pick, pick, pick, pick, pick, pick." Judith will get out of the cold, hard prison created by the abuse.

Of courses, deciding to do something and being able to do it were not quite the same thing. Judith describes how God, other people, knowledge, and techniques have enabled her to turn decisions into reality. The significance of Judith's relationship with God is also demonstrated in the mirror incident where she called out to Him to accomplish what seemed impossible in her own strength. God responded in a way that enabled her to move forward and thereafter demonstrated His power to heal. Judith's work with trust and safety are anchored in her faith in God and she regularly uses visualizations of being surrounded by and filled with Universal Light and Love. Visualizations are a cornerstone in her changing perceptions of reality.

Other people have played an important role in helping Judith follow through on her decisions. Her husband and two sons have been fellow travellers with all her struggles and changes. Their lives have been intimately affected as well.

Throughout, they have supported Judith. Her husband and older son have also joined her on their own inner journeys setting their courses toward wholeness. The principles and lessons taught by her first counsellor in NLP were invaluable to Judith and even though she no longer feels the need to see her, just knowing that the door is open and that she can return if she wants, is of great comfort. Each of her other therapists has contributed knowledge, skill, and relationship in his or her own way.

The support network formed at Personal Best and ongoing involvement with other courses in a volunteer capacity has been another excellent resource. Together with these people, Judith has found a forum where principles and beliefs are spread out and examined, then brought into the troublesome arena of daily living and personal problems. The network works for everyone's benefit and Judith finds that she is more and more able to give, as well as receive. The mutuality and connectedness is the perfect antidote to the "ugliness" and isolation of her earlier experience. Significant among this group of friends is a special relationship with a woman who is about one year ahead of Judith in her recovery from incest. She was the friend who was there when Judith's first memory came back. She suggested the NLP counsellor, and she invited Judith to join her recovery group. The survivors' group expanded Judith's contact with other women and a man who were struggling with the same issues as herself. The group provided yet another source of information and resource for her insatiable appetite for knowledge about healthy living. Most importantly, the group was a place where her experience was normalized.

Knowledge and choice went hand in hand for Judith but what she needed first

was information. She read every book about abuse and dysfunctional families that she could get hold of. Not all were equally useful, but she learned to sift through and identify the things that spoke to her experience. Judith found that writing out the experience and placing it out before her helped to organize the information and put it in a form that she could understand. Then she could make a decision and plan her strategy. Knowledge and understanding of healthy human behavior as well as abuse and dysfunction helped her to make sense of her life. They put together the pieces that made no sense. Knowledge and understanding shone a light on the problematic behaviors and suggested a way out of the dysfunctions that trapped her.

Judith and her therapists have used many techniques to help identify the realities of her early life, her coping patterns, and her belief systems and to instill new, healthier ones. The two self-help techniques that have been consistently effective for her are journalling and meditation. Judith uses affirmations and NLP anchors in conjunction with meditation. Judith also described in some detail her work with a time-line exercise and a rerun movie technique which were very helpful as well. The goal with most of these techniques has been either "to get rid of the garbage" (the suicidal thoughts, the negative self beliefs, the fears, and the phobias) or to strengthen the wholeness that she was choosing.

The various facets of wholeness that Judith has been working on are: love, joy, freedom, safety, faith/trust, personal power, abundance, intelligence, sexuality, and physical health (which at the moment involves weight loss). She uses an NLP technique called anchoring to help her to adopt these characteristics as her own.

Anchoring begins within a meditative mode. Some previous experience in which the targeted emotional reaction can be identified is brought to mind by recalling the physical sensations and thought patterns of that moment. They are intensified as much as possible through the detailed description of all that can be recalled about the experience and then focused on and reexperienced in the present. The inner experience is then tied to a physical gesture or imagery. Some of Judith's anchors are making a fist for power, touching the symbol of the dove (which she wears on a chain) for freedom, and imagining herself surrounded by an egg-shaped cloud of God's protective light for safety. The more often the anchor is linked to the targeted emotional experience, the stronger the bond between the two. With time and repetition, Judith finds that she can move into the desired state of some of her anchors simply by thinking about the word. The concept is first planted in her mind within the safe confines of taped affirmations during meditation and then brought into progressively difficult situations of everyday living. As might be predicted by the extensiveness of her fears, the safety anchor has been a very, very important tool for Judith. One of her current projects is to bring her anchored feelings of safety into places such as the stairwell in her psychologist's building which still frightens her.

Judith speaks about "healing as choosing a new way of being around everything." For her the word "being" captures the idea of having the wholeness within. It captures the idea of healthiness to describe her real self and her relationship with all those around her (including men). This stands in opposition to her lifetime experience of "putting on" whatever was called for by the situation and wearing it like

a garment to cover up the badness and pain. At first, when Judith was not working, she saw a psychologist who talked about getting "those good feelings to be on the inside and come from inside." Judith thought she was "totally nuts." She just had no way to relate to such a concept at that time. So things have changed a great deal in 18 months. Now Judith is comfortable with words like genuine, honest, caring, free, funny, and deserving of goodness, happiness, and love to describe her inner being. They are some characteristics of the real Judith who is chipping patiently and consistently at the ice block. In a way, she feels like it is "getting in touch with what was really there."

Another very significant part of Judith's work which is related to self-understanding is the discovery of and dialogue with her "voices." More and more she can appreciate that even with different names and their own unique habits and ideas, the voices are to be included in her "being." Included too, are the visions and voices that seem to have come to her across time. Whatever the explanation, Judith knows that they are to be part of the whole.

A year ago Judith wrote the following poem entitled "Through the Tunnel" to capture her experience of healing.

Darkness in the tunnel
 Fear and doubt prevail
 Holding on, time passing
 Seeking to find a trail

Forever a wish, a dream
 Of distant light
 Seeking an end
 But none in sight

From above comes an answer
Through pain of my past
Leaving behind the unreal self
Inner peace at last

Past in perspective
Fears understood
Self now accepted
The different and the good

The end of the tunnel
Peek out to the light
A road to the future
Beauty in sight

Leaving the darkness
Stepping anew
A slow gentle climb
To the heavens - through truth

Self in all stages
Each mind form along
Unique and connected
I know I belong

Chapter Summary

The results of the individual explication which describe the essence of the healing process from the perspective of each participant were presented in this chapter in four essays entitled Phenomenological Portrait of _____. Each Portrait was preceded by a document called _____'s Journey which provided the reader with the contextual information necessary for understanding each participant's healing experience.

CHAPTER FIVE

THE HEALING PROCESS

The eidetic features of the lived experience of women's healing from the aftereffects of childhood sexual abuse are presented in this chapter. It begins with a definition of the healing process, as developed from the data and continues with the descriptions of common themes identified in the four accounts of healing.

Definition of Healing

According to the narratives of the four women in this study, the essence of the lived experience of healing from child sexual abuse is captured in the statement: Healing is becoming one's true self. The healing process tracks gradual development from a negative, destructive self-identity to a positive, constructive understanding of self. The destructive position is determined by, but does not acknowledge, the abuse whereas the constructive position acknowledges a traumatic personal history but builds on actual perceptions and positive beliefs and values. The following core descriptions of healing derived from each participant's experience are the source of the statement on healing. The transition from the destructive position to the true, constructive one can be identified in each participant's fundamental description.

Amy's black room metaphor represents her previously unrecognized abuse and lies which ordered her life. She describes healing as an "open door" or the willingness to enter into the darkness again for the purpose of "exposing the evil of her abuse and the darkness of the lies to the light of truth." With truth as her guide, her monsters crumble in the light and the walls of lies fall apart. She is free to build

a new life according to her chosen beliefs and values. She is free to become the spring of clear, shining water that she wants to be. She is free to be pure even as she believes God desires her to be.

Rose looks back on her life prior to knowing about her abuse and says that her true self was buried so deep within that it was as if she had never even been born. Her mother didn't allow it, her father "killed" the life he had once given her, and her married life was shrouded in "dim perspectives, constricted perceptions, and dysfunctional patterns." Rose's description of her healing shows the development in her self-identity through phrases such as "coming to grips with reality," "making sense of my life," "giving birth to my true self," "knowing I really existed," and "finding out who I really am."

Bev's analogy of the Russian dolls follows the development of her self-identity. First she discovered the scuffed and damaged little ones and then, the dolls which were over-painted to hide the scuffs, but looked very unreal as a result. The change towards wholeness is seen in the doll that represents her year of working on abuse issues. "That one is more real and has more of my being or my essence." Bev believes that her future dolls will be even more real.

Judith says that "Healing is choosing a new way of being around everything." She picks up on the other elements of the definition in her poem Through the Tunnel in the lines, "Leaving behind the unreal self," "Past in perspective," and "A slow, gentle climb to the heavens through truth."

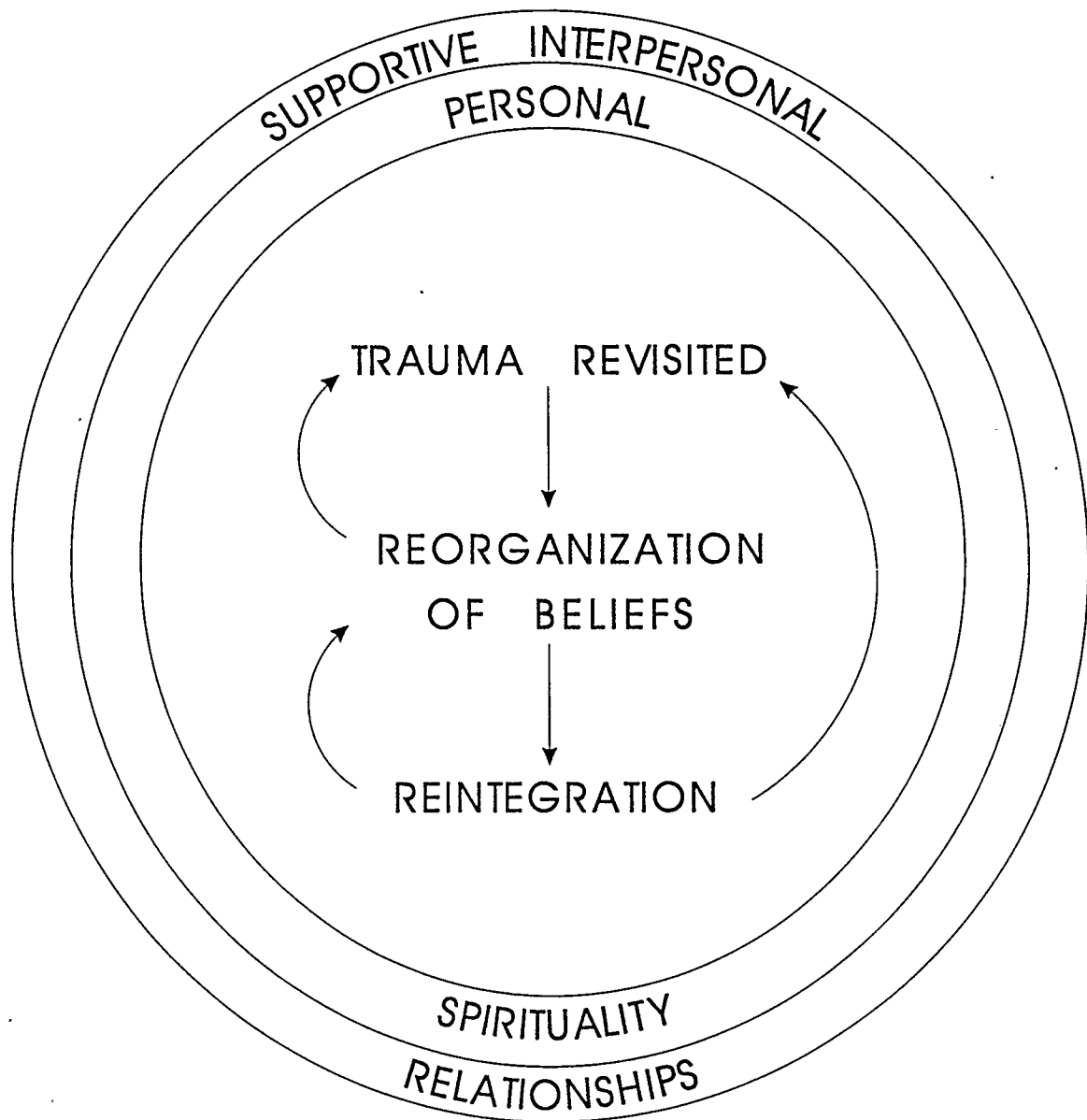
Themes

The common themes imbedded within these descriptive accounts of the healing process point to a three-step progression. Change for these women began in an identity crisis which was triggered by the recollection of traumatic childhood memories of sexual abuse and progressed towards a radical reorganization of the woman's beliefs about herself and her world and subsequent development of new ways of relating authentically to herself and others. Healing involved a fundamental change in self-identity by means of a cyclic progression through the stages of (1) trauma revisited, (2) reorganization, and (3) reintegration. The change was supported by caring, validating interpersonal relationships and a deep sense of personal spirituality. In the early stages most of the movement was back and forth between trauma revisited and reorganization and further into the healing process, more effort was focused on reorganization and reintegration. The relationships between these five major themes are indicated in Figure 2 which shows the cyclic patterns of the three-step progression occurring within a facilitative interpersonal and spiritual environment.

To suggest that healing is a simple three-step process belies the long, arduous struggle that the women faced before achieving relative comfort and stability. The experience of this 1,2,3 progression was anything but simple. "Confusion," "chaos," "darkness," "panic," "out of control," "like a jigsaw puzzle in a thousand pieces" are typical of the words and phrases that these women used to try to express what the first months of crisis were like.

The process was cyclic in two ways. First, each new memory or piece of

Figure 2. A schematic representation of the relationships between the five main themes which describe the healing process in women survivors of childhood sexual abuse as experienced by the four participants in this study.



information presented a new crisis and the cycle started over again. If memories happened to come in rapid succession, the sheer volume of unresolved issues and overwhelming emotion created great confusion and hopelessness. Second, an issue that seemed to reach closure at one point in time, often returned at a deeper level when more understanding, more resources, or simply greater maturity were available to apply to the issue.

Trauma Revisited

Recovery of Memories

Every participant in this study began her struggle against the aftereffects of childhood sexual abuse with an unsolicited and unexpected recollection of some aspect of her abuse. Two women experienced a flashback (a daydream type of experience which is "like a movie, except that you can't turn off the projector"), one had a dream, and the fourth recalled a frightening, but not sexually abusive incident with her father during a guided group meditation unrelated to abuse. As time went on, the recovery of new memories developed into a unique, but fairly predictable pattern for each participant.

Amy's "traumas" were characterized by physical sensations and kinesthetic memory, sexual arousal, and violent emotions which caused her to regress to a child-like state. In her latest one she was on the floor, curled up in a fetal ball, and trying desperately to peel off her "dirty" skin. To her frustration she had very few visual experiences and little cognitive recall which made it very difficult to piece together exactly what had been done to her and by whom. Rose, on the other hand, had

flashbacks in which she was bombarded by every sensory detail of her childhood experiences. The sights, sounds, sensations, and emotions were excruciating in their clarity. Rose thinks that pattern was necessary in order to overcome her denial. Bev found that her sleep was disturbed for several nights and with a mounting sense of anxiety she would ask the Holy Spirit to show her the problem. With this permission, detailed pictures of her abuse would unfold in her mind during prayer. These too were accompanied by sensory and emotional detail such as the feel of her grandfather's rough pants against her face, recognition of the particular outfit she was wearing, and fear and nausea in the pit of her stomach. Judith had similar visual, sensory, and emotional experiences during her meditations. Further into their recovery and often under the guidance of a therapist, most of the participants were involved in deliberate methods of recovering memories such as hypnosis and guided meditations in the form of regression.

Regardless of the form which the memory took, there were similarities about the recovery of memories process. The first is that they occurred during a state of consciousness which was more attuned to inner experiences than is true during normal wakefulness. Second, memories were frequently triggered by environmental stimuli which resonated symbolically with the memory. Amy's "trauma" in the building where she used to grocery shop as a little girl with her mother is one example. Bev would be reminded of someone or a situation from her past and find herself fixated on it for several days until the memory revealed the connection. Rose's reactions to movies, songs, and theatre productions are another. In all cases, the emotional impact

of each new memory was overwhelming and there was always a desire to deny that the memory represented an actual childhood experience.

Emotional Component

Each participant found herself in an state of shock and disbelief following the initial memory. Judith described how she spent a week in her housecoat, just sitting in a chair, sucking her thumb, and hugging a teddy bear. When she tried to read a magazine, "liar" jumped out at her from a page where, as she later discovered, the word wasn't even printed. Amy tells of another powerful reaction. She had to get a friend to accompany her to the country so that she could swing a big knife, slash at trees, stab the moss, and scream out her rage at her father. She knew that she had to express what was inside, but was too angry and too suicidal to trust herself to go alone.

The powerful sensations and negative emotions experienced by the child at the time of the abuse seem to be two of the most significant aspects of the trauma. In her own way, each participant described the physical pain caused by restraint, beatings, and penetration; the panic of hands pressing against the back of her head so that she couldn't move; the fear and revulsion of choking on semen; her fear of losing her parents' love or respect and being the object of an adult's anger; her frustration of being helpless to prevent or stop the abuse; her disgust at the sights, smells, and tastes that were forced on her; her guilt for taking part in something "bad"; her disappointment at not being believed when she tried to tell; her emotional pain at

being so utterly alone with her horrible secret. The anger and rage she felt towards her perpetrator(s) seemed to be the worst of the emotional load and the most difficult to acknowledge.

As children, they had no way of dealing effectively with these overwhelming emotions and part of the dilemma as adults was still not knowing what to do with them as the memories brought them back again. They were still afraid of the destructiveness that seemed to be unleashed within them and still lacked the skill to handle it. At other times, the difficulty lay in getting in touch with the negative emotions which continued to be bound by their inner vows never to express anger. Judith is still afraid of her anger. One of her counsellors explained to her that entering fully into the emotions of the memory is harmful because it only reenforces the traumatic response. Judith believes that this is so and stated a number of times that she "didn't do anger."

Amy, on the other hand, worked very hard to turn her anger outward. She discovered that part of her problem with suicidal thoughts was related to the misdirected hate that she had placed on herself instead of on the men who had abused her. One of her goals in therapy was to learn effective ways, such as writing letters and hitting a pillow with a bat, to release the anger and in doing so, to override her belief that anger was destructive. A related difficulty for Amy was learning to "stay present" to uncomfortable emotions instead of "splitting" as she had always done.

Neither Rose nor Bev mentioned expressing anger. Fear was a big issue for Rose though. So was mourning and expressing her tremendous sense of loss for what

might have been. Fear was also the big issue for Judith: fear of men, fear of authority, fear of the dark, and fear of elevators or closed spaces where men might attack her.

Bev described the emotional and physical exhaustion which she experienced following the recovery of a memory as similar to having major surgery. She found that the best way to cope was to sleep and let others care for her for several days.

Cognitive Component

Believing the memory. In addition to the powerful emotions and physical reactions to the memories the participants were faced with the formidable task of making sense of it all. It was as if the returning memories of abuse signalled the start of a wrestling match with reality. What is, or what was truth? - the things that she always believed about herself and her family? or her "new" memories? The discrepancy was too great to reconcile without discarding one or the other. Denial of the memory would keep her identity intact. Rose desperately wanted to protect the memory of her daddy who had loved her so well. Amy wanted to believe in her "perfect" family and her "hero" father whose approval was so important to her. Choosing denial raised some other uncomfortable questions, though. If the memory was not true, then where did such terrible thoughts come from? Each of the four women expressed fears about being mentally ill and used words such as "going nuts," "hospitalized for life," "schizophrenic," and "I'm the one that's crazy" to indicate that she thought that she had lost touch with reality.

Accepting the memory as truth was perhaps even worse. None of the women

had any idea where it would lead other than a deep knowing that it meant turning her back on all that was familiar and living in turmoil. The thought of facing those terrible things was repulsive and frightening. Beth, the woman who told her story in the pilot study, described her experience of turning away from her familiar beliefs about herself and her world as "being dropped on the floor like a jigsaw and falling into a million pieces." The decision to choose the memory as truth meant picking up the pieces, one at a time, and putting the puzzle back together again, only in a different way. The real work of healing began then, at the crossroads between accepting the memory as reality and rejecting it as horrible fantasy. These four women chose to believe their memories and in doing so, opened themselves to re-writing their personal histories. They opened themselves to a new truth or assessment of reality which began with the questions: What really happened to me? What did I do?

Believing their memories was also tied to decisions to acknowledge their pain, choose health, and seek help. Recognizing that they needed help and determining to do whatever was necessary to heal were significant milestones for each woman. Bev said, "God, heal the world, but start here inside me." That was a tremendous reversal of the perfect mask which she presented to the world and her beliefs about her "fairytale" family. Judith's struggle in front of the mirror marked the moment that she chose love over self-hate. A few months later, when she realized that she was really up against a lifetime of distortions, she again determined that she would get there. She would heal and it didn't matter how long it took. "I knew I would be

whole." Amy talked about the powerful effect of deciding "to reach for the soap to cleanse and wash herself" instead of reaching for the razor and the momentary relief of "cutting herself, real bad." Rose and her husband decided early in their marriage to be willing to grow and change for the sake of their children. They recognized that both brought with them the scars of growing up in dysfunctional families. It was a long time before Rose began to comprehend the true nature of her problems, but when her abuse became clear to her, she again responded with a "determination to get this malignancy out of my life, for the kids' sake, and my husband's." Without the decisions to believe the memories and to heal, the stories these women would have to tell might have been very different. Amy shared how she decided to put a stop to her "summer of hell" and carried on, for a season, without any further "craziness." Her ability to refuse the memories during that time, emphasizes the importance of making a decision to heal and face the unthinkable. Judith underlined the importance of making a decision for wholeness, but also went on to describe how difficult it was to actually live it out in daily choices. Falling back into the old ways was always available as an easier option.

For these women, the fight against denial did not end with deciding to believe that they had been sexually abused as children. The struggle was renewed with each new memory as it surfaced. Amy described it as "that flytrap of denial. I had to write it down, or I would forget it." Rose explained the vividness of her memories and the emotional reliving of every detail as an indication of the strength of her denial. It certainly wasn't by choice that it happened that way for her, but she saw it

as necessary to believing it actually happened. Bev said that whenever a new memory came up "the first task to be accomplished was simply believing such a thing actually happened." The fight with denial was more difficult when the memory revealed some new aspect of the abuse that had not been dealt with before, such as when Bev was forced to watch her grandmother being raped. Such treatment of an old woman, let alone her own grandmother at the hands of her husband was beyond Bev's comprehension and the emotions and questions that it raised required a whole new way of thinking about her family. On the other hand, when a new memory just supplied more details to an experience that had already been worked through, then the denial and the emotional impact were not so great.

Discovery of their own reality took some of the "nonsensical" (one of Judith's favorite words) things out of their lives as well. All of the participants described memories, events, behaviors from their childhoods that had never made sense to them. There were incidents that didn't fit with the scenario they had created for their early lives, yet remained part of the events they had always been able to recall about their childhoods. As their abuse histories unfolded, these events fell into place. The knowledge was not pleasant, but they all experienced a sense of relief at having solved the mystery.

Amy finally knew why she was running away from the farm as a three year old, why she wanted to die when she was five and had to be rescued by a policeman from the side of a cliff, why she wet her pants frequently at school, and why she had an ulcer in grade five. Rose suspects that her bladder infections really were related to

her uncle's abuse. Bev knew why she couldn't concentrate in school, where her bruises came from, and why she was terrified of the shed on her grandfather's farm. Judith understands how her pyjamas got torn, why she was afraid and felt that a black cloud hung over their house when her mother worked evenings, and why she didn't tell anyone when she was raped at school.

Identifying coping mechanisms. If knowing what actually happened was the first block in rebuilding their truths, the second was recognizing the things that they did to cope with the experience. All four participants used the same two methods to cope with their abuse: (1) They learned to dissociate or separate themselves from the physical sensation and overwhelming emotional reactions during the experience itself. (2) They divided their life's experience into two separate categories: a) the abused self which held the victimized memories and reactions and b) the everyday self which lived as though the other did not exist. The everyday self constructed a fantasy world to counter the unimaginable and learned to keep all knowledge of the abuse out of her ordinary awareness.

Amy described dissociation as watching a frightening experience from somewhere behind and to the right of her head and feeling quite removed from the situation. She discovered that she continued to "split" whenever she experienced emotional stress and throughout her whole period of acting out and abusing men. Looking back, she is amazed that she did not get herself into more serious trouble because her lack of emotional presence allowed her to expose herself to some very dangerous situations. Rose dissociated so completely that even in her everyday life,

she disallowed most normal sensory feedback. She didn't even recognize a full bladder or feel the "thrills" of a midway ride. Rose recalls instances when her two year old daughter would have to tug on Rose's skirt and cry "Earth to Mommy!" to recapture her mother's attention.

As for their fantasy lives, Bev, Judith, and Rose all realized that some aspects of their early family life had not been good, but they made enough changes in the story to cover the worst of the physical, emotional, and sexual abuse they received from other family members. Bev remembered her father's rages and battering all too well, but she knew her father only as a powerful manipulator for whom she would do almost anything to gain approval. Her fantasy world was built around her husband and children and the perfect fairytale family they portrayed. Judith was disgusted by her alcoholic father and covered his behavior with the myth that he meant absolutely nothing to her and didn't remember her mother's physical abuse. Rose adored her father, remembering him as the one who loved and protected her from her mother's destructiveness. Amy thought that the only thing that marred her perfect "Kellogg's Cornflake" family was her mother's early death from cancer.

Judith discovered that her coping mechanism of separating her abused self out of everyday memory had developed even more elaborately. As she moved along in her healing many sophisticated fragments of her personality, which held jealously onto their own experiences and opinions, began to contribute to her everyday understanding of her world.

Other coping mechanisms served to maintain the split self and prevent exposure

of the abuse or relieve the rising levels of anxiety and anger that could not be contained. Amy acted out the most visibly. Having discovered as a young teenager that alcohol deadened her emotional pain, she developed a whole arsenal of substances and behaviors to do the job and give her a "high." Her social life was wild and parties were a time for drugs, alcohol, sex, men, and excitement. Uncontrollable eating helped to ease her emotional emptiness for the moment, but when it started to show in weight gain, she added purging and rigorous exercise. Even her suicide thoughts offered her relief by somehow matching the intensity of the emotional pain she was feeling.

Judith often sat with knives and contemplated leaving the car running in the garage. Bev also thought about suicide and once closed the garage door with the car running. She got out just in time, but not because she didn't want to die. She just didn't want her children to be the ones that found her. Purging was Bev's way of dealing with uncomfortable feelings and she practised it almost daily for 21 years.

Achievement as a coping mechanism was described by Amy, Rose, and Bev. All three women are very talented and hard-working individuals who found that academic success and high performance were wonderful ways to channel energy and divert attention from the pain within. Amy and Rose even wrote their Masters theses during the worst of their flashback periods. Their identification of high achievement as a destructive aftereffect of abuse does not deny their work, but rather recognizes their high level of fragmentation and self-devaluation at the time. At least part of the drive to accomplish their goals came out of the need to cover up what they believed to

be innate inadequacy and it was achieved only by totally ignoring their own emotional pain and depending heavily on the ability to dissociate their emotions from the task at hand.

Behind all of these problematic manifestations, each of these four women held a similar set of beliefs which apparently developed as a child within her abused self to explain her dreadful experiences. As Amy described, she instinctively knew that what was happening was bad. She couldn't afford to believe that her father and the other men were bad, "because then who would look after me?" The only alternative was to conclude that she was bad. First and foremost, each woman considered herself as being bad or ugly (inner badness), evil, incapable, stupid, or nonexistent as a person in her own right. Secondly, each woman believed that the world, in general, was not safe and that men, especially those in authority, were dangerous and untrustworthy. The third belief that the participants held in common was that negative emotions, particularly anger, were very dangerous and destructive.

The three mothers in the study reacted very similarly to their negative beliefs. Rose described herself as "wearing guilt like a second skin" and having no personal boundaries. Rose desperately needed to control her environment and the lives of all her family members. She took it upon herself to be responsible for everyone and trained her children to blame her when anything went wrong. Her goal of perfection left her open and vulnerable to the slightest criticism, but she dared not look beneath her "put-on" cheery, dependable, courageous face because she, herself was a nobody. Bev felt a similar responsibility. She put on the perfect mask for the whole family

and had to keep a very firm hand on every detail to keep it in place. Bev dealt with her non-entity by being a chameleon. She could do anything or be anyone as long as she understood clearly what was expected. "Just tell me what you want and I'll do it" was her constant cry. The only impossible task was to decide what she, herself wanted or needed. Judith's non-entity is characterized by 12 hockey seasons during which she spent every night of the week in an arena because "that's what moms and wives do." The fact that she hated hockey never entered into her thinking. The role of the "self-sacrificing mother" suited Rose, Bev, and Judith well, except they never really believed they had a self to give up.

The dangerous and untrustworthy world played itself out in the multitude of fears. Judith was afraid her boys or their friends might attack her. She believed if she really loved her husband she would be vulnerable to his whims and he would be free to pass her around to his friends. She was afraid she would be fired because she was stupid and she was afraid men would attack her in elevators. Bev was terrified to say "no" to her father's totally unrealistic expectations about nursing him alone and learning the business. Rose couldn't do even the simplest task without "taking courage" because she was afraid of everything. Amy believed that all men intended to harm her; her solution was to hurt them first.

The women recognized that some of their more difficult problems were related to their negative beliefs. All of them had trouble in their interpersonal relationships. Amy couldn't even consider a committed relationship. Judith and Bev were talking about divorce. Judith, Rose, and Bev were having difficulty with their teenagers,

particularity their sons. Judith and Rose had difficulty with authority, especially at work or school. Finally, the suicidal thoughts, the depressions, the extended mourning, the panic attacks, the substance abuse, and the purging had a context which made sense.

Identifying these coping mechanisms as they operated both in the past and in the present was a very important aspect of each woman's search for her own truth. The more she learned about them, the more pieces of the puzzle she put back together. Like the nonsensical childhood experiences, many of these behaviors and reactions had been an enigma and when the connection between the abuse and the problem was made, each experienced great relief and was hopeful that she would be able to deal with it, at last. As Bev said, "When I knew what the problem was, I could deal with it. It was the not knowing that made it so hard."

Reorganization

Reorganization of these women's belief systems began with the truth. Knowing what really happened to them, expressing their emotions, identifying their coping mechanisms, and making decisions for wholeness laid the groundwork for significant change. This was a time for education, a time for learning about healthy living and observing those who demonstrated the qualities they admired. It was a time for talking about values and principles and beliefs with friends and counsellors. It was a time for recognizing discrepancies between words and actions and challenging the old ways. It was a time for talking about change, setting goals, and seizing hope.

When Amy saw that she had the gun turned toward her own head, the truth

came flooding in! She was a young child; they were adult men. She was innocent; they were guilty. This was an enormously important insight for Amy because it provided the grounds for dismantling the foundational lies of her self-identity. She was able to recognize that the "I'm bad! I'm dirty! I'm sinful! I'm guilty!" evaluations belonged to her perpetrators, not herself. As awful as the memories were after that, Amy could see again and again just how little and how innocent she really had been. She was also able to remove the generalizations she placed on all men. Certainly those men (and many others) did and would hurt her, but that was a label which did not apply to all men. The challenge for her was learning to differentiate between those who were trustworthy and those who were not. Settling the question of real guilt in her mind, she was then able to take responsibility for her own actions and decide for herself the things that she valued, what she respected, and who she wanted to be. Amy was guided by her spirituality in defining her person goals. To her, God is truth, love, purity, forgiveness, and commitment. She was convinced that these attributes were what He wanted her to be as well. With His help and the practical assistance of her counsellor, partner, and friends in recovery, Amy set her sights on being "clear, shining water."

Rose's dramatic conclusion that her "mother wouldn't let me have my self; I think my father killed my self" was the powerful image that explained to her why it was so difficult to live the victorious life her Christian beliefs proclaimed. Her Christian beliefs could only clothe the deceptions and dim perceptions borne out of her abused self. When Rose recognized that, she could finally apply God's love and

forgiveness to her inner being and break free of the guilt and fears that held her captive for so long. She was determined to honour and respect her real self, the soul as she believed God had created her to be. She was also delighted to reintegrate those aspects of childhood self that were good, but seemed to have been left behind and blocked out by the abuse.

Bev's three analogies of healing: the Russian dolls, the chest, and the weed-choked plant all bring to mind an image which starts out perfect and full of potential, but is then damaged or invaded in some way and then restored. Bev's goal of "perfection" has not changed, but the means to that end is radically different. Gone is her struggle to live by others' standards and the need to compensate for the inner damage. The change in Bev's belief system has been to accept that the original, perfect self that God created her to be is still deep within her. Her new goal is self-acceptance and partnership with God to restore His original, perfect plan.

Judith's beliefs about herself and her world underwent a fundamental change when she realized it was possible for the characteristics she longed to have might actually come from within. She could be joy, peace, hope, safety, and love and not just wear them like a cloak to cover their negative counterparts. The other fundamental change in Judith's self-belief came with her discovery and inclusion of the many fragments of her personality in her identity.

Reintegration

Re-relating is the term Rose used to describe her experience of coming back into relationship with herself and others in a new way that incorporated her new self-

image and beliefs. Reintegration describes that part of the healing process which provides the behavioral evidence of the inner change and incorporates the concept of coming back into the larger social system in a fundamentally different way. The new behaviors also supply feedback and reinforcement for the developing ideas. Reintegration is both the source of great pleasure and the cause of great sorrow.

Amy started out on her road to healing by getting her addictions under control. She was still unaware of her sexual abuse history, but had acknowledged that her alcohol, drug, and eating habits were destructive. She soon discovered that changing those habits meant changing her whole social environment and replacing them with self-nurturing habits. So there were many behavioral adaptations which Amy made even before she knowingly started to work with the abuse issues. In fact, it was removing the camouflaging effects of the addictions which exposed the abuse. Once she was working with her counsellor, personal boundaries and living out the characteristics of healthy interpersonal relationships became a major goal. But how to translate concepts such as trust, commitment, respect, honesty, and personal responsibility (for all individuals) into actions became a daily challenge which required constant examination of her thoughts, emotions, and her behaviors. Because of its subtlety, the emotional escape through splitting was much harder for Amy to break than her other addictions. It still occurs from time to time before she recognizes the signs. As Amy's new behaviors stabilized she found that the old ones just didn't seem to fit anymore.

Amy has been estranged from her father and step-mother since their

unsuccessful efforts at family counselling. The final therapeutic goal that she made was to confront her father with the truth of her childhood as she now understands it. Ultimately, she hopes for reconciliation, but she has come far enough to realize that any future relationship would have to be built on her truth and not on the lies that she has worked so hard to dispel. The fact that Amy won't settle for anything less is a testament to the change in her and the idea that a healed woman cannot go back into relationships as they were. In the face of her father's denial, Amy is prepared to step back and wait patiently for his next move.

Rose's husband and two children were involved in the identification and changing of their dysfunctional family patterns. Each one of them had to discover better ways of relating to the others. They learned how to talk about their feelings and reactions openly and honestly and learned to change their behaviors accordingly. The four of them had the luxury of working through these issues together while being separated from the other parts of the family who live in a different province. Rose's extended family is large and there are indications of sexual abuse in several other parts of it. Her father and uncle are dead, but the time came to tell the other family members about her experiences as a child. Rose could not go back to the old ways of associating with them, particularly because of the young children who still might be at risk. Ridicule and rejection have been the result of her disclosure, to date. Rose's healing is also strong enough to know that estrangement is preferable to living a lie.

Bev's challenge to reintegrate was to live without a mask, to listen to her own heart, not to slip into her chameleon ways, and to allow her children to be accountable

for their own actions. Her biggest challenge was knowing how to maintain her integrity in the presence of both her mother and her mother-in-law whose dogmatic and opinionated ways of being grated forcefully against her developing self. Bev did not feel the need to share her inner journey with either woman. Happily, their visits were infrequent, but without telling them why, Bev worked hard to bring her new self into her interactions with them.

Judith's parents are both dead and Judith has little contact with her extended family. Her brother, her husband, and her sons played an active part in her healing journey so her changing relationships with them were supported in her home. Judith's network of friends through Personal Best and her survivors' group also encouraged her developing self and re-relating in those circles has not been difficult either. Judith's present work of re-relating involves taking her anchors of faith, trust, and joy out into the broader community. Although she now feels relatively safe in her own home and can really sense trust welling up from inside her during her meditation times, she is still very frightened in many places, such as the stairwell at her psychologist's office and in elevators. Actually bringing her inner sense of safety into places like the stairwell is the kind of integration which Judith is hoping will happen for her in the near future.

The three major themes of crisis, reorganization, and reintegration represent the progression that were identified in the data as the lived experience of healing from childhood sexual abuse. Two other themes, spirituality and interpersonal relationships were woven into all aspects of the healing experience and served to facilitate the

process.

Spirituality

Each of the four participants spoke very freely about the significance of her spirituality and the important role that God played in her healing. Understanding and experience of the supernatural differed from woman to woman; however, openness to God's presence and healing power expanded the dimensions of healing beyond the psychological and into the spiritual realm.

God has always been very real to Rose. Even as a young child she wanted to be a nun and tried to apply the Christian principles of love and forgiveness to her difficult relationships with her parents. She believes that her baptism and profession of faith at thirteen, along with her determination to love her father in spite of his cruelty were instrumental in finally convicting his conscience and bringing his abusiveness towards her to an end. God remained a source of strength for Rose and a central aspect of her married family life, even in the midst of fear, depression, and mourning. When memories of her abuse returned she found hope, healing, and forgiveness in the love of God.

Amy's desire for God developed when she was young, although she felt guilty every time she went into a church. Her real awakening to the power of the spiritual realm came as she spent time with the natives on the reserve and she learned to see God in all life. God has become her inspiration and her source of purity and wholeness as she seeks to increase her awareness of Him through meditation and become the woman He desires her to be.

Bev's conversion to Christianity coincided with her returning memories and she believes that Jesus, as manifested in the power of the Holy Spirit, has been involved with and guided every aspect of her healing. Jesus was present in her visualizations, leading her back, as a child, to the scene of the particular memory and staying to comfort her after the episode was over. Bev believes that her ability to become a "real-looking doll" is a function of living in close relationship with God.

Judith found her own version of spirituality in Eastern mysticism. She depends heavily on the information and support of her therapists, family, and friends, but when it comes to the deep work of inner change, Judith turns to meditation and the presence of Universal Love and Light to be her source.

Whatever their relationship with or understanding of the supernatural, these four women have looked to God for unconditional love, forgiveness, and power. To them He has been a source of light and truth and hope.

Interpersonal Environment

The descriptions of inner experiences of healing, given by the four women in this study, were filled with anecdotes about the men, women, and children who journeyed beside them. Each of the participants took special care to talk about the people who were very important to their progress and without whom they may have given up. The quality of these interpersonal relationships stands in stark contrast to the characteristics which were present in each participant's family of origin where the abuse took place. All four women used similar words to express the ways that their therapists, husbands, children, and friends contributed to their progress. A composite

description of the facilitative interpersonal environment can be categorized by individual or group, personal characteristics, and function.

Individual or Group

The participant's immediate family (husband and children) was most directly affected by the changes brought by the healing process. Rose was particularly grateful for the support and willingness to learn and grow that came from her husband, son, and daughter. As she described it, all of them were caught up in the patterns of a dysfunctional family and all have participated in the transformation of their household. Judith's and Bev's husbands were not quite so actively involved in identifying their own need for personal change. But, they were supportive of their wives and tried to understand the tremendous adjustment that was going on in their lives. Judith's husband and older son were involved in their own search for values through Personal Best and took an active part of the networking system developed in the courses. Bev's teenagers found their lives drastically different as their mother relaxed her control over their every move. Finally given responsibility, they learned to face the consequences of their own decisions. All three children changed their behaviors considerably and the power struggle between them decreased significantly. Amy's commitment to her partner represented a major change in her relationships with men. With him she has learned to live out the challenges of building a life together. He has had to be extremely patient with her efforts to reclaim her sexuality.

Each participant mentioned at least one very important woman friend who was also a survivor who had begun the recovery process shortly before her. Rose and Bev

also had other women friends who were not survivors themselves, yet were able to listen to their stories and comfort and validate them. These close friends were not necessarily knowledgeable, but they were available, trustworthy, caring, and much more involved with the details of everyday survival than the professionals. These friendships also provided more opportunity for reciprocity than the one-way caring in the therapeutic relationship.

Each participant's individual counsellor or therapist played an extremely important role in her recovery. The counsellor was the person who carried the professional responsibility for bringing the professional resources and the personal characteristics described below into the therapeutic relationship. All of the counsellors or therapists who were associated with these participants were able to create an interpersonal environment that fostered growth. For financial and insurance reasons, Judith saw four different professionals, sometimes two concurrently. It has been her experience that each was able to play his or her own part and meet very different needs.

Three of the women participated in short-term survivor's groups where the experiential knowledge, educational elements, and normalization of their experiences were extremely valuable. The women served as witnesses for each other and had the opportunity to widen the circle of people who knew and encouraged their true selves. Bev's long-term therapy group offered mutual support and education to women with a variety of problems. The women also met regularly without a therapist for recreation. As well, Bev was involved in a regular bible study group which focused on issues of

faith, practice, and self-examination in relation to biblical principles. As with her other group, it provided a base from which to challenge and reorganize her own beliefs.

The final group mentioned by participants as influencing their healing environment is the Women's Movement. None was politically active during this time of major healing, but all of the participants were encouraged by the increasing awareness of sexual abuse issues within the larger community and have begun to contribute in some way. Amy took part in a teaching video on survivor's groups and participated in professional seminars. She is very active in the leadership of AA and OA groups. Bev talked about her dream of buying and operating an apartment building to serve as a training centre for young, abused, single mothers and their children. The influence of the Womens' Movement was also demonstrated in the feminist counselling perspective taken by all of their counsellors, the availability of self-help books, and the proliferation of movies and other dramatic works sensitive to violence of all kinds against women and children.

Personal Characteristics

The primary characteristic demonstrated by all of the supportive people was their commitment to the survivor's healing. He or she was available and accessible particularly during the early, very traumatic and intensely emotional period when memories were first surfacing and until the survivor learned effective coping skills. They also believed that healing was possible and held out hope for the survivor when she could not believe for herself.

The support people were "whole enough" in their own personal growth, people who were free enough of their traumatic pasts to focus on the survivor's needs. They were "whole enough" to be honest, respectful of the survivor, trustworthy, dependable, consistent, and able to cope with powerful, negative emotions. They were able to love appropriately and acknowledge their mistakes. They were willing to risk their true selves to the relationship and went through the personal changes that the encounter demanded.

Functions

Support people stood alongside the survivor as a witness to the terrible scenes that the survivor was seeing replayed before her "eyes." And having witnessed it, supporters provided whatever comfort, care, love, or security that was needed, but unavailable to the "little girl" at the time of the abuse. As witnesses they helped the estranged and emotionally isolated "child" to reconnect by accepting her in spite of knowing the awful truth about what happened to her and the things she did.

Another very important function that support people served was to guide and to educate. The participants all had much to learn about childhood sexual abuse. They needed theoretical knowledge. They needed to know that they were not alone and that they were not going crazy. They needed skills and the wise counsel of an expert to direct, enable, encourage, and empower them to take control of their own lives and healing plan as quickly as possible.

Support people also provided a personal example of healthy behaviors and attitudes which demonstrated the lessons about personal boundaries, responsibility, and

integrity. The relationship between survivor and supporter provided an opportunity for the development of connectedness within the appropriate bounds of a particular relationship and a healthy model for interpersonal relations in general.

The last function that was recognized as an important feature of the interpersonal healing environment was the provision of a forum where the survivor could safely examine her own beliefs and attitudes. It was a place to discuss significant issues and how they applied to her own life.

Chapter Summary

The across participant data explication indicates that although each woman was involved with different therapists and different treatment strategies, there was an underlying common experience of healing which involved a radical change in self-identity. The change took place within an interpersonally supportive environment and dynamic relationship with God. The healing process followed a cyclical progression through the three steps of trauma revisited, reorganization, and reintegration.

CHAPTER SIX

DISCUSSION OF RESULTS

A discussion of the results of this study is presented in this chapter under the headings of personal understanding of the healing process, key issues, implications for counselling, and future research. The key issues included in this discussion are: the major contribution of this study, the three-step progression, the radical nature of the change, nonconscious knowing, the mother-daughter relationship, and spirituality.

Personal Understanding

One of the philosophical assumptions of phenomenology is "co-constituted meaning." This is a concept which supposes that meaning is formed in the exchange between objective and subjective reality (Becker, 1992). Up to this point in the study I have focused on creating an accurate representation of the participants' experiences. However, what the women said and how they said it had a profound effect on me and stimulated tremendous development in my own understanding of the meaning of child sexual abuse, its consequences, and the healing process. In as much as new memories brought emotional upheaval, denial, and obsessive images to the participants, my own imagination was also shocked and unprepared to accept the unbelievable. I too, was bombarded by intrusive images, sensations, and emotions which rose out of the women's stories and pressed themselves into my everyday life. I too, required time and effort to rearrange my own belief system and incorporate such abhorrent ideas into my understanding. It has been a challenge to assimilate all that I have read and heard concerning abuse and healing in the past year and a half and I include the

following, somewhat metaphorical, summary of the essential experience of child sexual abuse and subsequent healing process as representative of my present understanding of the topic as a result of my interaction with the literature, workshops I attended, and the women who shared their experiences with me.

Child sexual abuse is a gross misuse of a child's body and a trampling of her young soul. Sexualized acts with children are driven by an adult's own craving and result in a traumatic wounding of a child's body, soul, and spirit. At its core, the injury is inflicted by the hateful denial of the child's personal reality which creates interpersonal disconnectedness for her and incorporates the notion of "sexual object" into her self-identity.

Healing of the injury is achieved through loving validation of the child's personal reality. A quick reversal of the destructive disconnection minimizes the effect on the child. Time, by itself, compounds the injury because the child is not able to give to herself the validation and love that she requires to heal. If her social environment cannot provide it for her, the child is forced by her pain and fear to bandage the festering wound, hide it as best as she can, and seek to reconnect with her family on their terms. The child's coping mechanisms are represented by the bandages and her destructive reactions by the infection. Chronic abuse increases the level of pain significantly and the quality of the overall social environment affects the degree of objectification in her self-identity.

Time does pass though, and the child grows and matures until one day (five, twenty, even forty years later) the building infection can no longer be contained by the

bandages and the wound begins to drain. The injury is exposed. Treatment at this late date begins with the removal of the bandages and debridement of the wound, but the treatment, loving validation of the child's reality, remains the same. The end result is reconnection and development of her true identity as a person.

Key Issues

The goal of this study was to describe the common structural features of the healing process as experienced by women survivors of childhood sexual abuse. I believe the essence of the healing experience has been captured in the definition: becoming one's true self through the three-step process of revisiting the trauma, reorganization of beliefs, and reintegration. This definition provides a heuristic tool for understanding the overall nature of the process which will be useful in evaluating the contributions of others to the field, designing intervention strategies, and assessing the progress of survivors working within the healing process.

Three-step Progression

In the literature review, it was noted that there were a number of authors who suggested that the healing process occurred in a sequence of steps or phases and that healing models were often presented within the framework of a particular theoretical perspective. It was also recognized that although the steps identified by various authors were similar, they were not the same. The progression: (1) trauma revisited, (2) reorganization of beliefs, and (3) reintegration as described in this study is recognizable as an underlying theme defining the common elements of the five models presented in Chapter Two. Table 3 shows how the steps or phases in the Table 3

Table 3

Comparison of the Healing Process between the Results of This Study and the Bass and Davis (1992), Gannon (1989), Herman (1992), Jaffe (1985), and Malmo (1993) Models.

Model of Healing	Trauma Revisited	Reorganization of Beliefs	Reintegration	Other
Bass and Davis	1. decision to heal 2. emergency stage 3. remembering the abuse 4. believing it happened 5. breaking silence 6. understanding it wasn't your fault 7. making contact with the child within 8. trusting yourself 9. grieving and mourning 10. anger		11. disclosures and confrontations 12. forgiveness 13. spirituality 14. resolution and moving on	
Gannon	1. reclaiming the past and working through the trauma of abuse	2. eliminating self-sabotaging behaviors and enhancing personal capabilities	3. refining and strengthening the new personality in order to thrive in the world	

Table 3 continued

Model of Healing	Trauma Revisited	Reorganization of Beliefs	Reintegration	Other
Herman	1. remembrance and mourning		2. reconnection	3. commonality
Malmo	1. recognize the symptoms 2. identify specific problem or issue 3. access the source of the problem 4. identify and express all feelings 5. reparent the traumatized child	6. reframe destructive beliefs 7. resocialize or educate 8. empower 9. ego-strengthening 10. anchoring 11. orient to the present 12. checking in to the present	13. integration, change and synthesis happens in the future	
Jaffe	1. active struggle and response		2. transformational experience	3. survival as a shared experience

Bass and Davis (1992), Gannon (1989), Herman (1992), Jaffe (1985), and Malmö (1993) models of healing relate to this three-step progression.

The fourth heading, "Other," is used to accommodate the emphasis which Herman (1992) and Jaffe (1985) place on survivors' identification with others whose similar experiences draw them into collective social activism. The women in this study also spoke about their relationships with other survivors and their motivation to contribute meaningfully in the larger community's efforts to address the problems of child sexual abuse. However, the participants' descriptions of their experiences suggested that their relationships with other survivors should be categorized as part of the supportive network of people facilitating their healing. These four women seemed to talk about collective activism as a result of their healing rather than a part of the healing process. For this reason, references to commonality were included under the facilitative theme of "interpersonal environment," and not as a step in the healing process. Given that all participants defined healing as a life-long experience, it is reasonable to anticipate that these women will progress into what might be considered a fourth step paralleling the third community oriented phases identified by Herman (1992) and Jaffe (1985).

With the underlying themes of the healing process thus identified, the five models appear to emphasize different aspects of the healing process. Bass and Davis (1992) provide a combination of steps which relate mostly to "trauma revisited" and do not address the development of new beliefs and behaviors very fully. Gannon's (1989) three phases (and the seven steps in each phase) are very similar to description

of the themes in this study. Herman's (1992) broad approach to healing and overall concern with the quality of interpersonal relationships is evident in the names of the steps which outline her hypothesis that the primary woundedness is disconnection and the primary healing is in reconnection and purposefulness in the wider social community. Jaffe (1985) places his emphasis on the victim's struggle to integrate the traumatic experience and thereby emerge from the experience as an essentially different person. Malmo (1993) focuses on the first two parts of the process and her steps provide a detailed and ordered set of tasks to guide the counsellor. The three-step progression of healing found in this study can be inferred as the goals of those tasks. She does not specify the tasks which are involved in reintegration.

Radical Change

One of the assumptions made at the outset of this study was that the primary injury of child sexual abuse occurred within the psychological realm and was related to self-identity. Describing psychological change was at the heart of the research question, so finding that the experience of healing for these participants involved changes in self-identity was anticipated. Despite Jaffe's (1985) essay on self-renewal, I was unprepared for such a radical transformation of the survivor's whole belief system concerning herself, her family, and her history.

There are similarities among Jaffe's (1985) and Herman's (1992) work with multiple kinds of trauma and the experiences of the women in this study. All three identify the victim's need to integrate traumatic horror and pain into their personality and all three describe a healed individual who returns to society as an essentially

different person. However, the task for the woman survivor of child sexual abuse seems to involve more than integrating the experience. She must also dismantle her protective fantasy version of her personal history and modify many lifelong adaptive beliefs and behaviors. When the trauma occurs at such a developmentally immature period in a child's life, when the perpetrators are the very people who define the child's heritage, and when the trauma is denied by those same people, the task of incorporating the horror seems to be more complex than when the trauma is unrelated to the formation of personal identity. It may well be that each type of traumatic experience has its own peculiar characteristics to distinguish its healing pattern. The evidence from this study indicates that a woman recovering from child sexual abuse must not only deal with the trauma, but also discard her fantasy world which is her very sense of being.

On the surface it seems outrageous to think that any woman would set out to become a different person, especially if she knew from the beginning that it would require dismantling the foundations of her self-identity. Polkinghorne (1988) highlights the significance of knowing one's personal history by writing "We come to see that existence is a unity and that past, present, and future are aspects of our one existence. I am that existence which includes what I have done, what I am doing, and what I will do, and each moment is part of the whole that I am" (p. 131).

From this perspective the child's protective blocking out of her abuse history is recognized as a severe disruption of her sense of existence. The need for continuity sets the stage for the creation of a fantasy existence. When a woman's memories

challenge the fantasy, it is no wonder that the woman's unity of being is shattered until it has been replaced by another version of her past.

Jean Baker Miller provides another, but not conflicting perspective on the child's construction of a fantasy world in the context of maintaining her sense of connection with her family. Miller (1988) suggests that the effect of having one's feeling-thoughts disallowed is a confusing sense of interpersonal disconnection and isolation, which is "the most terrifying and destructive feeling that a person can experience" (p. 5). "A most extreme impossibility - disconnection and violation - occurs...when a young girl is sexually abused" (p. 7). Unable to change the relationships available to her, the child resorts to changing herself by altering her internal image of herself, others, and the nature of those connections. "This is a complicated process. In order to twist herself into a person acceptable in "unaccepting" relationships, she will have to move away from and redefine a large part of her experience - those parts of experience that she has determined are not allowed" (Miller, 1988, p. 6). The long-term consequence of walling off her actual perceptions, experience, and desires and living out of the constructs she has fabricated to keep her connected is a paradoxical isolation. As her experiencing self is labelled "bad," more and more of herself has to be kept out of relationships.

With these explanations concerning the need for personal history and connectedness, Polkinghorne and Miller provide some insight into the child's creation of her "false" self and the reason for denying the memories and clinging to the protection of the "false." It is no wonder that such radical change takes several years

to accomplish. Realizing that wholeness is the shedding of "false" perceptions in exchange for developing the "true" that was buried beneath the pain all along is an important part of the concept of becoming a different person.

Preconscious Knowing

Throughout the data there are many examples of the influence and power that tacit cognitions exert on the survivor. Rose's struggle to live her life according to her Christian beliefs illustrates how her conscious endorsement of ideals was not enough to override the values and self-deprecation which had been laid into a deeper level of her self-identity by the abuse. She found it impossible to match her words with her experience. Rose spoke the words of faith, she experienced fear. Rose spoke about mutual love, she experienced blaming and shaming. Rose spoke forgiveness, she experienced guilt. Until Rose was able to bring the abuse and its effects in to her consciousness awareness, she could not apply her faith to it and her life remained profoundly affected by the abuse.

According to the experiences of these women, much of the critical work of healing involved dreams, flashbacks, meditation, and prayer. The primary accessing of "truth" was far more dependent on symbols, physical reactions, environmental triggers, art work, music, and emotional responses than on the use of logic or verbal reasoning. Building up the new identity and developing new, and healthy ways of being was also accomplished, in part, through symbolic and sensory ways of knowing. Evidence of the constructive use of symbol is provided by Judith's anchor work and the many metaphors which the women used to express their experiences of healing.

This is not to deny the importance of didactic learning and reasoning, but it does underline the significance of understanding and working with both the conscious and preconscious systems of knowing.

The important part that dreams, nightmares, flashbacks, and visualizations play in defining personal truth raises extremely important questions about the nature of the information contained in those kinds of experiences. Similarly, traumatic experiences raise many questions about the nature and physiology of memory, particularly as it concerns storage, amnesia, emotional environment, and retrieval processes. Because the whole key to healing from childhood sexual abuse lies in discovering the truth, it is necessary to understand what these experiences represent.

Mother-Daughter Relationship

Almost all sexual abuse of the women in this study was committed by male family members: fathers, grandfathers, uncles, a half-brother, and fathers' friends. However, the level of dysfunction and lack of empathy that existed between all four mothers and their daughters was striking. Each participant perceived her mother as a physically abusive, controlling, angry woman who was unable to affirm her daughter and played a significant role in the general dysfunction that existed in the household. Rose's difficulty with gender role and the parenting problems that Bev, Judith, and Rose struggled with were related to their problematic relationships with their mothers. I am certainly not suggesting "mother-blaming" by making this observation, but these narratives point to the importance of examining the interpersonal dynamics within the whole household when investigating child sexual abuse and identifying issues that need

to be resolved during the healing process. Amy and Judith's mothers are dead. But Rose and Bev still have major difficulties relating to their mothers and Amy with her step-mother.

Spirituality

I was surprised that all four women attributed so much of their healing to God. This was the one resource that they had to manage alone. Each of the counsellors was aware of her client's faith and exercised a neutral and nonjudgmental stance towards those beliefs. Her neutrality, however, meant that she was unable to affirm or give her client direction in this area and thereby harness the power of her client's spirituality as an instrument of healing. Likewise, Rose's and Bev's spiritual leaders were not knowledgeable or open enough to the issues of child sexual abuse to apply their area of expertise to the healing process. It seems that a great resource in bringing healing and defining a new self was not used to its fullest advantage by leaving the woman to struggle with this significant aspect of her experience and belief system on her own.

Implications for Counselling

The experiences of the women in this study provide the basis for making the following recommendations which are related to interventions.

Safety First

The initial period of new memories and flashbacks creates a high-risk situation for survivors. Therefore, the counsellor's first concern must be for her client's safety by means of a thorough suicide assessment which must include the quality of the

woman's social support. If her support network is not capable of providing a validating, caring witness to her trauma during crisis or is unavailable at critical times, the counsellor must clarify her own availability and help her client identify community resources to meet her needs, especially during the night or when her support is unavailable.

Safety also involves educating the client about the nature of memories and teaching her skills to handle them effectively. All of the women in this study depended on friends, as well as their counsellors, to hear the details of their memories. If friends take on this role, the counsellor would be advised to teach them about their role as witnesses, and suggest helpful ways to respond to their survivor friend and handle their own traumatic reactions to the content of the memories.

Healthy Relationships

Healthy interpersonal relationships were identified as a key facilitative factor in the healing environment. As was seen with these women, serious interpersonal problems with issues such as personal boundaries, responsibility, trust, and control arose out of their negative self-identities. These problems challenge the intervention process by compromising the therapeutic relationship and possibly, by leaving the survivor without a trustworthy inner circle of social support. In such a situation, the intervention strategy also must include a specific plan to educate, model, and train the client in the development of healthy inter-personal relationships which parallel the primary treatment goal of dealing with the abuse.

Problem Identification

The diverse and serious nature of the problems (depression with suicidal ideation, panic attacks, prolonged grief, marital and relationship problems, sexual acting out, addictions, purging) experienced by these women and ineffective treatments they had received prior to the identification of the root cause of childhood sexual abuse underline the importance of completing a full early history which looks beyond the presenting problem.

Vision

Because of the resistance of human nature to make such radical transformation, the intervention strategy needs to provide many opportunities for the instillation of hope by helping the client create her own vision of wholeness. A client in trauma needs myths and role models to enable her decision to fight for wholeness, to firmly grasp onto the ideas that her true self is far more valuable than the fantasy self she must discard, and to realize that she is capable of facing her pain.

Strategy - Process Match

This study indicates that healing progresses through a long, slow process which focuses on different issues at different steps in the development of a new self-identity. Counselling strategies must match the client's rate of progress and remain appropriate to her stage of recovery by not rushing ahead of her actual progress. The goals of brief therapy and crisis management models must not be confused with the long-term nature of the healing process in women survivors of childhood sexual abuse. The healing process requires an intense, committed, long-term, therapeutic relationship to

facilitate the kind of change described in this study as "healing."

Use of Symbol

The importance of the preconscious ways of knowing in both accessing troublesome childhood experiences and creating a healthy belief system makes it imperative that counsellors who work with sexual abuse clients be familiar and comfortable using symbols, metaphors, and creative mediums. This also includes finding ways to capitalize on the survivor's spiritual resources, where appropriate.

Physiological Approach

Body memories, sensory impairment, sexual problems, panic attacks, intense emotional responses, substance abuse, purging, and the experience of depersonalization indicate the powerful connection between the physical body and the aftereffects of childhood sexual abuse. Likewise, the reversal of these problematic experiences must also involve a physical approach. Physiologically sound techniques must be incorporated into the treatment plan to address these issues.

Disclosures and Confrontations

The resistance which family members who were part of the original abuse system showed towards accepting these women's new understanding of their personal histories underlines the importance of waiting until the survivor is strong enough in her new identity to accept the anger and rejection which her new version of the "truth" is likely to bring before she attempts to confront these relatives. The denial that seems so common among family of origin members also highlights the importance of helping the survivor to gain some emotional and/or geographical distance from

them while she is struggling to accept the reality of her abuse and grow into her "true" self.

Future Research

This examination of women's experience of healing has provided a broad perspective of the phenomenon and laid the foundation for future, more detailed exploration of specific aspects of the process. One area which warrants closer study is factors which facilitate the healing process. This includes topics such as the development of healthy interpersonal relationships in women whose social interactions have been severely compromised by her childhood experiences, the nature and role of spirituality, and the identification of critical incidents in the healing process and management of such situations as part of the intervention strategy.

Another area which did not receive adequate attention in this study is the topic of gender and sexuality. Unexpectedly, the women in this study spoke about these issues in such a limited and diverse manner that there was not enough evidence to develop gender or sexuality as common themes in this explication of the healing process. However, there were certainly references to both areas which could have been expanded through focused probing during the interviews.

The use of retrospective descriptions of experiences which encompass a very long time frame, as was done in this study, was one way of obtaining data to describe the full scope of the change process. However, such descriptions are limited by the nature of long-term memory and subject to the emphasis chosen by each women.

Future research which is focused on specific issues could take advantage of a narrow

frame of reference to record the phenomenon of interest, either in real time or soon after its occurrence and across several incidents of the same type of experience. This method is truer to the intent of phenomenological research. If the focus was placed on one step of the process, interviews with women currently in that stage of their healing journey would likely produce a much more useful and detailed description of the actual mechanisms of change than the retrospective accounts in this study.

Another direction for future research is the development of a comprehensive theoretic model. Such a model needs to incorporate the full nature of the experience of and recovery from child sexual abuse, including the physiological, intrapersonal, interpersonal, and spiritual facets of the experience. On the basis of other work such as Jaffe (1985) and Herman (1992), it seems likely that the theoretical explanation of the experience of child sexual abuse will evolve as a subset of trauma.

The final area for future research which arises out of this study is the need for program evaluation and empirical assessment of the various approaches, interventions, and efficacy of specific techniques used to facilitate the healing process.

Chapter Summary

The discussion in this chapter began with description of what I understand as the essence of sexual abuse and the healing process and then covered the topics of the three-step progression, radical change, nonconscious knowing, mothers-daughter relationships, and spirituality. This was followed a discussion of some of implications for counselling that were raised by the study and several areas for future research.

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Appendix A
Demographic Information

Name _____

Address _____

Phone number _____

Age _____ Marital status _____ Number of children _____

Occupation _____ Education _____

Counsellor(s) seen regarding abuse issues

Individual work _____ Group work _____

Sexual abuse history

Age at first incident _____

Length of time abuse continued _____

Relationship to the perpetrator(s) _____

Age when you first sought help _____

Age when you began to notice improvement _____

Issues you are still dealing with _____

Pen name of your choice _____

Appendix B

Informed Consent

I, _____, am a voluntary participant in a study exploring the healing process in women who experienced sexual abuse as a child. I have been informed about the nature and purpose of this study, as well as the possible risks and benefits.

I am aware that I will be required to attend three interviews of approximately two hours each. I am also aware that I will be free to withdraw from the study at any time, without penalty.

I understand that the interviews will be audiotaped and then transcribed; but that no identifying information will be attached to either the tapes or the transcribed pages. Also, that this consent form, the demographic sheet, and the tapes, which do identify me, will be kept secure and confidential until the data has been analyzed, after which time they will be destroyed.

Signed:

Date:

Appendix C

Letter to Nominated Participant

University of Calgary,
Department of Educational Psychology,
2500 University Drive N.W.,
Calgary, Ab., T2N 1N4

January , 1993

Dear

My name is Mary Beamish. I am a graduate student in Counselling Psychology in the Department of Educational Psychology at the University of Calgary working under the supervision of Dr. Sharon Robertson. I thank (therapist) for sending this letter to you on my behalf, as a prospective participant in my research project. I am asking for your help in conducting a research study for my Master of Science thesis.

The purpose of this study is to examine the healing process that women who were sexually abused as children experience when they seek help to deal with the aftereffects of that abuse.

(Counsellor's name) has examined my research proposal and finds it to have merit. She also knows that you have a great deal of valuable experience and insight into the healing process and would, therefore, be a very valuable resource to me.

Should you agree to work with me in this study as a participant, I will need you to set aside time for three, two-hour sessions, over the course of one month. We will meet in private to discuss your understanding of the healing process. The first interview will involve helping you to describe the things that you believe have contributed to your own healing. I will need to use an audio recorder; but, be assured that there will be nothing to identify you on either the tapes or the transcribed working papers. You will choose a pen name prior to the first session and the tapes and the consent form that you will need to sign will be kept in a separate, locked file until the analysis has been completed, at which time they will be destroyed.

I will also be asking you to keep a simple diary between our first and second interviews so that you can record any additional thoughts that come to mind in that time and encouraging you to bring any other significant keepsakes (such as photos, letters, poems, art, or music, that express powerful moments for you) to the second interview. We will use the second session to discuss your new ideas, mementos, and my first draft of the analysis of the first session which I will need you to correct and explain further, as you see fit. The third session is simply an opportunity for you to verify that the analysis that I have completed concerning your experience is, indeed, an accurate reflection of the things you have told me. You will be my editor.

If you would like to learn more about the study, please call me at my home, at 279-5747. I will be pleased to answer any of your questions and respond to your concerns at that time. By phoning me, you will in no way obligate yourself to participate in the study. Should you decide that you wish to proceed, we will arrange a mutually convenient time and place for our first meeting.

I am looking forward to hearing from you.

Sincerely,

Mary Beamish