Durham University

Durham E-Theses

The process of recovery from childhood sexual abuse for female survivors in Taiwan.

Su-Chen Hung

How to cite:

Hung, Su-Chen (2000) The process of recovery from childhood sexual abuse for female survivors in Taiwan. Doctoral thesis, Durham University.

Use policy

The full-text may be used and/or reproduced, and given to third parties in any format or medium, without prior permission or charge, for personal research or study, educational, or not-for-profit purposes provided that:

- a full bibliographic reference is made to the original source
- a https://etheses.durham.ac.uk/id/eprint/1204/ is made to the metadata record in Durham E-Theses
- the full-text is not changed in any way

The full-text must not be sold in any format or medium without the formal permission of the copyright holders.

Please consult the full Durham E-Theses policy for further details.

Academic Support Office, The Palatine Centre, Durham University, Stockton Road, Durham, DH1 3LE
e-mail: e-theses.admin@durham.ac.uk Tel: +44 0191 334 6107
https://etheses.durham.ac.uk

THE PROCESS OF RECOVERY FROM CHILDHOOD SEXUAL ABUSE FOR FEMALE SURVIVORS IN TAIWAN

The copyright of this thesis rests with the author. No quotation from it should be published in any form, including Electronic and the Internet, without the author's prior written consent. All information derived from this thesis must be acknowledged appropriately.

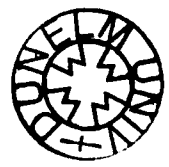
SU-CHEN HUNG

A thesis submitted as a requirement for the degree of Doctor of Philosophy

University of Durham

School of Education

September 2000



13 JUL 2001

ABSTRACT

The Process of Recovery from Childhood Sexual Abuse for Female Survivors in Taiwan

Su-Chen Hung

The dislocation between the literature on the recovery process from sexual abuse and my clinical experience led me to develop three research questions about the recovery process from childhood sexual abuse: these concern the experience of sexual abuse itself, the process of recovery from the experience of sexual abuse and the difference in recovery process between the participants who received counselling and those participants who did not.

I invited ten female survivors of sexual abuse, who received counselling and three female survivors who did not to participant in this study. Each participant had four to eight hours in-depth interview and the data had been analysed according to the principles of grounded theory. I analysed the available literature of recovery process and compared this with the findings in this study. Finally, I developed an account of the process of recovery from sexual abuse according to the findings of this study and comparison with the available literature review.

There are three main findings in this study:

1. There were four reasons the participants used to explain why the abuse happened. Firstly, they perceived their family dynamics as a cause of abuse. Secondly, the abusers might use the offensive behaviour to satisfy their emotional needs. Thirdly, the abusers felt curious about sex but the family did not have adequate sex education to satisfy the curiosity. Finally, the abuse was not a physically painful experience for some of the participants so they did not disclose or run away from it.

2. Five systems interact with each other in the process of recovery: (1) The positive and vulnerable parts of the self. (2) Four areas (surviving, issue of self, issue of external world, and integration) of the recovery process. (3) Five outcomes (issue of self, emotions, cognition, sexuality and relations) of the recovery process. (4) Three areas (issues of self, emotions and relations) of unresolved issues. (5) Nine elements (the abuse, family situations, childhood, nature, adulthood, relations, counselling, society's of sexuality, and religions) affecting the above systems.

3. There are different perceptions about the experience of abuse between Group A, who received counselling, and Group B, who did not.

Statement of Copyright

"The copyright of this thesis rests with the author. No quotation from it should be published without prior written consent and information derived from it should be acknowledged."

Declaration

No part of the material offered in this thesis has previously been submitted by me for a degree in this or in any other University.

ACKNOWLEDGEMENTS

I wish to extend thanks to my supervisors, Mr. John McGuiness and Dr. Maggie Robson, whose comments and supervision provided the basis for my research study.

I am indebted to all participants in Taiwan who gave so willingly of their time to provide in-depth interviews.

I am grateful also to the Garden of Hope in Taipei, Taiwan for its help and support.

I am especially indebted to my friends, Ricardo Estee Wale, Yoong-Jeong Choi, Chiu-Hui Lai, Mari Ayano and Ching-ching Ruan for their company, sharing and encouragement.

I am grateful also to Anita Shepherd, the best secretary I have known; to the Librarians and technicians in the department for their generosity and help; and to the porter, George Iddon, for giving me a lift on many late nights.

Special thanks are due to my friends, Elinor Kirk, Siobhan Casson and Vannessa Points for their careful reading of this study.

Grateful acknowledgment is made to my friend, Shu-Ling Lin in Taiwan, for her encouragement.

My family in Taiwan contributed in many ways to the support and encouragement of each of my educational endeavours. Finally, I owe a very special thanks to my husband, Hung-chin, who endured daily life with me over the course of this research. His support and encouragement provided the impetus for the completion of this work.

CONTENT TABLE

ABSTRACT i

ACKNOWLEDGEMENT ii

CHAPTER 1 INTRODUCTION **1**

1.1. INTRODUCTION 1
1.2. THE BACKGROUND OF THIS STUDY 3
1.2.1. Many factors may affect the outcome of sexual abuse *3*
1.2.2. Social elements seem to affect the experience of sexual abuse and the process of recovery 5
1.2.3. Victims seem not to have universally recognisable 'recovery stages' *6*
1.3. THE STRUCTURE OF THIS THESIS 8
1.4. DIFFERENT DEFINITIONS OF TERMS BETWEEN TAIWANESE AND WESTERN SOCIETY IN THE AREA OF SEXUAL ABUSE AND THE PROCESS OF RECOVERY 13
1.4.1. Sexual abuse *13*
1.4.2. Psychological trauma – an appropriate term for the effects of sexual abuse? *14*
1.4.3. Survivor *15*
1.4.4. Recovery as a process of self-growth and transformation *16*

CHAPTER 2 THE NATURE OF THE SELF **18**

2.1 INTRODUCTION TO THE NATURE OF THE SELF 18
2.2 THE MEANING OF THE SELF FROM FIVE PSYCHOLOGICAL APPROACHES 20
2.2.1 The meaning of self in the broad definition of the psychoanalytic approach *20*
2.2.2 Socio-cultural/social-constructivist *21*
2.2.2.1 Erikson's stage/identity theory 22
2.2.3 The meaning of the self in the Existential-humanistic/Phenomenological approach *24*
2.2.3.1 Murray's personology theory 25
2.2.3.2 The work of Carl Rogers 27
2.2.4 The meaning of the self in the Bio-cognitive-behavioural approach *28*
2.2.5 Integrated approaches *29*
2.2.5.1 The Self-system model of Hoyle (1999) 29
2.2.5.2 The Constructivist Self Development theory (CSD) of McCann and Pearlman (1990). 31
2.3 REVIEWING THE THEORIES OF THE SELF: CONCEPTUAL ISSUES 34
2.3.1 Cognitive ability *34*
2.3.2 The needs of the self *36*
2.3.3 The development of the self *38*
2.3.4 The abilities to deal with the external world *39*
2.3.4.1 Social world and interaction 39
2.3.4.2 Self is able to have inner interaction and integration 40
2.3.5 The ability to deal with the inner self *41*
2.3.6 My integrated model of self *44*
2.4 CONCLUSION TO THE NATURE OF THE SELF 45

CHAPTER 3 THE NATURE OF SEXUAL ABUSE **47**

3.1. INTRODUCTION TO THE NATURE OF SEXUAL ABUSE 47
3.2. THE HISTORY OF SEXUAL ABUSE AND TRAUMA ISSUES 48
3.2.1. A historical review: Psychoanalytic perspective on hysteria – ignorance of the truth about child sexual abuse *48*
3.2.2. A historical review: The traumatic neuroses of war *50*
3.2.3. A historical review: The feminist perspective on rape and family violence – the revolution of understanding sexual abuse *51*
3.2.4. A historical review: The traumagenic dynamics model – the first model to explain the dynamic of sexual abuse *52*

3.2.5. A historical review: How well can attachment theory explain the dynamic of sexual abuse? *53*
3.3. FACTORS WHICH MAY INFLUENCE THE IMPACT AND RECOVERY PROCESS 55
3.3.1. Factor 1: The relationship to the abuser *55*
3.3.2. Factor 2: The duration and frequency of the abuse *55*
3.3.3. Factor 3: The age of the abuser *56*
3.3.4. Factor 4: The age at onset of abuse *56*
3.3.5. Factor 5: The type of sexual act *57*
3.3.6. Factor 6: The use of force *57*
3.3.7. Factor 7: The effects of disclosure *57*
3.3.8. Family functioning and social factors *58*
3.3.9. Personality of the abused *59*
3.4. THE UNDERSTANDING OF SEXUAL ABUSE WITHIN THE SOCIAL AND CULTURE-SPECIFIC CONTEXT .. 60
3.5. LONG-TERM EFFECTS OF SEXUAL ABUSE 63
3.5.1. Cognitive effects *63*
3.5.2. Emotional effects *65*
3.5.2.1. Guilt feelings: 65
3.5.2.2. Anger and rage 66
3.5.2.3. Sadness and grief 66
3.5.2.4. Depression 66
3.5.2.5. Complete absence of emotional reaction 67
3.5.2.6. Anxiety problems 67
3.5.2.7. Isolation and alienation 67
3.5.2.8. Security 67
3.5.3. Sexual effects *68*
3.5.4. Social effects *69*
3.5.4.1. Interpersonal difficulties 69
3.5.5. Spiritual effects *70*
3.5.6. Physical effects *72*
3.6. CONCLUSION TO THE NATURE OF SEXUAL ABUSE 73

CHAPTER 4 THE NATURE OF PSYCHOTHERAPY 74
4.1 INTRODUCTION: THE NATURE OF 74
4.2 THE HUMANISTIC APPROACH AND PERSON-CENTRED THEORY 75
4.2.1 Psychodrama therapy – a particularly powerful example of therapy based in the arts is the use of drama *76*
4 .2.2 Application to the recovery process of the humanistic approach by those working with survivors of sexual abuse *77*
4.3 COGNITIVE-BEHAVIOURAL THEORY 78
4.3.1 Solution –Focused therapy *79*
4.4 FEMINIST COUNSELLING 80
4.5 GROUP THERAPY 83

CHAPTER 5 THE NATURE OF TRAUMA RECOVERY 85
5.1. INTRODUCTION TO THE NATURE OF TRAUMA RECOVERY 85
5.2. THE RECOVERY PROCESS AND STAGES OF ADULT SURVIVORS OF CHILDHOOD SEXUAL ABUSE - A REVIEW 87
5.2.1. When does the recovery process start? *87*
5.2.2. Does the recovery process take place in stages and does every victim go through the same stages? 88
5.2.3. Gravitz and Bowden (1985) *94*
5.2.4.A general model for personal growth resulting from trauma, from Tedeschi and Calhoun (1995) *95*

5.2.5. A map of women's illness and recovery, from Kearney (1999) *96*
5.2.6. An integrated model of recovery from sexual abuse based on the literature review *97*
5.3. FACTORS WHICH MAY AFFECT THE PROCESSES OF RECOVERY 104
5.3.1. The therapeutic alliance *104*
5.4. RECOVERY CRITERIA 109
5.5 CONCLUSION TO THE NATURE OF THE RECOVERY PROCESS 113

CHAPTER 6 INTEGRATED MODEL OF THE SELF, TRAUMA AND RECOVERY 114

6.1. INTRODUCTION TO THE INTEGRATED MODEL OF THE SELF, TRAUMA AND RECOVERY 114
6.2. CONCLUSIONS OF EACH AREA IN THE INTEGRATED MODEL OF THE SELF, TRAUMA AND RECOVERY 116
6.2.1. The area of the self *116*
6.2.2. The area of sexual abuse. *116*
6.2.3. The area of effects of sexual abuse *117*
6.2.4. The area of social context. *117*
6.2.5. The area of a recovery process. *117*
6.2.6. The area of outcomes of a recovery process. *118*
6.3. THE INTEGRATED MODEL OF THE SELF, TRAUMA, AND THE RECOVERY PROCESS 119

FIGURE 6.2: THE INTEGRATED MODEL OF THE SELF, TRAUMA AND RECOVERY 120

CHAPTER 7: METHODOLOGY 121

7.1 INTRODUCTION TO METHODOLOGY 121
7.2 EXPLANATION OF RESEARCH METHODS IN MY STUDY 124
7.2.1 Introduction to and explanation of research methods in my study *124*
7.2.2 Research Question *125*
7.2.3 Why Quantitative Research Design is not suitable for this study *125*
7.2.4 Qualitative Research Design *126*
7.2.4.1 Ethnographic Research 128
7.2.4.2 Narrative and Life History 129
7.2.4.3 Phenomenological Research 130
7.2.4.4 Grounded Theory 132
7.2.5 Research Design *133*
7.2.5.1 Introduction to Research Design 133
7.2.5.2 Fieldwork and selection of informants 134
7.2.5.3 Research Setting 135
7.2.6 Description of the participants *135*
7.2.7 Procedure for fieldwork *137*

TABLE 7.2.7 PROCEDURE OF FIELDWORK 138

7.3 CRITERIA FOR EVALUATING THE VALIDITY AND RELIABILITY OF QUALITATIVE RESEARCH 142
7.3.1 Introduction to criteria for evaluating the validity and reliability of qualitative research *142*
7.3.2 Credibility-parallels internal validity *143*
7.3.3 Transferability -parallels external validity *145*
7.3.4 Dependability-parallels reliability *145*
7.3.5 Confirmability-parallels objectivity *146*
7.3.6 Authenticity *146*
7.3.7 Emancipatory paradigm criteria *147*
7.4 Research Conditions *149*
7.5 Data Collection *150*
7.5.1 Introduction to data collection 150
7.5.2 Interview schedules and guidelines – In-depth and IPR interviews 150

7.6 RESEARCH ETHICS ISSUES IN THIS STUDY 153
7.6.1 Introduction to research ethics issues in this study 153
7.6.2 Informed consent 156
7.6.2.1 Competence 156
7.6.2.2 Provision of adequate information 157
7.6.2.3 Voluntariness 158
7.6.3 Ensuring confidentiality 159
7.6.4 Respect for Autonomy 160
7.6.5 Non-maleficence 162
7.6.6 Beneficence 162
7.6.7 Fidelity 164

CHAPTER 8 DATA ANALYSIS PREPARATION 165

8.1. INTRODUCTION TO PREPARATION FOR DATA ANALYSIS 165
8.1.1. The process of data analysis 165
8.1.2. Fourteen Steps for Analysing the Data in this Study 169
8.2. THE BACKGROUND OF THE PARTICIPANTS 173
8.2.1. The basic personal information of the participants 173

TABLE 8.2.1 BASIC INFORMATION OF THE PARTICIPANTS 173

8.2.2. The participants' experiences of being counselled 174

TABLE 8.2.2 THE EXPERIENCES OF BEING COUNSELLED 174

8.2.3. The participants' experience of sexual abuse 174

TABLE 8.2.3 THE EXPERIENCE OF ABUSE 176

CHAPTER 9 POSSIBLE ELEMENTS WHICH MAY HAVE AFFECTED THE SELF 177

9.1. MAIN FINDINGS 177
COMPARISON OF LITERATURE REVIEW AND MY FINDINGS CAN BE SEEN IN SECTION 9.4. 177
9.2. THE PROCESSES OF DEALING WITH THE ISSUE OF SELF-IMAGE 178

FIGURE 9.2: THE PROCESS OF DEALING WITH THE ISSUE OF SELF-IMAGE 180

9.3. HOW THE ELEMENTS AFFECTED THE PARTICIPANTS' SELF-IMAGE 183

TABLE 9.3 ELEMENTS WHICH HAVE AFFECTED THE PARTICIPANTS' SELF-IMAGE. 183

9.3.1. Family's factors affecting the self-image (11 in 13 participants) 183
9.3.1.1. Family's financial situation 184
9.3.1.2. Family's financial situation and the abuse 185
9.3.1.3. Parental behaviour 186
9.3.1.4. Participants' birth order in their family 186
9.3.2. The experience of sexual abuse affected the participants' self-image (11 out of 13 participants) 187
9.3.3. School life and peer group relationships affected the participants' self-image (9 out of 13 participants) 189
9.3.4. The society's view of sexuality affected the participants' self-image (7 out of 13 participants) 191
9.3.5. Other people's view of the abuse affected the participants' self-image (7 out of 13 participants) 192
9.3.6. The participants' nature affected the participants' self-image (7 in 13 participants) 193

9.3.7. The participants' boyfriends or husbands affected the participants' self-image (5 out of 13 participants) *193*
9.3.8. Religion affected the participants' self-image (5 out of 13 participants) *194*
9.4. COMPARISON OF THE INTEGRATED MODEL OF THE SELF, TRAUMA AND RECOVERY WITH THE LITERATURE REVIEW AND DISCUSSION 197
TABLE 9.4: COMPARISON BETWEEN THE INTEGRATED MODEL AND MY FINDINGS ON WHAT FACTORS MAY INFLUENCE THE SELF 198
CHAPTER 10 THE FUNCTION OF POSITIVE SELF IN THE PROCESSES OF RECOVERY 199
10.1. MAIN FINDINGS 199
10.2. INTRODUCTION TO THE FUNCTION OF POSITIVE SELF IN THE PROCESSES OF RECOVERY 201
10.3. HOW THE STRONG PART OF SELF AFFECTED THE PROCESSES OF RECOVERY IN SELF-IMAGE .. 202
10.3.1. Internal self *202*
10.3.1.1. The abilities of the self to deal with the internal world 202
10.3.1.1.1. Self-awareness leads the process of recovery (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, 12, and 13). 202
10.3.1.1.2. Self-acceptance leads to more stable emotions 203
10.3.1.1.3. The participants' nature : 204
10.3.1.1.4. Their beliefs and dreams give them strength throughout their recovery journeys 205
10.3.1.2. The ability to explore and express their emotions as part of the recovery process 206
10.3.1.3. Increasing rational thoughts and changing cognition as part of the recovery process 206
10.3.1.4. Helpful behaviour in the process of recovery 208
10.3.1.5. Conclusion to how the internal self changes and helps the process of recovery 209
10.3.2. External Self *209*
10.3.2.1. Other life experiences in their lives help the process of recovery 209
10.3.2.2. Reading and self-education helps the process of recovery 211
10.3.2.3. Conclusion to the functions of the external self in the process of recovery 211
10.4. COMPARISON WITH THE INTEGRATED MODEL OF THE SELF FROM THE LITERATURE REVIEW AND DISCUSSION 213
10.4.1. Comparison of my findings with the integrated model of the self from the literature review on the ability of cognition and discussion *213*
10.4.2. Comparison of my findings with the integrated model of the self from the literature review on the ability of dealing with the external world *214*
10.4.3. Comparison of my findings with the integrated model of the self from the literature review on the ability of dealing with the inner world *215*
10.4.4. Comparison of my findings with the integrated model of the self from the literature review on psychological needs *216*
CHAPTER 11 THE VULNERABLE PART OF SELF IN RECOVERY PROCESSES IN THE ISSUE OF SELF-IMAGE 218
11.1. MAIN FINDINGS 218
11.2. INTRODUCTION TO THE WEAK PART OF SELF IN THE RECOVERY PROCESSES IN THE ISSUE OF SELF 220
11.3. HOW THE PARTICIPANTS UNDERSTAND THEIR EXPERIENCES OF ABUSE 221
11.3.1. Family dynamics caused the abuse (No.'s 8, 9, and 12) *221*
11.3.2. Satisfaction of emotional needs for the abusers *221*
11.3.3. Curiosity about sex and without correct sex education in the family *221*
11.3.4. It was not a physically painful experience so she did not need to speak out or run away. *222*

11.4. HOW THE PARTICIPANTS WHO DID NOT RECEIVE COUNSELLING UNDERSTOOD THE EFFECTS OF THEIR ABUSE 223
11.4.1. The processes of coping with their unresolved issues 223
11.4.2. What coping methods the survivors can learn for the unresolved issues from those who do not receive psychotherapy 224
11.5. HOW THE PARTICIPANTS WHO HAVE RECEIVED COUNSELLING UNDERSTOOD THE EFFECTS OF THEIR ABUSE 226
11.5.1. How the participants understood their isolation: Isolated from peer group and dissociated from themselves 226
11.5.2. How the participants understood their inability to distinguish the past and the present; the child self and adult self; and its effects 226
11.5.2.1. Unresolved issues 1: Participants' relationship with their mothers and the ability of empathy 227
11.5.2.2. Unresolved issues 2: Distinguishing the past and the present 228
11.5.2.3. Unresolved issues 3: Relationship with parents 228
11.5.2.4. Unresolved issues 4: Feeling of powerlessness 228
11.5.2.5. Unresolved issues 5: High expectation of her future partner 229
11.5.3. How the participants understood their feeling of guilt 230
11.5.4. How the participants understood their fear of the abuse memories 231
11.6. COMPARISON WITH THE INTEGRATED MODEL FROM LITERATURE REVIEWS AND DISCUSSION 232

CHAPTER 12 THE RESULTS AFTER THE RECOVERY PROCESSES IN THE ISSUE OF THE INNER SELF 234

12.1. MAIN FINDINGS 234
12.2. INTRODUCTION TO THE RESULTS AFTER THE RECOVERY PROCESSES IN THE ISSUE OF SELF 235
12.3. THE RESULTS IN THE ISSUE OF THE SELF AFTER THE PROCESSES OF RECOVERY 236
12.3.1. In creasing the understanding of human beings and suffering 236
12.3.2. The participants explore the meaning of the experience of abuse and the recovery process 237
12.3.3. Increasing positive self-image, self-confidence and self-acceptance 238
12.3.4. Increasing their self-awareness after the recovery process 239
12.3.5. The feeling of a sense of whole person 239
12.3.6. Enhancing their self-identity 239
12.3.7. Being able to be alone 240
12.3.8. Living in present 240
12.4. COGNITION AND BEHAVIOUR CHANGES AFTER THE PROCESS OF RECOVERY 242
12.4.1. Increasing the ability of problem solving 242
12.4.2. Developing own value system 243

CHAPTER 13 DATA ANALYSIS –THE RECOVERY PROCESSES IN THE ISSUE OF EMOTIONS 245

13.1. MAIN FINDINGS 245
13.2. INTRODUCTION TO THE ISSUE OF EMOTIONS 247
13.3. THE ISSUE OF FEAR AND ANXIETY 248
13.3.1. The content of fear 248
13.3.2. The process of recovery from fear 249
13.3.3. Comparison with the literature review on the issue of fear and anxiety 250

13.4. THE ISSUE OF FORGIVENESS 253
13.4.1. Development of the capacity for forgiveness *253*
13.4.2. Dynamics of forgiveness *254*
13.4.2.1. Recognition of situations requiring forgiveness 254
13.4.2.2. Intention and decision to forgive 255
13.4.2.3. Forgiveness as memorial activity 255
13.4.2.4. Forgiveness as forgiveness of oneself 256
13.4.3. Main findings on the issue of forgiveness in my study *257*
13.4.4. The reasons to forgive *257*
13.4.5. How they forgive themselves *259*
13.4.5.1. Participants realised that if they asked to be abused it was due to a need to feel loved 259
13.4.5.2. Participants realised that they were powerless victims 259
13.4.5.3. Participants reviewed the reasons for the abuse from an adult perspective 259
13.4.5.4. The whole process of recovery helps the participants to forgive themselves and let the abuse go 259
13.4.6. How they can forgive their God *260*
13.4.7. How can they forgive their parents? New insights help them to forgive *261*
13.4.8. How they can forgive their abusers *262*
13.4.8.1. First Level of Forgiveness 262
13.4.8.2. Second Level of Forgiveness - cause and effects 263
13.4.8.3. Third Level of Forgiveness - Self Transformation 263
13.4.8.3.1. Dealing with negative emotion 263
13.4.8.3.2. Forgiving oneself 264
13.4.8.3.3. Accepting the experience of abuse 264
13.4.8.3.4. Empowering themselves in their present life 264
13.4.8.3.5. Accepting imperfect humanity 265
13.4.8.3.6. The power of empathy 265
13.4.8.3.7. The power of comparison 265
13.4.8.3.8. The power of objective views 265
13.4.8.3.9. The power of cognitive processes 265
13.4.8.4. Final Level of Forgiveness 266
13.5. THE ISSUE OF ANGER 267
13.5.1. Dealing with the complicated feelings between anger, fear and love *267*
13.5.2. Coping processes in the issue of anger *269*
13.6. THE ISSUE OF SADNESS 270
13.6.1. The unchangeable history and recovery from their sadness *270*
13.6.2. The changeable issues *272*
13.6.3. Comparison with the literature review on the issue of sadness or depression *272*
13.7. THE ISSUE OF LONELINESS 274
13.7.1. Coping methods in the issue of loneliness *274*
13.8. THE ISSUE OF SECURITY 277
13.8.1. Coping methods in the issue of security *278*
13.9. THE ISSUE OF SEXUALITY 280
13.9.1. Coping methods in the issue of sexuality *280*

TABLE 13.9.1 : THE DIFFERENT PARTICIPANTS CATEGORISED BY SEXUAL ISSUES .. 281

13.9.2. Comparison with the literature review on the issue of sexuality *282*
13.9.3. The results of the recovery process in the issues of sexuality and gender *283*
13.9.4. The results after the processes of recovery in the issue of emotions *285*
13.10. RECOVERY PROCESS AND THE ISSUE OF CONFRONTATION AND TELLING OF THE ABUSE IN THE

ADULTHOOD 287
13.10.1 Is it right to tell? *287*
13.10.2 Why did the participants disclose the abuse in their adulthood? *287*
13.11. CONCLUSION TO THE RECOVERY PROCESSES OF EMOTIONS AND COMPARISON WITH THE INTEGRATED MODEL 290

CHAPTER 14 DATA ANALYSIS-THE RECOVERY PROCESSES IN THE ISSUE OF RELATIONS 292

14.1 MAIN FINDINGS: 292
14.2 INTRODUCTION TO THE ISSUE OF RELATIONSHIPS 293
14.3 THE PROCESS OF DEALING WITH THE ISSUE OF RELATIONSHIPS WITH THE WORLD 294
14.3.1 Loneliness and intimacy *294*
14.3.2 The roles of survivor, person and helper *295*
14.3.3 Accepting both negative and positive things in the world *296*
14.3.4 Society's attitudes and the participants own thinking about their experience of abuse *296*
14.4 RELATIONSHIP WITH PARENTS OR FATHERS (IF THE FATHER WAS NOT THE ABUSER) 297
14.4.1 Why participants' relationships with their fathers change during their recovery process *298*
14.4.1.1 Their fathers have changed. 298
14.4.1.2 The participants have changed 298
14.4.2 The processes in dealing with the issue of relationships with their fathers *299*
14.5 RELATIONSHIP WITH THEIR MOTHERS 300
14.5.1 The processes use to deal with the issue of relationships with mothers *301*
14.6 HOW PARTICIPANTS' EXPERIENCE OF BEING COUNSELLED AFFECTED THEIR JOURNEYS OF DEALING WITH THEIR EXPERIENCE OF ABUSE 303
14.6.1 Increasing their understanding of the self *304*
14.6.2 Increasing their abilities to deal with their emotions *304*
14.6.3 Having new insight into their cognitive aspect *304*
14.6.4 Having new insight into their experience of abuse *304*
14.6.5 Having a different relationship with society *305*
14.6.6 Improving their interpersonal relationships *305*
14.6.7 Being empowered *305*
14.7 THE PROCESS OF DEALING WITH RELATIONSHIPS WITH THE ABUSER OR THE FATHER (IF THE FATHER WAS THE ABUSER) 306
14.7.1 They fear the abuser *306*
14.7.2 They feel angry with the abuser *306*
14.7.3 They did not think about the abuse *307*
14.7.4 They feel both love and hurt from the abuser *307*
14.7.5 They feel that the abusers are responsible for the abuse *307*
14.7.6 They hope to both forgive and punish the abuser *307*
14.8 THE PROCESS OF DEALING WITH RELATIONSHIPS WITH THEIR FRIENDS (IN ADULTHOOD) 309
14.9 CONCLUSION TO THE RECOVERY PROCESS AND THE ISSUE OF RELATIONSHIPS 311
14.10 COMPARISON OF THE RESULTS OF THE RECOVERY PROCESS WITH THE LITERATURE REVIEW 313

14.11 COMPARISON OF THE RECOVERY PROCESSES WITH THE INTEGRATED MODEL FROM THE LITERATURE REVIEW 315
14.11.1 The processes of recovery do not only take place in a therapy (counselling) setting .. 315
14.11.2 Not just the experience of being abused but also other elements has affected the participants 315
14.11.3 The integrated model is not concerned with the strong part of the self 316
14.11.4 The integrated model is not concerned with the function of the weak part of the self.. 316
14.11.5 It is not necessary to have a step by step recovery as the integrated model shows..... 317
14.12 A POSSIBLE DIAGRAM OF RECOVERY FROM THE ANALYSES IN CHAPTERS 9 TO 12 AND COMPARISON WITH THE INTEGRATED MODEL FROM THE LITERATURE REVIEW (FIGURE 6.4 CHAPTER 6) 320
FIGURE 14.12 A DIAGRAM OF UNDERSTANDING THE PROCESS OF RECOVERY FROM SEXUAL ABUSE.....326

CHAPTER 15 FINAL DISCUSSIONS AND CONCLUSIONS 327

15.1. INTRODUCTION TO THE GENERAL DISCUSSION AND CONCLUSION 327
15.2. THE PROCESS OF THIS STUDY 327
15.3. THE LIMITATIONS OF THIS STUDY 329
15.4. THE FINAL DISCUSSIONS OF THIS STUDY 330
15.4.1. The self in the process of recovery from the experience of sexual abuse is linked to RESEARCH QUESTIONS 1.a and 2.a 330
15.4.2. The experience of sexual abuse in the process of recovery is linked to RESEARCH QUESTION 1.b 331
15.4.2.1. What factors may affect each individual participant differently in the literature and in my findings. 331
15.4.2.2. Comparison of Figure 14.12 (A diagram of understanding the process of recovering from sexual abuse) and Section 13.14 (The recovery process of emotions) is linked to RESEARCH QUESTION 2 332
15.4.2.3. Comparison of the conclusion to the recovering process of relationships (Chapter 14) and Figure 14.12 (A diagram of understanding the process of recovery from sexual abuse) is linked to RESEARCH QUESTION 2 332
15.4.3. The role of counselling or psychotherapy in the process of recovering from the experience of sexual abuse is linked to RESEARCH QUESTION 3 333
15.4.3.1. What is the recovery process in the participants' journey of psychotherapy and life span 333
15.4.3.2. The difference in recovery processes between the participants who receive psychotherapy and those who do not 336
15.5. THE CONTRIBUTIONS OF THIS STUDY 337
15.5.1. The contributions of this study to the area of counselling and psychotherapy 337
15.5.2. The contributions of this study to the area of sexual abuse 337
15.5.3. The contributions of this study to the area of sexual abuse in Taiwan 339
15.6. THE FINAL CONCLUSIONS OF THIS STUDY 340

APPENDIX A: INVITING LETTER TO PARTICIPANTS 343
APPENDIX A-1: CONSENT FORM 344
APPENDIX A-2: THE GUIDELINES FOR INTERVIEW QUESTIONS 346
APPENDIX A-3: ALL CATEGORIES IN THIS STUDY 351
APPENDIX B: NARRATIVE FROM CHAPTER 9 TO 12 353
SECTION 9.3.2 353
SECTION 9.3.3 353
SECTION 9.3.4 353
CHAPTER 10 354
CHAPTER 11 361
CHAPTER 12 363
APPENDIX C: NARRATIVE IN CHAPTER 13 371
SECTION 13.3 THE ISSUE OF FEAR AND ANXIETY 371
TABLE 13.3: NARRATIVES OF FEAR BY THE PARTICIPANTS 371
SECTION 13.4 THE ISSUE OF FORGIVENESS 374
TABLE 13.4. NARRATIVES OF FORGIVENESS BY DIFFERENT PARTICIPANTS 374
SECTION 13.5 THE ISSUE OF ANGER 376
TABLE 13.5 THE NARRATIVES OF ANGER BY DIFFERENT PARTICIPANTS 376
SECTION 13.6 THE ISSUE OF SADNESS 379
TABLE 13.6: NARRATIVES OF SADNESS BY THE PARTICIPANTS 379
SECTION 13.7 THE ISSUE OF LONELINESS 384
TABLE 13.7: NARRATIVES OF LONELINESS BY THE PARTICIPANTS 384
SECTION 13.8 THE ISSUE OF SECURITY 387
TABLE 13.8: NARRATIVES IN THE ISSUE SECURITY BY THE PARTICIPANTS 387
SECTION 13.9 THE ISSUE OF SEXUALITY 390
TABLE 13.9 : NARRATIVES IN THE ISSUE OF SEXUALITY BY THE PARTICIPANTS 390
APPENDIX D: NARRATIVE IN CHAPTER 14 395
TABLE 14.3: RELATIONSHIP WITH THIS WORLD 395
TABLE 14.4: RELATIONSHIP WITH THEIR PARENTS 397

TABLE 14.5: RELATIONSHIP WITH THEIR MOTHERS 399

TABLE 14.6: PARTICIPANTS' EXPERIENCE OF BEING COUNSELLED 400

TABLE 14.7: RELATIONSHIP WITH THE ABUSER 402

TABLE 14.8: RELATIONSHIP WITH THEIR FRIENDS 403

BIBLIOGRAPHY 404

CONTENT TABLE

CHAPTER 1 INTRODUCTION 1

1.1. INTRODUCTION 1
1.2. THE BACKGROUND OF THIS STUDY 3
1.2.1. Many factors may affect the outcome of sexual abuse 3
1.2.2. Social elements seem to affect the experience of sexual abuse and the process of recovery 5
1.2.3. Victims seem not to have universally recognisable 'recovery stages' 6
1.3. THE STRUCTURE OF THIS THESIS 8
1.4. DIFFERENT DEFINITIONS OF TERMS BETWEEN TAIWANESE AND WESTERN SOCIETY IN THE AREA OF SEXUAL ABUSE AND THE PROCESS OF RECOVERY 13
1.4.1. Sexual abuse 13
1.4.2. Psychological trauma – an appropriate term for the effects of sexual abuse? 14
1.4.3. Survivor 16
1.4.4. Recovery as a process of self-growth and transformation 16

2), the effects of sexual abuse on the self **(Chapter 3)**, and the contextual situation within which abuse and recovery occur (**Chapters 4 and 5)**. Once analysed, these will facilitate the elaboration of an integrated model (**Chapter 6**) – based on available literature – of *self, trauma and recovery.* My research intention is to explore the recovery process from the perceptions of the participants. I analyse the adequacy of the integrated model by eliciting data from 13 female survivors in Taiwan, and investigate the extent to which that model is sufficiently robust to bear the weight of the clinical reality of recovery from sexual abuse. **Figure 1.1** (page 10) offers the reader a map by which to negotiate the complexity of this thesis.

All the participants are female survivors, so I will use the term 'she', 'her' and 'herself' in this thesis. I call the process of understanding the relationship between their selves and the experience of sexual abuse the *process of recovery.* I will explore my participants' understanding of their recovery processes from their experience of sexual abuse, but their terminology and meanings about their recovery processes may be different from mine.

I will argue why my clinical experience formulates my three research questions in **Section 1.2. Section 1.3** describes in more detail the structure of this thesis. **Section 1.4** examines the use of terminology in Western and Taiwanese society.

1.2. The background of this study

I completed an MA degree (by research) in England in 1994. My area of research was sexual abuse. I then worked as a counsellor with child victims and adult survivors of sexual abuse in Taiwan for three years after I graduated from my MA. Four areas outlined in the literature caused me concern, as they were not supported by my own experiences. They motivated me to explore the recovery process from the perspective of survivors of sexual abuse. These four areas also helped to formulate my research questions. They are:

(1) Many factors affect the outcome of sexual abuse to varying degrees, so victims tend to have different outcomes from one another.

(2) My clinical experience suggests that victims do not necessarily perceive the abuse as a 'traumatic' experience.

(3) Social elements seem to affect the experience of abuse and recovery process, yet the literature did not stress social elements.

(4) Victims seem not to have universally recognisable 'recovery stages' as is suggested by the literature.

1.2.1. Many factors may affect the outcome of sexual abuse

From my experience of working with survivors of sexual abuse and from some of the literature (Anderson *et al,* 1993 and Mullen, 1993) it is not possible to predict the outcome of abuse for the individual, since many factors seem to affect this outcome. For instance, Anderson *et al.* (1993) found that negative parental response increases the trauma. This is very true for many of my clients and the participants in this study. Much of the literature (Tsai, 1979; Finkelhor, 1979; Herman *et al.*, 1986; Russell, 1986; Bagley and Ramsay, 1985, Mullen *et al*, 1988; Murphy *et al*, 1988; Fromuth, 1986; and Mullen, 1993) suggests that characteristics of the sexual abuse (e.g. the relationship between victims and abusers, duration of the abuse, frequency of the abuse, the age of the abuser, the use of force during the abuse, the type of sexual act, and onset of the abuse) will cause different degrees of impact on survivors. For example, Finkelhor (1979), Herman *et al.* (1986) and Tsai (1979) found that the worst outcomes were experienced by those women who were abused by fathers or stepfathers. However, according to my clinical experience, there are many factors working together to cause the worst outcomes. It is not necessary for the abuser to be the father for the victim to experience the worst outcomes.

Moreover, most studies conclude that it is more traumatic for the abused when sexual abuse involves penetration such as intercourse or oral-genital stimulation (Herman *et al.*, 1986; Mullen *et al.*, 1988 and Finkelhor, 1979). These studies suggest that the type of sexual activities will affect the consequence of the sexual abuse. However, some of my clients do not experience penetration in the abuse, but they still perceive that the abuse is a traumatic experience. This could be due to many factors, for example the family's attitudes towards their experience of sexual abuse.

In addition, some studies (Finkelhor, 1979; Fromuth, 1986; Russell, 1986) indicate that the used of force will affect the consequence of the sexual abuse. Here there seems to be agreement amongst the researchers that there is significant association between the degree of force involved in the abuse and the degree of trauma experienced (Finkelhor, 1979; Fromuth, 1986; Russell, 1986). Finkelhor (1979) and Fromuth (1986) have found that the abuser's age will affect the consequence of the abuse – the older the abuser, the greater the trauma the victim has. Finkelhor and Browne (1986) found a slight trend suggesting that the earlier the abuse, the greater the trauma. According to my clinical experience, there is no significant tendency to support this finding. A few clients perceive that they have less negative effects because the abuse happened at a very early age so they did not bear the feeling of guilt.

Although the experiences of some of my clients supported these research findings, others did not. Therefore, I wonder whether it is possible to assess the impact on survivors from a single factor. If all these factors can influence the outcome, therapists should, in phases, consider these factors together. I also wonder whether there are other factors connected with the abuse directly that will exert influence. For example, while it receives minimal attention in the literature, I had a very strong impression that my clients' husbands (or boyfriends) played an important role when my clients faced their unresolved issues. I also noticed that my clients' family functionings had great influence on the positive and negative impact of abuse. For example, some of my clients had strong support from family (sisters or parents) so they tended to be less isolated. Therefore, the fact that victims tend to have unique outcomes is a phenomenon which appears in my clinical practice. In my study, I will explore how the participants perceive what kind of factors influence the outcome of the abuse through RESEARCH QUESTION 1.b (What kind of factors make the individuals have different outcomes?).

In addition, some of my clients are not the only victims in their families. Their sisters are victims too. However, their interpretation[1] (attribution system) of their experience of abuse, its impact and effect, tend to differ from their sisters. Moreover, no two clients had exactly the same outcome. They also did not have the same explanation when questioning why the abuse happened, why they had some kind of unresolved issues and what the connection was between their abuse and their unresolved issues. Therefore, I decided to investigate their view of the nature of the self (personality) influences their attribution system, of why the abuse happened and how they understand the unresolved issues in their lives. Some literature (Finkelhor, 1984; Jennings and Armsworth, 1992; and Wilson, 1980) indicates that personality, or characteristics of self, influences how survivors understand their experience of abuse and its impact.

To sum up, although the literature (Anderson *et al.*, 1993, and Mullen, 1993) indicates that survivors of sexual abuse may experience some similarity of effects, from my clinical experience it is clear that survivors have various outcomes of the experience. Different effects from the abuse may indicate different recovery processes, so it is important to explore what factors influence the outcomes and recovery processes of the sexual abuse. This issue led me to formulate RESEARCH QUESTION 1.a: How do the participants understand their experience of abuse and its effects?

1.2.2. Social elements seem to affect the experience of sexual abuse and the process of recovery

A number of authors (Coons and Milstein, 1986 and Mullen *et al.*, 1992) suggest that those who have been abused in childhood are more likely than non-abused controls to come from a family with specific characteristics. For instance, they tend to come from single parent families, those with a high level of marital conflict (Bryer *et al.* 1987), or from families which may also have members suffering eating disorders, depression, substance abuse or violence amongst parents and siblings (Coons and Milstein, 1986; Mullen *et al.*, 1992). Therefore, this suggests that children are more likely to suffer from sexual abuse in a dysfunctional family. Berry (1998) also points out that 'it is a common error in counselling assessment to personalise what are actually more correctly social, political or cultural issues (p. 15).'

---

[1] Attribution system or interpretation is used in this thesis to mean how the participants explain to themselves why the abuse happened.

Moreover, many of my clients, in addition to the family influence mentioned above, have been aware of how much they had internalised negative messages from society. Therefore, this study will also be concerned with how broader social elements influence the outcome and recovery process of the abuse, because social elements appear to have a significance for the clients in my clinical practice (RESEARCH QUESTIONS 1.b and 2.c).

1.2.3. Victims seem not to have universally recognisable 'recovery stages'

There is much literature (Bass and Davis, 1988; Courtois, 1988; Draucker, 1992, 1995; Gil, 1988; Herman, 1992; Swink and Leveille, 1986; Sgroi, 1989; and Yalom, 1995) which does not differentiate the process of counselling or psychotherapy from a process of recovery from an experience of sexual abuse. In my three years of practice, none of my clients used 'process of recovery' as a term to describe their experience of being counselled, but they always used the term 'self-growth'. One of the reasons may be because of cultural factors, and I discuss this in **Section 1.4.** Another reason may be because my clients perceive their recovery process differently from psychotherapy professionals, so they do not name the counselling process as a recovery process. Moreover, the term 'self-growth' has a sense of self-initiation, self-in-charge, and transformation. This term contains a higher degree of hope than the term 'recovery' in the Chinese language. Therefore, I formulated RESEARCH QUESTION 2.a (What is the recovery process in the participants' perceptions?) to explore how they understand their journeys of recovery from the abuse.

In addition, not a little of the literature (Bass and Davis, 1988; Courtois, 1988; Draucker, 1992, 1995; Gil, 1988; Herman, 1992; Swink and Leveille, 1986; Sgroi, 1989; Epstein, 1991; Lebowitz *et al.*, 1993; and Yalom, 1995) provides descriptions of various 'recovery stages' throughout the psychotherapy or counselling process. Various theorists and practitioners offer both similar and different stages to describe a process of recovery within psychotherapy. Therefore, there appears to be no single 'truth' of a recovery process in the area of sexual abuse. I was very confused by these varying recovery processes, because not every one of my clients followed these processes. Moreover, due to the individual nature of perception of, and recovery from the event, I wonder whether there can be any universally recognisable 'stages' for each individual

survivor of sexual abuse. Therefore, RESEARCH QUESTION 2.b will explore whether the phenomenon of a recovery process has universally recognisable stages in the participants' perceptions (Are there recovery 'stages' for each of the participants in this study?).

Furthermore, most of the literature (e.g. Bass and Davis, 1988; Courtois, 1988; Draucker, 1992, 1995; Gil, 1988; Herman, 1992; Swink and Leveille, 1986; Sgroi, 1989; Epstein, 1991; Lebowitz *et al.*, 1993; McCann and Pearlman, 1990, and Yalom, 1995) identifies the process of recovery as starting from the beginning of counselling or psychotherapy sessions. This is not supported by my experience. Many of my clients started their journeys to overcome the negative impact of sexual abuse long before they came into a counselling setting, which suggests that a recovery process can begin before they come for counselling. Some of my clients' sisters are also survivors of the same offensive behaviour. These sisters did not take any counselling or psychotherapy. My clients described their sisters as having stable lives at present, and as struggling much less compared with themselves. These sisters appear to have begun their recovery process without psychotherapy. Therefore, these phenomena suggest that it is not necessary to have counselling in order to recover from the abuse, and the experience of being counselled may not be the starting point of recovery from the abuse. Moreover, the literature on the cognitive approach (Piaget, 1954; Beck, 1961, 1963; Meichenbaum, 1995) suggests that human beings try to make sense of new experiences (both pleasant and unpleasant) as soon as the experience happens. Therefore, in the view of cognitive psychology the process of recovery from the abuse may take place as soon as the abuse has happened. In addition, in the psychoanalysis approach the process of recovery may simply take place through denial or a repressive mechanism. Therefore, in order to explore the participants' experience of sexual abuse and the process of recovery I formulated RESEARCH QUESTIONS 2.a (What do the participants perceive as the process of recovery), 2.d (When does the recovery process start?) and 3.b (How does the experience of being counselled influence their process of recovery?).

It seems it is not necessarily the case that victims perceive the abuse as a 'traumatic' experience.

In my clinical practice, most of the clients perceived the abuse as a traumatic experience in their childhood. A few of my clients mentioned that their sisters were also victims,

but did not seem to have the negative effects. However, there was no research evidence to suggest how survivors who do not have counselling perceive their experience of abuse. Therefore, RESEARCH QUESTION 3.a (How do these two groups of participants perceive their experience of sexual abuse differently?) explores this issue.

To sum up, in order to explore the contradiction between the literature and my clinical practice, as argued in this section, I formulated three research questions as follows.
1. How do the participants understand their experience of abuse and its effects? What kind of factors make the individuals have different outcomes? **Chapters 9, 10** and **11** will offer answers to this question, as shown in **Figure 1.1.**

2. What is the recovery process in the participants' perceptions? Are there recovery 'stages' for each of the participants in this study? What factors may affect the process? What are the helpful factors which help survivors go through the process of recovery? When does the recovery process start? What are the results in the participants' perceptions? **Chapters 10, 12, 13** and **14** will offer answers to this question, as shown in **Figure 1.1.**

3. How do these two groups perceive their experience of sexual abuse differently? How does the experience of being counselled influence their process of recovery? In other words, this study will explore whether there is a difference between the participants who have counselling and those who do not. **Chapter 11** will offer answers to this question, as shown in **Figure 1.1.**

1.3. The structure of this thesis

Figure 1.1 provides the reader with an overview of this thesis. This section will describe this in more detail.

Chapters 2 to **6** are a literature review of five areas: the nature of self, the nature of sexual abuse, the nature of psychotherapy, the nature of trauma recovery, and the integrated model of the self, trauma and recovery that develops from the literature review. The experience of sexual abuse affects the self, the self carries out the process of recovery, and the experience of being counselled is part of the recovery process. Therefore, these areas link with each other. Eventually, the integrated model is compared with my findings from **Chapters 9** to **14**.

Chapter 2; It is the self that experiences the abuse during childhood, and it is also the self that carries out the process of recovery. Therefore, I discuss the meanings of being a person from various perspectives by reviewing five approaches to the psychology of self. They are: cognitive ability, the needs of the self, the development of the self, the ability to deal with the internal world, and the ability to deal with the external world.

Chapter 3; The experience of sexual abuse is a major event influencing the individual. Therefore, I review theories for understanding the consequences (outcomes) and dynamics of sexual abuse in childhood in order to understand the participants' experiences. I indicate factors which may influence differences in the consequence in order to understand the unique outcomes for each individual participant.

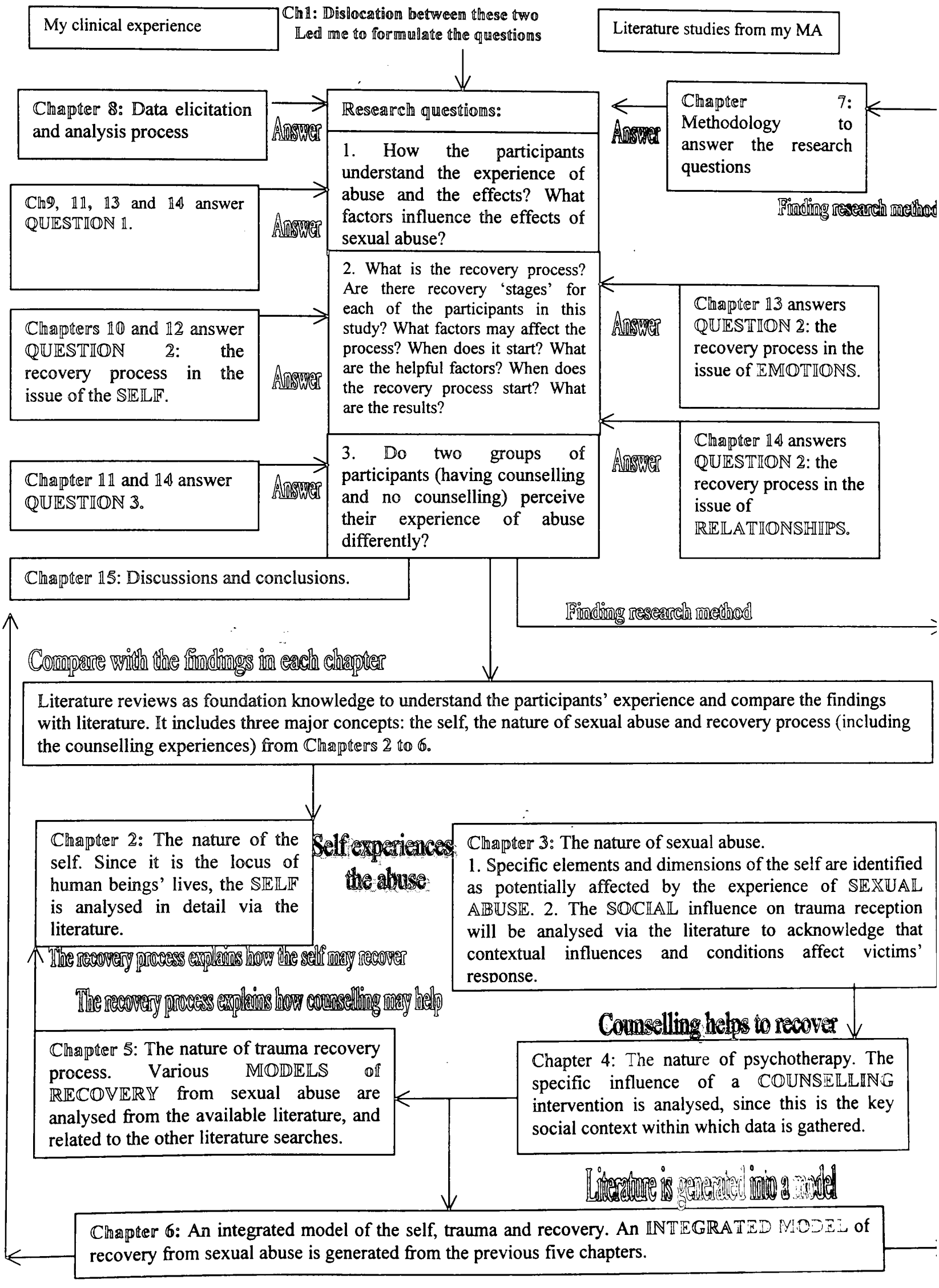
Chapter 4; I review four psychotherapy approaches for working with survivors of sexual abuse from the past ten years in order to understand the potential role of counselling in the process of recovery.

Chapter 5; The nature of the recovery process from an experience of sexual abuse is the major research question in this study. I review models of trauma recovery in order to compare them with the findings from clinical data. The factors which may influence the process of recovery are also discussed in this chapter in order to understand the participants' unique experiences of recovery. I also review the criteria of recovery in the literature to compare them with the findings from clinical data.

Chapter 6; I integrate the literature reviews from Chapters 2 to 5 and develop a synthesis model of the self, trauma and recovery in order to compare it with the findings from the clinical data.

Chapter 7; I offer general views on both quantitative and qualitative research and various research designs in both areas. I argue criteria for evaluating validity and reliability in qualitative research. I describe my research design and justify it. Finally, I

Figure 1.1 The structure of the argument in this study



indicate how I resolved my ethical research dilemma. The aim of this chapter is to apply the most suitable research method for achieving the purpose of this study.

Chapter 8; I describe how I applied grounded theory in fourteen steps to analyse my data. Three issues emerge as significant after I finish each individual participant's data analysis. These are: self (Chapters 9 to 12), emotions (Chapter 13) and relationships (Chapter 14) and are the major effects of the sexual abuse. The background of the participants is described.

Chapter 9; I analyse the issue of self from Chapters 9 to 12. I also develop a process for dealing with the issue of self-image. This process includes: the elements which have affected the participants' self-image (Chapter 9), the function of positive parts of self in the recovery process (Chapter 10), the function of "[1]weak" parts of self in the recovery process (Chapter 11), and the results on the issue of self after the recovery process (Chapter 12).

Through 'the process of dealing with the issue of self-image' in Chapter 9 **(Figure 9.2)**, I analyse how various elements have affected the participants' self-image. These elements include family factors, school life, relationships with their peer group, society's view of sexuality, the participants' experiences of abuse, the participant's 'nature' (the participants' term), the participants' boyfriends or husbands, and their religions. Finally, I compare the integrated model of the self, trauma and recovery derived from the literature review with my findings. This chapter gives part of the answer for RESEARCH QUESTION 1.b.

Chapter 10 describes how the strong (or positive) parts of self affects self-image in the process of recovery. This chapter gives partial answers to RESEARCHS QUESTION 2.a, 2.c and 2.d.

Chapter 11 analyses how the participants who have received and have no counselling understand the effects of the abuse. Finally, I compare my findings with the original

[1] The weak part of the self indicates that the participants perceive the characteristics are not helpful during the process of recovery. However, they may be able to see the positive functions or meanings of their weak part of the self after they go through their unresolved issues.

model constructed from the literature review. This chapter will give answers to RESEARCH QUESTIONS 1.a and 3.a.

Chapter 12 analyses the results after recovery process in the issue of the self and will give a partial answer to RESEARCH QUESTION 2.e.

Chapter 13 analyses how the participants have coped or recovered from the issue of emotions and the results of the recovery process and compares these with the integrated model from the literature review. This chapter will offer answers for RESEARCH QUESTIONS 1.b, 2.a, 2.c, 2.d, and 2.e.

Chapter 14 analyses how the participants deal with the issue of relationships and the results of the recovery process, and compares them with the integrated model from the literature review. This chapter will offer answers for RESEARCH QUESTIONS 1.b, 2.a, 2.b., 2.c, 2.d, and 2.e.

Chapter 15 discusses three areas in this study: (1) What factors may affect each individual participant differently, both as reported in the literature and from my findings. (2) What the recovery processes are in the participants' journey of psychotherapy and their life span. (3) What the difference is in recovery processes between the participants who receive psychotherapy and those who do not have psychotherapy. These discussions will reflect back on the all the RESEARCH QUESTIONS in this study.

1.4. Different definitions of terms between Taiwanese and Western society in the area of sexual abuse and the process of recovery

About ten years ago, Taiwanese society began to pay attention to the issue of sexual abuse and the process of recovery . It is an infant professional area and borrows literature from Western society. However, Taiwanese society has its own culture to respond to the issue of sexual abuse. Therefore, it is important to identify a number of definitional issues in the area of sexual abuse where terms used in Taiwan and the West diverge.

1.4.1. Sexual abuse

There is no single universal definition of sexual abuse. Fergusson & Mullen (1999) emphasise an unwanted sexual experience as a criterion for defining child sexual abuse. However, in my clinical practice, it is not necessary to have this criterion to define a case of child sexual abuse. In other words, some survivors might actively co-operate with the abuser for various reasons. They still describe their childhood experiences of sex as cases of child sexual abuse.

Hall and Lloyd (1993) suggest that a definition should include: the betrayal of trust and responsibility; the abuse of power; an indication of the wide range of sexual activity involved in the abuse; the use of force and/or threats by the abusers; and the child's perception of a threat, even if the abuse is non-coercive, non-threatening or non-violent. However, in my experience, some survivors were seduced by the abuser without coercion, threats or violence because the victims perceived that it was a game that made them feel physically good.

In carrying out a review of the definition of child sexual abuse for my MA thesis (Hung, 1994), I was particularly attracted by Sgroi's (1982) definition of child sexual abuse. This definition, combined with the analysis of other writers, allows me to identify and use the following four key elements, which have to be considered within a definition of sexual abuse:

- the victims understanding of the meaning of sex,
- the relationship between abuser and victim,
- the physical and psychological developmental stages of the victim,
- the types of sexual activity experienced.

I choose Sgroi's (1982) definition of child sexual abuse because it contains these four issues. This definition concerns children's developmental stages and power issues and is less limited than the other criteria (for example, the relationship between the child and the abuser, the age difference between the child and the abuser and so on). This definition is:

> Child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational and cognitive development. The ability to lure a child into a sexual relationship is based on the all-powerful and dominant position of the adult or older perpetrator which is in sharp contrast to the child's age, dependence or subordinate position. Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance (Sgroi, 1982, p. 5).

However, Taiwanese survivors and society do not use the term 'abuse' but 'assault'. This is because the term 'abuse' includes a meaning of 'serious violence' within the Chinese character. The word 'assault' has a wider meaning than 'abuse' in terms of whether violence is used or not. In my study, I use the term 'sexual abuse' because I am writing my thesis in English, and the term 'sexual abuse' is common in English society.

1.4.2. Psychological trauma – an appropriate term for the effects of sexual abuse?

While in Western literature the term 'trauma' is commonly used to describe the consequences of sexual abuse, a different vocabulary is common among survivors in Taiwan. Instead of 'overwhelming, destructive experiences (trauma)' they would use a word that best translates as the less traumatic 'hurting experience'. Nevertheless, 'trauma' as a concept has now entered Taiwanese Mandarin as a consequence of Western literature (Herman, 1992) and the 1999 earthquake.

McCann and Pearlman (1990) define psychological trauma as follows:
An experience is traumatic if it

- is sudden, unexpected or non-normative,
- exceeds the individual's perceived ability to meet its demands, and
- disrupts the individual's frame of reference and other central psychological needs and related schema.

The first part of the definition serves to exclude the chronic difficulties of life. This definition includes experiences which may not be expected by the individual, such as ongoing incest, but which, from the perspective of the larger society, are non-normative. The second part of the definition highlights the quintessential constructivist view of personality. Finally, this definition emphasises the importance of individual differences in a person. An experience is traumatic in part because it in some way threatens the psychological core of an individual. Thus, one person's trauma may be another person's difficult experience.

Therefore, the trauma and its effects will influence the development of the self, self-esteem, self-image, interpersonal disorder, psychological difficulties and so on. However, the different functions of the self will respond to the trauma differently. It is not surprising that survivors have varying effects from their experiences.

However, the term 'trauma' was not used in the area of sexual abuse by Taiwanese society and survivors until the book 'Trauma and Recovery' (Herman, 1992) was translated into Chinese. Moreover, several of my clients have varying ideas about using the term. They tend to use the term 'hurting experience' rather than 'overwhelming or destructive experience', which is the accurate translation of 'trauma'. If they use the term 'trauma' it is a term that they learn from their counsellors or a book, rather than from their own language use.

The impact of sexual abuse has physiological as well as psychological manifestations. Any form of chronic child abuse interferes with the completion of the developmental tasks associated with each life stage (Erikson, 1980, 1998), and symptoms become integrated into the children's developing personality. Therefore, these consequences involve the continuation into adult life and relationships of feelings and patterns of behaviours (Courtois, 1988). Taiwanese society only started to stress the issue and term PTSD (Post Trauma Stress Disorder) after the 1999 earthquake, rather than because of the issue of sexual abuse. Therefore, although I will use the term 'trauma' or 'traumatic' in my study, I am aware that this term is 'academic or professional' rather than common language used by the participants in Taiwan.

1.4.3. Survivor

The term 'survivor' is used to describe a woman who has experienced sexual abuse in her childhood. The term was identified by western women themselves in the 1980s as an alternative to the word 'victim', which had been in common use. It is now firmly rooted in Western literature.

It confirms that she has survived traumatic experiences so is no longer powerless in relation to the abuse. It emphasises the personal inner resources and strengths which she has used to survive the abuse. Therefore, she is able to identify with other survivors, sharing elements of a common past, a common language and a common wish for change.

Professionals introduced this term 'survivor' into Taiwan about ten years ago. In my experience, it is still not commonly used among clients, just professionals. One of the reasons may be because the Chinese translation of the term 'survivor' has a very Western and academic style, but is not a comfortably Taiwanese term. In my experience, the clients tend to identify themselves as victims (a common term in the Taiwanese language) in their initial stage of therapy. They tend to identify themselves as 'normal people' or 'new people' rather than 'survivors' in the later stage of their psychotherapy/counselling. However, I will continue to use 'survivor' in my writing because this is a common term in the academic world of both Western and Taiwanese society.

1.4.4. Recovery as a process of self-growth and transformation

I mentioned in **Section 1.2.4,** literature which calls a process of counselling a 'recovery process from abuse' (Bass and Davis, 1988; Courtois, 1988; Draucker, 1991, 1992; Gil, 1988; Herman, 1992; Swink and Leveille, 1986; Sgroi, 1989; Epstein, 1991; Lebowitz *et al.*, 1993; and Yalom, 1995). However, my clients and the participants tend to perceive their counselling as a process of self-growth and the recovery process comes not just from their experience of being counselled.

This is because part of the recovery process is to strengthen the undeveloped parts of the self-function and to nurture the inner needs in a healthy way. This process of psychological growth will help the participants to increase self-reliance and personal

strength. The self will be more in charge of the traumatic memory and its effects rather than overwhelmed by it.

Moreover, part of the positive development of social relationships among survivors comes from their increased compassion, greater sensitivity to the needs and feelings of other people, and efforts directed at improving relationships (Miles *et al.*, 1984 cited by Tedeschi and Calhoun, 1995). The final change in life philosophy means an individual can firmly grasp meaning and see his/her life as orderly and purposeful. Perceptions of control and esteem are likely to follow and give a sense of well-being (Tedeschi and Calhoun, 1995, p.40). Therefore, the discussion above suggests that a recovery process from sexual abuse is not equal to a process of counselling. In my study, I am aware of this, although the available literature uses 'recovery process' to describe the 'counselling process'.

Having examined the component factors in a definition of sexual abuse, a more detailed analysis of the factor of trauma recovery will be made in **Chapter 5**.

To sum up, this chapter gives a structure for this thesis to guide readers through the complex phenomena of the recovery process from sexual abuse, the importance of the research background, and the different terminology between Western and Taiwanese society in the area of sexual abuse. **Chapter 2** will focus on the issue of the self since it is the locus of human beings' lives, and some literature (Anderson *et al.*, 1993, Bryer *et al,* 1987; and Mullen, 1993) suggests sexual abuse affects victims' self-image.

CHAPTER 2 THE NATURE OF THE SELF 18

2.1 INTRODUCTION TO THE NATURE OF THE SELF 18
2.2 THE MEANING OF THE SELF FROM FIVE PSYCHOLOGICAL APPROACHES 20
2.2.1 The meaning of self in the broad definition of the psychoanalytic approach 20
2.2.2 Socio-cultural/social-constructivist 21
2.2.2.1 Erikson's stage/identity theory 22
2.2.3 The meaning of the self in the Existential-humanistic/Phenomenological approach 24
2.2.3.1 Murray's personology theory 25
2.2.3.2 The work of Carl Rogers 27
2.2.4 The meaning of the self in the Bio-cognitive-behavioural approach 28
2.2.5 Integrated approaches 29
2.2.5.1 The Self-system model of Hoyle (1999) 30
2.2.5.2 The Constructivist Self Development theory (CSD) of McCann and Pearlman (1990) 31
2.3 REVIEWING THE THEORIES OF THE SELF: CONCEPTUAL ISSUES 34
2.3.1 Cognitive ability 34
2.3.2 The needs of the self 36
2.3.3 The development of the self 38
2.3.4 The abilities to deal with the external world 39
2.3.4.1 Social world and interaction 39
2.3.4.2 Self is able to have inner interaction and integration 40
2.3.5 The ability to deal with the inner self 41
2.3.6 My integrated model of self 44
2.4 CONCLUSION TO THE NATURE OF THE SELF 45

Part 2 Literature Review

Chapter 2 The Nature of the Self

2.1 Introduction to the nature of the self

There are two aims in this chapter. Firstly, it will contribute to answering the research questions identified in **Chapter 1** in ways I shall describe. Secondly, the conclusion of this chapter will contribute to developing an integrated model of the self, trauma and recovery in **Chapter 6**, where I will compare this integrated model and the clinical data in order to explore the research questions.

The self is the locus of being human. The fundamental issue in this research is 'the sense of self' because the self is a location and a means through which each individual can respond to/interact with the experience of sexual abuse. It is the victim herself through her sense of self who experiences the process of recovery. No one is able to experience a recovery process for another's individual self. Therefore, this clearly involves an understanding of how the self of victims has been affected by the abuse, how the self is altered and how the self sets about re-constructing a new acceptable self. For this purpose, a major review of literature on the self is necessary.

There are three research questions in this study:

1. About the experience of sexual abuse itself.
2. About the process of recovery from the experience of sexual abuse.
3. About the difference in recovery process between the participants who received counselling and those who did not. The details of the research questions is in **Section 1.1**, page 1.

This chapter will contribute to the answer to RESEARCH QUESTION 1 because individuals may understand their experience of sexual abuse and its effects differently due to different characteristics within the self. This chapter will also contribute to the answer to RESEARCH QUESTION 2 because the self may contain various abilities to help each individual to experience and to carry out a recovery process from the experience of sexual abuse. This chapter also contributes to RESEARCH QUESTION 3 because there may be major differences in characteristics within the self between the

two groups and also within each group. Therefore, they may perceive the experience of sexual abuse differently.

Therefore, this chapter presents my own thinking and a critical literature review on the nature of the self/person, in accordance with the aims of this study. Accordingly, the nature of self **(Chapter 2)**, the nature of sexual abuse **(Chapter 3)**, and the nature of psychotherapy and trauma recovery **(Chapters 4 and 5)** are the knowledge base of this study, and available literature on these issues has been selected and presented.

Self is a difficult term to define and conceptualise because many disciplines approach it from different levels of experience and viewpoints (St. Clair, 1996). In Greek, the term *psyche,* connoting 'animating force', 'spirit', or 'soul', literally referred to the essence of life. There are particular methods used by theorists in various disciplines to observe individuals and suggest different ways of defining the self. For instance, psychodynamic approaches stress the internal dynamics of self, but the behavioural approach emphasises the importance of the self's actions. Moreover, social learning approaches believe that the meanings of self only exist in connections with others.

I will discuss the meaning of the self from the five major schools of psychology in **Section 2.2** in order to argue how they contribute to the research questions and my understanding of the participants**.** These five approaches are from classical psychology traditions and can be broadly defined as:

- psychoanalytic,
- socio-cultural/social-constructivist,
- existential-humanistic/ phenomenological,
- bio-behavioural-cognitive,
- integrated approaches.

I will conclude with 5 core meanings of the self, drawn from the different schools after the critical literature review in **Section 2.3.** This chapter will contribute to **Chapter 6** (integrated model of the self, trauma and recovery) and **Chapter 6** will develop the integrated model of the self based on these 5 core meanings of the self. After the literature review on the nature of self **(Chapter 2)**, sexual abuse **(Chapter 3)**, psychotherapy **(Chapter 4)** and the trauma recovery process **(Chapter 5)**, I develop an integrated model of the self, trauma and recovery in **Chapter 6** based on the literature.

2.2 The meaning of the self from five psychological approaches

2.2.1 The meaning of self in the broad definition of the psychoanalytic approach

Freud (1856-1939) believed that the self contains three parts: id (biological self), ego (psychological self) and super ego (social self/ideal self). In his view, a healthy person should have a balanced relationship between these three parts. Moreover, Jung (1961) viewed the self is the essence of psychic wholeness, which unites the personality. It is the principal archetype of orientation and meaning, of unity and totality, of order and organisation.

According to self-psychology, Kohut (1977, p.311) refers to self as the centre of the individual's psychological universe. This self cannot be known in its essence, only by means of introspection and by the empathic observation of psychological manifestations in other persons. Therefore, Kohut emphasises both internal awareness and external awareness. The self is not only an individual unit alone in the world, but also has connections with others. Kohut (1977, p.99) sees self as 'a unit, cohesive in space and enduring in time, which is the centre of initiative and a recipient of impressions'.

Extending from the view of self-psychology, St. Clair (1996) reviews object relations. The author points out that self can refer to the person as subject, distinguished from objects in the environment; the person who I am for myself; or the representation or image of the self contained in the ego - self as the whole subject in contrast to the surrounding world of objects. St. Clair (1996) also suggests that the self is our basic experience of the person that we are. The self can be understood as the broader organisation that includes all the psychic agencies (cognition, emotion, and memory), including the ego, in a super-ordinate integration.

Three concepts of the self from this approach seem useful in understanding my participants' experience of sexual abuse and their recovery process:

1. The self as a unit which includes all the psychic agencies. Therefore, the self interacts with the experience of sexual abuse and experiences the recovery process with her 'whole' self.
2. The self has the ability of awareness. It seems useful to explain how the recovery process takes place because awareness helps individuals to reflect on their experience of sexual abuse and the recovery process.

3. The self is our basic subjective experience of the person that we are. Therefore, it seems useful to support why this study focuses on how the participants perceive their experience of sexual abuse and recovery process.

Although the above authors mainly mention the external world and contact with others, they focus on the internal processes needed to realise a whole sense of self. This approach is useful to my study because the process of recovery requires both internal processes and external factors to interact with the internal self. A different perspective, however, is seen in social learning approaches that emphasise how the external world shapes an individual creating/becoming a self.

2.2.2 Socio-cultural/social-constructivist

Human development takes place in a social and cultural environment. The environment influences a person's experiences. Through interaction, the individual assimilates available information about family, subculture, and society (James, 1892, Mead, 1934, McCann and Pearlman, 1990). Socio-cultural/social-constructivist approaches focus on social context as a factor in the development of self. The experience of sexual abuse is not only a personal issue but also a social issue because society has responsibility to protect children from violence or different kinds of abuse. It is important to explore some theories which take this social context into account.

Dewey (1887, 1890) also viewed the self as an emergent internalisation of social feedback and societal value. He proposed that 'the self has no meaning except as contrasted with other persons' (1887, p.327). James (1892) suggests that the self can only be grasped in and through intentional action, in one's acts of desiring, wanting, knowing, or making (Blasi, cited in Hogan, 1991). Cooley (1902) saw the self as 'totally bound up with other people' (Wicklund, 1979, p.190, citing Cooley, 1902). According to Cooley (1902), 'a separate individual is an abstraction unknown to experience, and so likewise is society when regarded as something apart from individuals' (in Hoyle, 1999). Mead (1934) also proposed that 'the self is essentially a social structure, and it arises in social experience (p.140). 'Berger and Luckmann (1967) portrayed the formation of the self as occurring through the interrelationship of organism development and the socialisation process. The socialisation of the self includes assuming world roles. One's self-image is determined by reactions to the social actions one is engaged in. A literature review (Bass and Davis, 1988; Courtois, 1988;

Draucker, 1991, 1992; Gil, 1988; Herman, 1992; Swink and Leveille, 1986; Sgroi, 1989; Epstein, 1991; Lebowitz *et al.*, 1993; and Yalom, 1995) reveals the suggestion that low self-esteem is a major effect of sexual abuse because victims tend to internalise negative messages about sexual abuse from their external world. Therefore this approach helps me to explore RESEARCH QUESTION 1: how social factors may affect the participants understanding of their experience of abuse, its effects and their recovery process.

According to social-constructionism, Offer (1988) suggests that personal constructs, social reality, and self-presentations are to a large degree shaped by our culture, and more specifically, our interactions with others. Therefore, one's action and behaviour become a vehicle of interaction with others so behaviours become a way of knowing and building the self. This approach seems useful in understanding the participants' effects from sexual abuse, and the function of social support in the process of recovery. This is because this approach argues that the self interacts with the external world.

In social learning approaches, authors stress the important role of the external world, society and others. However, if an individual does not have the ability to deal with her internal world she is not able to respond or interact with the external world. In addition, this approach emphasises interaction with the external world but appears not to be aware that an action of interaction can also take place in an internal world. An individual has to work on internal cognitive and emotional areas in order to make a whole sense of self and to know the relationship between the self and the external world. This is because the self does not exist only in the external world. Self has to include the internal self and interaction with the external world.

2.2.2.1 Erikson's stage/identity theory

Although Erikson (1963) is from the psychoanalytic school, he expands the idea of Freudian ego development theory in the cultural context (Burns, 1982, p. 19). Therefore, I have chosen to discuss his theory under the socio-cultural approach. Erikson (1963) uses the concept of identity rather than self and the concept of development in his theory. He suggests that 'identity comes from achievement that has meaning in the culture' (p.28). In other words, identity arises from a gradual integration

of all identifications. Therefore, it is important for children to come into contact with adults with whom they can identify. The victims of sexual abuse tend to feel a sense of 'no body' or feel isolated from their external world (Finkelhor, 1979; Fromuth, 1986; Russell, 1986). This concept seems useful in understanding why the participants in this study tend to have weak self-identity and this may affect how they perceive the experience of abuse, its effects and the process of recovery in order to answer RESEARCH QUESTIONS 1 and 2. This is because, according to my clinical practice and data collected, victims/survivors of sexual abuse very often lacked suitable adults for them to identify with, especially if the abuser was an authority figure in the family and care figures failed to protect them from the abuse.

Erikson proposed eight stages to describe the pattern of personality development from infancy through old age in a genetically determined sequence. This sequence is guided by an epigenetic principle, which means that the growing personality follows a 'ground plan'. This 'ground plan' guides it towards broader social interactions.

The process of identity formation identified by Erikson is similar to the Cooley and Mead theory concerning the role of the generalised other (Burns, 1982, p.19). However, Erikson saw these processes as for the most part unconscious and not unchangeable. The process of identity formation is like the idea suggested by Rogers (1951, 1959) on self-actualisation; that it is a continuing process of progressive differentiations and crystallisations, which expand self-awareness and self-exploration (Burns, 1982, p.19).

There are four concepts of this theory which seem useful in understanding the participants' experience of sexual abuse and the recovery process, and contribute to the integrated model described in **Chapter 6.**

1. Understanding the experience of sexual abuse (RESEARCH QUESTION 1): The concept of 'development' helps me to consider that participants' difficulties in their adulthood may connect with their 'unresolved crises' from different developmental stages.
2. Understanding the recovery process (RESEARCH QUESTION 2.a): This theory reminds me to consider the participants' major life 'tasks' or 'crises' at the present time and how these interact with their recovery process.

3. Understanding the recovery process (RESEARCH QUESTIONS 2.a, 2.c and 2.e): If the participants change their identity formulation, they may, during the process of recovery, formulate a more positive identity after their recovery process from sexual abuse.
4. Contributing to the development of an integrated model of the self, trauma and recovery: This theory offers me the possibility of considering what a human's basic needs/tasks are throughout a life span. If a basic need has been disturbed, it may become a crisis for an individual in a particular developmental stage. For instance, if survivors of sexual abuse lacked security since childhood, the impact of lacking security tends to continue into their adulthood.

To sum up, although Erikson (1963) uses the term 'crisis', actually, these 'crises' are different needs or tasks for individuals to experience in different developmental stages. According to my clinical experience, these needs are easier to apply in understanding the negative impact for survivors of sexual abuse. I will discuss them in more detail in **Chapter 6 (The integrated model of self, trauma and recovery** developed from the literature review**).**

2.2.3 The meaning of the self in the Existential-humanistic/Phenomenological approach

This approach tries to understand how an individual views her; how her needs, feelings, values, beliefs and unique perception of her/his environment influence her to behave as she/he does (Burns, 1982).

In my clinical experience, positive regard and understanding how clients perceive their difficulties are the basic tasks for me. My clients may be able to explore and have more insight about themselves and their conflicts through the process of counselling. Some of my clients say that they have learned to respect their experience of sexual abuse and that their stories are worthy to be listened to and understood through their counselling sessions. The phenomenological approach focuses on understanding how people perceive and understand their internal and external world. Therefore, a phenomenological approach has its place in the area of working with survivors of sexual abuse.

Survivors of sexual abuse tend to internalise negative messages about their experience from their families and society. They may also have learned to take care of others' needs before their own needs. Therefore, they need to re-learn to value their own needs, to receive positive regard from others and to develop their positive self-regard. As a result, the concept of needs (Murray, 1938) and the theory of client centeredness (Rogers 1951) have significant value to my study, so I will discuss their work in more detail.

2.2.3.1 Murray's personology theory

According to my clinical experience and results from the literature review in **Chapter 3 (The Nature of sexual abuse)**, part of the negative consequences of sexual abuse are connected with some of the basic needs of human beings, for example, feelings of security and trust being violated. Therefore, I will explore Murray's personology theory (1938) because it emphasises the importance of human needs being met.

For Murray (1938), the term 'personality' has been reserved for the hypothetical structure of the mind, the consistent establishments and processes of which are manifested over and over again in the internal and external proceedings which constitute a person's life (Hall and Lindzey, 1970, p.167).

According to Murray, the meaning of 'proceedings are the things which we observe, and try to represent with models, and to explain, the things which we attempt to predict, the facts against which we test the adequacy of our formulations' (Murray, 1953, pp. 269-270). Therefore, one of the functions of the self is to resolve conflicts and satisfy an individual's needs. The tensions among needs motivate an individual to reduce the conflicts or satisfy the needs.

One of the features of this theory is a relationship between emotions and needs. For Murray, it is natural to have negative feelings when one's needs cannot be satisfied. Therefore, this theory encourages individuals to take actions to increase their satisfaction and reduce tensions. For survivors of sexual abuse, this theory contributes to viewing one's own needs as a healthy and 'normal' perspective so they do not need to feel guilty or selfish concerning their own needs because survivors of sexual abuse tend to notice others' needs rather than their own.

However, the concept that an individual's behaviour can reduce tension is only an intention or belief on the person's part. It does not always turn out that the act that she/he believes will reduce tension leads to satisfaction. In addition, although Murray mentioned that if the needs can not be satisfied individuals will suffer from negative emotions, this theory does not explore further the effects of the emotional results.

Murray (1938) has emphasised consistently the organic quality of behaviour, indicating that a single segment of behaviour is not to be understood in isolation from the rest of the functioning person. He places general emphasis upon the importance of environmental determinants and has developed an elaborate set of concepts designed to represent these environmental forces. This concept is similar to the social-constructivist approach. Although this theory develops an elaborate set of concepts (*press* in Murray's term) designed to represent the environment of the individual, it is important to represent significant elements in the environment through variables related to the cultural milieu of the individual. For instance, some studies (Courtois, 1988; Finkelhor, 1989; Berry, 1998) point out that specific social myths about sexual abuse cause negative effects on child victims and adult survivors of sexual abuse. Therefore, it is important to consider the historical and cultural context when I explore how an individual recovers from an experience of abuse.

According to this theory, it is natural for human beings to express themselves and their needs. The strong point of this theory is that it encourages people to seek their satisfaction actively. The weak point of this theory is that it is weak in exploring the emotion of frustration when the need-tensions fail to reduce.

To sum up, although this theory has its weak points, there are three concepts that seem useful for my thesis:

1. The concept of human being's needs: The sexual abuse may damage the participants' ability to satisfy their psychological needs and thus cause their difficulties. Therefore, Murray emphasises that the nature of human beings' needs is helpful in understanding the effects of sexual abuse on the participants. This concept also helpful in developing the integrated model of the self, trauma and recovery in

Chapter 6. This is because the recovery process may require a process in which victims are able to learn to satisfy their own needs.

2. The concept of satisfying the needs: There are many studies (Harter, 2000; Somer, 2000; Matsunaga *et al.*, 1999; Leonard, 1997) that use the term 'pathology', 'unresolved issues' or 'effects' to describe the impact of sexual abuse. These terms are problematic in orientation. This theory offers another view of 'treatment' for survivors of sexual abuse. The processes of counselling or recovery can be understood as a way of helping victims to satisfy their various needs. Therefore, the process of counselling and the recovery process are 'normal' and 'healthy' processes to satisfy victims' needs. It is not because victims have 'problems' or 'pathology' that they need the process of recovery. As a result, this concept seems helpful in understanding the participants' difficulties (the effects of sexual abuse) from a viewpoint of human development and for developing the integrated model of the self, trauma and recovery in **Chapter 6.**
3. The concept of significant elements in the environment: This concept seems helpful in understanding how the participants' external world influences their perception of their experience of abuse. This will link to RESEARCH QUESTION 1. This concept also seems helpful in developing the integrated model of the self, trauma and recovery in **Chapter 6** because the external world will have interactions with the self.

2.2.3.2 The work of Carl Rogers

I have tried to explore how the participants perceive and understand their experience of sexual abuse and their recovery process. Therefore, the work of Rogers (1951) is significant to my thesis because he suggests that the self is a concept developed by reflexive thought induced from the raw materials of the stimulus (cited by Burns, 1982, p. 20). This process forms a person's subjective experience and is lodged the phenomenological field. The phenomenological field is reality for each individual. Rogers (1980) stated:

> The only reality I can possibly know is the world as I perceive and experience it at this moment. The only reality you can possibly know is the world as *you* perceive and experience it at this moment. And the only certainly is that those perceived realities are different. There are as many 'real worlds' as there are people (p. 102).

Rogers (1951, p. 487) argues that 'the organism has a basic tendency and striving to actualise, maintain, and enhance the experiencing organism'. Out of the individual's ongoing experience, there gradually emerges an awareness of the **self.** 'The process of awareness is a fluid one that encompasses what one is and does' (Phares, 1988, p. 168). Therefore, a person's capacity for reflection on the individual experience (reflexiveness) can play an important role in generating what that person thinks, feels, does and becomes. The concept of awareness contributes to developing the integrated model of the self, trauma and recovery in **Chapter 6** because self-awareness may help them to develop a new or wider perspective toward themselves and their difficulties.

A need for positive regard from others and a need for positive self-regard are important for survivors of sexual abuse. Survivors tend to have negative self-image and often internalise negative regard from others. They also need to learn to internalise positive regards from others and positive self-regard at present. Therefore, these two needs may influence the recovery process (RESEARCH QUESTION 2). The concept of these two needs also contributes to developing the integrated model of the self, trauma and recovery in **Chapter 6** because they can be basic psychological needs of the self.

2.2.4 The meaning of the self in the Bio-cognitive-behavioural approach

Survivors' physical bodies experience the abuse. Their cognitive function processes the experience of abuse and their behaviours react to the abuse. Therefore, I am aware of the meaning of the self in the bio-cognitive-behavioural area. Richard (1996) suggests that embodiment is central to being a person. A person's body is the vehicle for the exercise of skills, for communicating and relating to the external world. Richard (1996, p.18) suggests that the bodily basis of personal being also locates us at a particular place in a physical world of sensation, and is very much a social matter. In the area of sexual abuse, an issue of embodiment is very important because sexual abuse can be a physical abuse. Some effects of sexual abuse are linked to embodiment, for instance, negative body image, flashback by sensation in the environment, and somatic symptoms.

Hogan *et al.* (1991) suggest that self is that aspect of the person which is experienced. The person lives in awareness that accompanies any intentional actions, as the agentic

centre of the actions or opposite to the actions' objects and their other causes, and from which originates the experience of identity with oneself that characterises reflection. This view of self is focused on an individual's 'conscious' level and his/her behaviour/actions. However, humans have emotional and social aspects. A human is subjective when an individual is involved in their own behavioural, cognitive or emotional processes because s/he experiences the process.

The function of cognition and behaviour seem significantly to contribute to the integrated model of the self, trauma and recovery process in **Chapter 6** because the self needs cognition to process internal and external information and needs actions to express the self.

According to the cognitive approach, the self-concept is viewed as a special type of cognitive framework. This framework strongly influences a person's processing of social information, motivation, affective states and emotional well-being (Baron & Byrne, 1991, p.12).

The cognitive approach to self-concept relies heavily on the work of Piaget (1896-1980). Piaget (cited by Offer *et al.*, 1988) suggested that structures are whole systems subject to transformations and capable of self-regulation. According to Piaget, adolescents are capable of combining thought processes into self-reflection about vocational goals, personal satisfaction, and social responsibility. Normal development would be indicated by a well-structured self-concept with stable, positive feelings about body, social relationships, and potential for accomplishment. The self is shaped at its core by childhood influences that largely remain unconscious. (Offer *et al.*, 1988).

The self-concept seems significant in understanding the recovery process (RESEARCH QUESTION 2) because self-concept change may be a sign of recovery from the abuse.

2.2.5 Integrated approaches

The Self-system model of Hoyle (1999) and McCann and Pearlman (1990) not only integrates various theories, but also emphasises the 'abilities/functions' of an individual/self. The philosophy behind these two models of self is to be able to view survivors of sexual abuse as 'normal' people, rather than 'patients' who need 'treatment'. This philosophy is close to my own after years working with groups of women and children in Taiwan.

2.2.5.1 The Self-system model of Hoyle (1999)

Hoyle (1999) has proposed that the self-system is an interactive, self-regulating system of self-referent thoughts, feelings, and motives. Self as a system is composed of multiple components that are meaningfully organised into a stable, cohesive, functioning whole. The self-system gives rise to an enduring experience of physical and psychological existence. The self appears as a phenomenological sense of continuity and predictability.

The concept of 'system' seems useful in understanding that although the self may have different aspects, it functions as a whole rather than being split. This concept is similar to the psychoanalytic approach in that it views the self as the essence of psychic wholeness, as mentioned in **Section 2.2.1.** This will contribute to developing the integrated model of the self, trauma and recovery in **Chapter 6,** which suggests that the self should be seen as a unit.

The self is reflexive and dynamic in nature. In other words, self-responses are stable and complex, yet unified; private and public, conscious and unconscious, variable and fixed (Hoyle, 1999, p. 11). By dynamic, he means that the self-system routinely and continuously compensates for or adjusts to information from outside the system. Such information, which arises during social encounters as well as through the impersonal mechanism of feedback (e.g. reports of test scores), can be relevant to identity, competency, or control.

The concept of 'reflexivity' is similar to the concept of 'self-awareness' in the humanistic approach, and 'consciousness' in the cognitive approach. The concepts of 'system', 'reflexivity' and 'dynamic' seem significant in understanding what the recovery process is (RESEARCH QUESTION 2) and for developing the integrated model of the self, trauma and recovery in **Chapter 6.** The reason for this contribution is: some of my clients described their lives as 'stuck', 'blocked' or 'stopped' somewhere in the past (meaning in childhood). They did not feel their emotions could flow. Instead they felt their life was dying. The concepts of 'system', 'reflexivity' and 'dynamic' imply that the recovery process can be flowing. Therefore, no matter where or when the recovery process starts the results will influence the whole self because the self is a

system. The recovery process will continue consciously and unconsciously because the self-system is dynamic. Each individual is able to control the process on a conscious level because the self is reflexive.

However, this model does not mention how various self-regulating systems and functions develop in different life stages (Erikson does). It describes the functions of a self-system but does not mention what the aim in having the functions is (Murray does). Therefore, the concepts of 'developmental stages in human life' and 'psychological needs' (aims of the self's functions) will be taken into account in my integrated model of the self, trauma and recovery.

2.2.5.2 The Constructivist Self Development theory (CSD) of McCann and Pearlman (1990)

McCann and Pearlman (1990) developed the constructivist self development theory (CSD) according to self psychology, object relations and social learning theories.

The CSD theory's conceptualisation of 'self' comprises four parts: self-capacities (to regulate self-esteem), ego resources (to regulate interactions with others), psychological needs (to motivate behaviour) and cognitive schemas (to organise experience of self and world). Self-capacities allow the individual to maintain a consistent sense of identity and positive self-esteem. The ego resources serve to regulate and enhance one's interactions with the world outside oneself. The cognitive manifestations of psychological needs are schemas, or beliefs, expectations, and assumptions, about self and others (McCann, 1990). In mature, psychologically healthy individuals, schemas comprise a fairly realistic set of expectations which are fluid and responsive to the environment (Jordan, 1984). In CSD, schemas of particular importance to trauma survivors are those that derive from psychological needs.

Although the self-capacities, ego resources, psychological needs, and cognitive schemas develop in connection with, and impact upon, one another, CSD particularly emphasises the relationships between the cognitive schema and the psychological needs. Individuals develop schemas related to all of their life experience, including beliefs and assumptions that are expectations in fundamental need areas. So, the disturbed schemas

directly affect the central needs. The undeveloped self-capacities and ego resources need to be strengthened at the same time to help build a healthy schema.
The fact that this model does not mention the concept of 'development' and does not mention human emotions is a weakness. Dealing with strong emotions is a major task when working with survivors of sexual abuse, so it is important to emphasise this.

There are three strong points in this model. Firstly, it emphasises the self's 'abilities' rather than 'vulnerabilities'. This is similar to the self-system model (Hoyle, 1999). Secondly, these abilities connect with trauma recovery. Thirdly, these abilities are able to contain the whole person internally and externally. Finally, this model points out that the aim of the self's functions is to meet an individual's psychological needs. It connects human psychological needs with functions of self. Therefore, McCann's (1990) Constructivist Self Development Theory has a wider view of humanity and human trauma compared to Murray's Personology theory (1938), Erikson's eight stages of psychosocial development (1950) and Hoyle's Self-System model (1999). As a result, this model seems useful in exploring what the recovery process is (RESEARCH QUESTION 2) and for developing the integrated model of the self, trauma and recovery in Chapter 6.

A critical analysis of the theories outlined above allows me to identify five key concepts in the construction of a definition of the self:

- cognitive ability,
- the self's psychological needs,
- the self's developmental stages,
- the ability to deal with the internal world,
- the ability to deal with the external world.

These five concepts co-operate with one another: an individual has functions of self (abilities) and needs in various developmental stages within a social context. If the individual's needs cannot be satisfied, various negative emotions will be the result.

The purpose of the study is to explore how the participants (survivors of sexual abuse) understand their experience of abuse throughout their life histories. In a real sense, I am exploring with them the initial and continuing impact of sexual abuse on their sense of

self. In accordance with the aim of this study, this chapter continues in the next section by applying the five concepts that are identified as central to the meanings of the self in order to construct a model of self, trauma and recovery in **Chapter 6**.

2.3 Reviewing the theories of the self: Conceptual issues

Five concepts of self have been developed in the last section:

- the ability of cognition,
- psychological needs,
- the development of the self,
- the abilities to deal with the external world,
- the abilities to deal with the internal world.

I will discuss these meanings in more detail by comparing the psychological literature used so far, with insight drawn from different perspectives (Richard, 1996; James, 1892; Sartre, 1956, Vogeley *et al.*; 1999 and Mitchell, 1993). This is because different disciplines try to understand a person's/ self's many angles from various levels of experience and viewpoints.

2.3.1 Cognitive ability

James (1892) points out that the spiritual self (or consciousness) is the 'self of all other selves' (1961, p. 297). Rosenberg (1979) describes self-concept as 'the totality of the individual's thoughts and feelings having reference to himself as an object' (p.7 cited in Hoyle, 1999). Rogers, Kuiper and Kirker (1977) describe the self-schema as 'deeply involved in the processing, interpretation, and memory of personal information' (p.677 cited in Hoyle, 1999). For Markus & Sentis (1982), human beings have various cognitive structures (in the Piagetian sense) and cognitive schemata (in the sense of the information processing approach). The function of cognition is to organise representations of reality by which objects are selected, processed, altered, and finally understood. Therefore, people use some cognitive schemata in order to understand themselves and their social experiences (Markus & Sentis, 1982).

Richard (1996) also proposes that to be a person involves subjective experience. It involves cognitive processes, which are ways of processing and making sense of the experience. Richard (1996) points out that we are conscious both of the world about us and also of the world of inner thoughts, feelings and reflections within us. There is a sense of multiplicity in the flow of our conscious experience. Vogeley *et al* (1999) also point out that in such a functional, third-person view, consciousness as a fundamental tool for our orientation in the world relies upon an integrative, supra-

modal, sensory-independent, holistic representation of the world. From a first–person phenomenological perspective, consciousness appears as a purely subjective experience, which only I am able to experience for myself by introspection.

This core meaning of consciousness seems significant in understanding how the participants understand their experience of abuse and contributes to developing the integrated model of the self, trauma and recovery. This is because the cognitive function processes information so the participants are able to understand their experience of abuse. Sexual abuse is damaging to an individual. The damage caused by such injunctions is that the child interjects them at a time of high emotional arousal stemming from hyper-vigilance, anxiety and fear. Because of the degree of arousal, repetition and parental source of such messages, they are deeply learned and become incorporated into the child's own sense of self (Dale, 1993). Such distorted or unrealistic beliefs are postulated to lead to distressing feelings and inappropriate actions, to the extent that mood disturbances are a function of these beliefs. It then follows that their therapeutic correction is likely to be accompanied by an alleviation of the disturbances (Jehu, 1988). Therefore, part of the recovery process is likely to focus on how survivors externalise those negative messages through their cognitive ability.

Alongside our capacity to use the past to anticipate the future, there is an extraordinary quality of human conscious awareness in the ability to be reflexive, to 'stand back' and reflect on our experiences (Rogers, 1951; Richard, 1996; Rosenberg, 1979; Hogan *et al*, 1991; Hoyle, 1999). Awareness is 'appreciation of the arbitrariness in experience' or 'knowing that something else might be taking place in a life circumstance' (Hogan, 1991). In other words, the ability of reflexivity is to imagine alternatives, where things could be other than as they are. Therefore, we do not experience life as fixed but believe that there is potential for changing how we are.
The conscious self is able to be aware of how an individual makes sense of the internal self and the external world. Awareness brings the possibility of change. Survivors may adopt survival skills from their experience of abuse. Those skills helped them in the past, but it may not necessarily be suitable for the present. If survivors are able to recognise how they have learned those coping skills they will have the chance to make a decision on whether they want to change or not. Similarly,

survivors tend to internalise various myths about their experience of abuse from the external world. Those value systems have a negative impact on them (for example, they are dirty and worthless because they have been abused). If they can realise how they have internalised these negative messages, they have a chance to externalise them within their minds. Therefore, the conscious self is very important for survivors in the process of recovery.

Therefore, the self is able to be objective, stand back, be introspective and have a sense of ownership of self. There is extensive evidence in the literature that survivors of sexual abuse tend to blame themselves for the abuse (Courtois, 1988 and Berry; 1998). If they can stand back and be more objective, they may be less self-blaming. Some survivors' feel they are not able to control/to 'own' their own body because the abuse has violated their ability to be an owner of themselves. Therefore, this aspect of self seems significant for developing the integrated model in **Chapter 6** and in understanding how the participants perceive their experience of abuse and the recovery process.

2.3.2 The needs of the self

Horney (1937, 1939, 1946) points out that a primary concept, basic anxiety, is essentially the absence of a perception of a world one can trust. It derives from disturbing the security of the child, who then feels helpless and isolated in a world that is perceived as potentially hostile. Murray (1938) and Maslow (1908-1970) emphasise the needs of human beings. Maslow's hierarchy of needs describes physiological needs, safety needs, belongingness and love needs, esteem needs and self-actualisation.

Sullivan (1953) points out that the infant's primary concern is for security. According to Sullivan, the need for security remains our dominant concern and we engage in 'security operations' to feel safe and secure throughout life. Erikson (1950, 1963, and 1980) said that 'For the first component of a healthy personality I nominate a sense of basic trust, which I think is an attitude toward oneself and the world derived from the experiences of the first year of life' (p.45). Social-learning theorists (e.g. Bandura, 1977) describe adolescent development as a product of social influences.

Maslow (1970, 1987) suggests that a human is motivated by a series of innate needs that lend meaning and satisfaction to life. He suggests that those needs in the initial

development stage must be satisfied before the next stage of needs can be pursued. Erikson (1963) uses the term 'crisis' to describe the self's tasks/needs in various developmental stages. For Erikson (1963), each stage presents the individual with a crisis - a point at which personality development can go one way or the other. If the crisis is resolved negatively, adaptation and the likelihood of a successful resolution of the crisis in the next stage will be diminished (Phares, 1991). Psychological needs motivate the interaction with the inner self and the outside world.

In addition, object relations theorists (Greenberg & Mitchell, 1983) have emphasised the importance of feelings of security as they are established and maintained through interpersonal interactions (primarily between child and caregiver) during the very earliest years of life. Fairbairn (1952) maintains that children need to develop a sense of trust and security regarding the world around them. Children need to feel that their parents understand the world and are dependable and just in their caregiving. This is because we learn to trust our environment by receiving appropriate dependable care, and we simultaneously learn to feel good about ourselves by believing that we are worthy of such care (Hogan, 1991)

Survivors of sexual abuse tend to feel unsafe, isolated and have low self esteem (Berry, 1998; Briere & Runtz, 1986; Herman & Schatzow, 1987). Therefore, the concept of basic psychological needs seems to be significantly linked to these negative effects of the sexual abuse experience. Moreover, the PTSD (Post Trauma Stress Disorder) suffered by victims of sexual abuse is largely attributable to the shattering of very basic assumptions they have held about the world (Janoff-Bulman & Frieze, 1983; Horowitz, 1986). The world is not perceived as safe. The victim cannot say, 'it cannot happen to me'. To feel vulnerable is to feel unsafe and unprotected. Therefore, the victim's psychological state is often characterised by anxiety, fear and depression. The concept of basics needs of the self seems important in understanding the participants' experience of sexual abuse and its effects. It seems also important for contributing to the integrated model of the self, trauma and recovery in **Chapter 6** because the participants may need to recover from their trauma by learning to satisfy their own psychological needs.

However, in my experience, clients are aware of their frustration or difficulties rather than noticing their needs are not met. For instance, they may feel frustration because they have difficulty trusting people. Thus, what they want may actually be to reduce the feeling of frustration rather than being directly aware of their need of trust. They tend to realise that their need has been satisfied after working through their difficulties.

According to the argument in the literature so far and my clinical experience, psychological needs include: needs of transcendence/self-actualisation, need for power/frame of reference, need for affection/intimacy (including sexual intimacy), needs of identity (including sexual identity), need for esteem/industry (Erikson's term) (including sexuality), need for independence/autonomy, need for safety/dependency and need for trust (Erikson, 1950, Fairbairn, 1952, Greenberg & Mitchell, 1983, Horney, 1937, Maslow, 1970, 1987; and Murray, 1938).

Clinical experience indicates that the consequences of the abuse are: lack of security; poor self-esteem, confusion of self-identity, and fear of intimacy; and powerlessness. Therefore, it is very likely that part of the recovery process for survivors is to re-satisfy those important psychological needs in their lives. It is not difficult to understand why the consequence of the abuse will continue into adulthood, because sexual abuse is a crisis in a child's developmental stages. Most sexual abuse is a secret in the family and a taboo in most societies. Therefore, this crisis is rarely resolved positively at that time and will affect the other development stages.

2.3.3 The development of the self

Each individual will change and grow over their life span physically and psychologically. The functions of the self mentioned above, suggest that the functions of the self can be increased or decreased throughout different life developmental stages. For instance, Freud (1856-1939), Piaget (1896-1980), and Erikson (1902-1994) emphasise stage development in human beings. The stages are viewed as sequential, so that successful completion of one stage is necessary for successful progression to the next (Lemme, 1995, p. 44). Therefore, the concept of development seems useful in understanding the participants' recovery processes through out their life span because they may perceive their experience of abuse differently in different developmental stages.

2.3.4 The abilities to deal with the external world

2.3.4.1 Social world and interaction

James (1890) suggested that the social self comprises the recognition one gets from others, for instance one's social identity, relations, roles and reputation. Berger and Luckmann (1967), Goffman (1959), Mead (1934) and Kelly (1955) represent the social–constructionist approach to the self. Personal constructs, social reality, and self-presentations are to a large degree shaped by our culture, and more specifically, our interactions with others. Goffman (1959) suggests that culture affects what we are. It affects what the individual perceives oneself to be, and it affects how a person portrays oneself. Therefore, the person we feel ourselves to be is influenced by the 'moral order' favoured by our culture as well. This may require us to justify or excuse ourselves or help to explain the kind of person we are. Similarly, Berger and Luckmann (1967) see the formation of the self as occurring through the interrelationship of organismic development and the socialisation process.

Bowlby's (1969) conception of 'world models' are proposed as working models of the self and the environment that enable an individual to plan, set goals, and function effectively. Therefore, he argues the kind of person we are and can become is grounded in the social practices and the way of thinking and communicating that we assimilate from the social settings in which we live. Richard (1996) pointed out that to be a person is to be intrinsically related to others, to exist in a social medium of meanings and customs. The self is interaction with the outside world throughout one's life history. Therefore, new experiences continually enrich the inner understanding of self and sense. The self is in flux, rather than 'being controlled' or 'being arranged' by past history. The self is not simply standing in a passive position to be shaped by the external world, but 'interacting' with it (Mead, 1934; Cooley, in Hoyle, 1999; and Richard, 1996). Therefore, how the participants in this study understand their experience of abuse, their recovery processes and themselves seems to be linked with their culture background and social context.

McCann and Pearlman, (1990), consider three dimensions in the relationship between individuals, their social context and an individual's particular experiences.

(1) The meanings that society ascribes to the particular event of which the individual is a victim.
(2) The historical and social circumstances and meanings of the event.
(3) The individual's experience of his or her position in society as described by demographic variables such as socio-economic status, race, and gender (pp. 112-113).

For instance, most of my clients perceived that society as a whole looks down on survivors of sexual abuse because they are not virgins. They felt that they were excluded from society. They also felt shame about their experiences or themselves because of society's view. Therefore, how society gives meaning to an experience of sexual abuse will influence how survivors perceive their experiences and themselves. Some of my clients also perceive that contemporary society is more open to the issue of sexual abuse, and offers more resources to help, than in the past. This indicates that the issue of sexual abuse cannot be reviewed independently from historical circumstances. For survivors of sexual abuse, social self enables them to make a connection again with the external world and reduce a feeling of loneliness. In addition, if social self continues to be active, survivors will have chances to change their stereotyped images about their experience of sexual abuse and its impact on their world-view, self-image and value systems. Therefore, the concept of social self seems important in understanding what factors may influence the effects of the abuse (RESEARCH QUESTION 1) and the recovery process (RESEARCH QUESTION 2).

In conclusion, society's value system influences how an individual perceives one's own experiences. Therefore, understanding the social and cultural context in which trauma occurs seems to be a fundamental issue in the area of recovery from the experience of sexual abuse (McCann and Pearlman, 1990, p. 20)

2.3.4.2 Self is able to have inner interaction and integration

Richard (1996) suggests that to be a person also involves some sense of these strands being in complex interrelation with each other. Human beings are dealing with complex interactions over personally and socially constructed time. Biology is a social matter and the social permeates our sense of self. Memories of the past, both

conscious and unconscious, can affect the present, as can our hopes and fears about the future. The ability of memory endows some sense of continuity to our experience. Human beings look for patterns and consistency, for ways of making sense of their experience (Richard, 1996; Hoyle, 1999; and St.Clair, 1996). Therefore, our cognition and ways of thinking and feeling constitute and influence our conscious awareness. We also attribute meanings to events and responsibility for actions. Each of the accounts forms some kind of narrative - a flow of experience, actions and events. Therefore, the concept of integration seems significant in understanding the participants' narrative experience of their lives and their experience of sexual abuse within their memories.

Some studies (Pettigrew & Burcham, 1997; Jumper, 1995; Zlotnick, *et al.*, 1995, 1996) suggest that survivors of sexual abuse may use dissociation or 'split up' the self into many sub-selves in order to survive. Some adult survivors cannot integrate themselves into a sense of unity. In my experience, some of my clients complained that they felt themselves falling apart in the initial stage of counselling. They were more able to feel a sense of 'wholeness' in their final stage of counselling. They described the experience of abuse being located in their life rather than needing to 'block out' the experience 'somewhere'. Therefore, the integrated self seems significant in understanding the effects of the abuse on the participants.

According to the literature discussion so far, the effects of the abuse and my clinical experience, six abilities seem to be significant for survivors when dealing with their external world in their process of recovery: to make self-protective judgement, to establish mature relations with others, to consider sexuality issues, willpower, empathy and foreseeing consequences (or introspection) (Goffman, 1959; James, 1890; Kelly, 1955; MacCann, 1990; Richard, 1996).

2.3.5 The ability to deal with the inner self

Survivors of sexual abuse bring to counselling a significant amount of unconscious materials. Richard (1996) postulates that to be a person may also involve unconscious feelings. This is a sense that some of our experience and our reactions emanate from feelings deep within ourselves of which we may hardly be aware. The emotions may

remain as only 'tone' or background, or they may become a central, even overwhelming, dynamic in consciousness. Over time, the prevailing emotional tone (contentedness, depression or anxiety) imparts a distinctive feel to lived experience (Richard, 1996). Therefore, feelings may not only be confused and conflicting but may seem to originate beyond the borders of conscious apprehension. In the psycho-dynamics approach, human beings are seen as organisms that structure their lives defensively to avoid anxiety (Richard, 1996; and St.Clair, 1996). Our central identity (called ego or self) has to be constantly defensive against anxiety in order to limit disruption and maintain a sense of unity. Therefore, the basic assumption of a person in psycho-dynamics is that consciousness and our internal versions of the world are systematically distorted so as to avoid anxiety. If we knew what we were doing, much of the defence would be undermined and truths about reality, conflict and anxiety would return to consciousness. Difficulties in expressing a feeling or experience in language may also be a defence against a painful memory.

Victims of sexual abuse unconsciously internalise negative messages about their experience of abuse from the external world (for example, from the abuser, significant others or society). They also have to develop coping methods in order to live in their environment during childhood. They may have some difficulties in their adulthood due to those negative messages, beliefs and unsuitable coping methods. Therefore, it is important for survivors to explore their unconsciousness in order to bring about change. In a similar way, unconsciousness is also a resource place for survivors. They are able to discover their strength if they are more aware of their area of unconsciousness (Fairbairn, 196; Mitchell, 1988). The core meaning of unconsciousness of the self seems important in understanding the participants' experience of abuse and its effects.

McCann and Pearlman (1990) draw four self-capacities important to trauma survivors from psychodynamics approaches and self-psychology literature (Kohut, 1977; Richard, 1996; St. Clair, 1996),. These abilities allow the individual to maintain a consistent sense of identity, positive self-esteem and to meet their psychological needs. These are: ability to tolerate strong effect; ability to be alone without being lonely, ability to calm oneself; and ability to regulate self-loathing.

The first, the ability to tolerate and regulate strong effect without self-fragmentation or acting out, means that the individual can experience deep feelings, whether of pain or joy, without a major or permanent disruption in his or her sense of psychological stability.

The second self-capacity is the ability to be alone without being lonely (Winnicott, 1958) and means that the individual is capable of enjoying time alone and does not experience feelings of emptiness or anomie.

The third self capacity is the ability to calm oneself through processes of self-soothing. This means that the individual can usually recover from emotional distress without over reliance upon other people or other external supports.

The fourth self-capacity is the ability to moderate self-loathing in the face of criticism or guilt. This refers to the individual's ability to accept and integrate criticism without major or permanent damage to his or her sense of self-worth. McCann and Pearlman (1990) focus on these capacities because they are central to understanding the internal experience of trauma and enabling the client to tolerate the painful work of therapy and integrate the effects and meanings associated with the trauma.

The existence of defence mechanisms may be able to explain the ability to tolerate strong effect and to calm oneself. Defence mechanisms also help the individual maintain a consistent sense of identity, decrease pressure and maintain the harmonic between inner self and outside world. The survivor often uses defence mechanisms during the abuse period for the sake of survival. There are some protective defences which survivors always use. These often take the form of repressing some or all of the memories of the actual abuse experiences. Dissociate mechanisms allow survivors to distance themselves from the powerful emotions of fear, shame, or anger or from a sense of being totally overwhelmed by physiologic responses to the sexual stimulation component of the abuse. Distancing or dissociation at times of psychological stress may have become lifelong coping mechanisms for survivors, which are invoked and repeated when triggered by minimal cues (Sgroi, 1988, p.181). Another coping mechanism involves maintaining multiple relationships in which the survivor as a caretaker gives but does not expect (and is not expected) to receive nurturance from others. Survivors fill their lives with multiple commitments that distract them from

experiencing emotional pain and emptiness. They may remember some or all of the details of the abuse experiences but in a detached and unemotional way (Sgroi, 1988). Still other survivors have protected themselves from the effect associated with their memories of childhood sexual abuse experiences by denying that the episodes were abusive in nature (Sgroi, 1988). Repression, dissociation, isolation and denial coping mechanisms can help the individual tolerate strong effects (impact) from a traumatic experience and calm oneself. However, it is likely that most survivors use a combination of forms of defence from the time that their sexual abuse experiences become emotionally traumatic for them (Sgroi, 1988). Part of the recovery work of survivors seems to be to transform the defences into ways of healthy functioning.

To sum up, in analysing extensive literature on the self, I can draw out eight abilities in my study for dealing with the internal world. These are the abilities of reflexiveness, awareness, to feel, to use defence mechanisms to tolerate strong effects (impact) from traumatic experience and calm oneself, to be alone without being lonely, to regulate self-loathing, and to internalise and externalise.

In conclusion, both in my clinical experience and in the literature (Godbey & Hutchinson, 1996; Chard *et al.*, 1997; Lebowitz *et al.*, 1993; Roth & Newman, 1993; Berry, 1998) it is suggested that clients of sexual abuse improve their self-esteem, and transform their self-identity, in the final stage of counselling. This suggests that the self has a capacity for growth. In addition, my clients have increased their abilities to comfort and encourage themselves in their daily lives. This suggests that they are able to satisfy their own needs. The role of the self seems very important in the process of recovery. I will explore what a recovery process is from the empirical data, and the data will present the relationship between the self and the recovery process according to an analysis using grounded theory principles

2.3.6 My integrated model of self

According to the discussion in this chapter, it is not difficult to understand that a person has an inner world of self with some fundamental needs, has abilities to satisfy the needs, has cognition and feelings, and lives within society. Therefore, the self includes the psychological needs of the self, the ability/strength of the self, the interaction in the inner self, the interaction between the self and the outside world.

Figure 2.3.6 shows how my integrated model of the self includes psychological needs, cognitive ability, the abilities for dealing with a person's internal world, and the abilities for dealing with a person's external world. These four parts interact with each other in a developmental spiral dimension. Social context and the experience of sexual abuse do not appear in this figure, but they will appear in the final integrated model of the self, trauma and recovery. Interactions and inter-linkages naturally occur amongst the four aspects of the self.

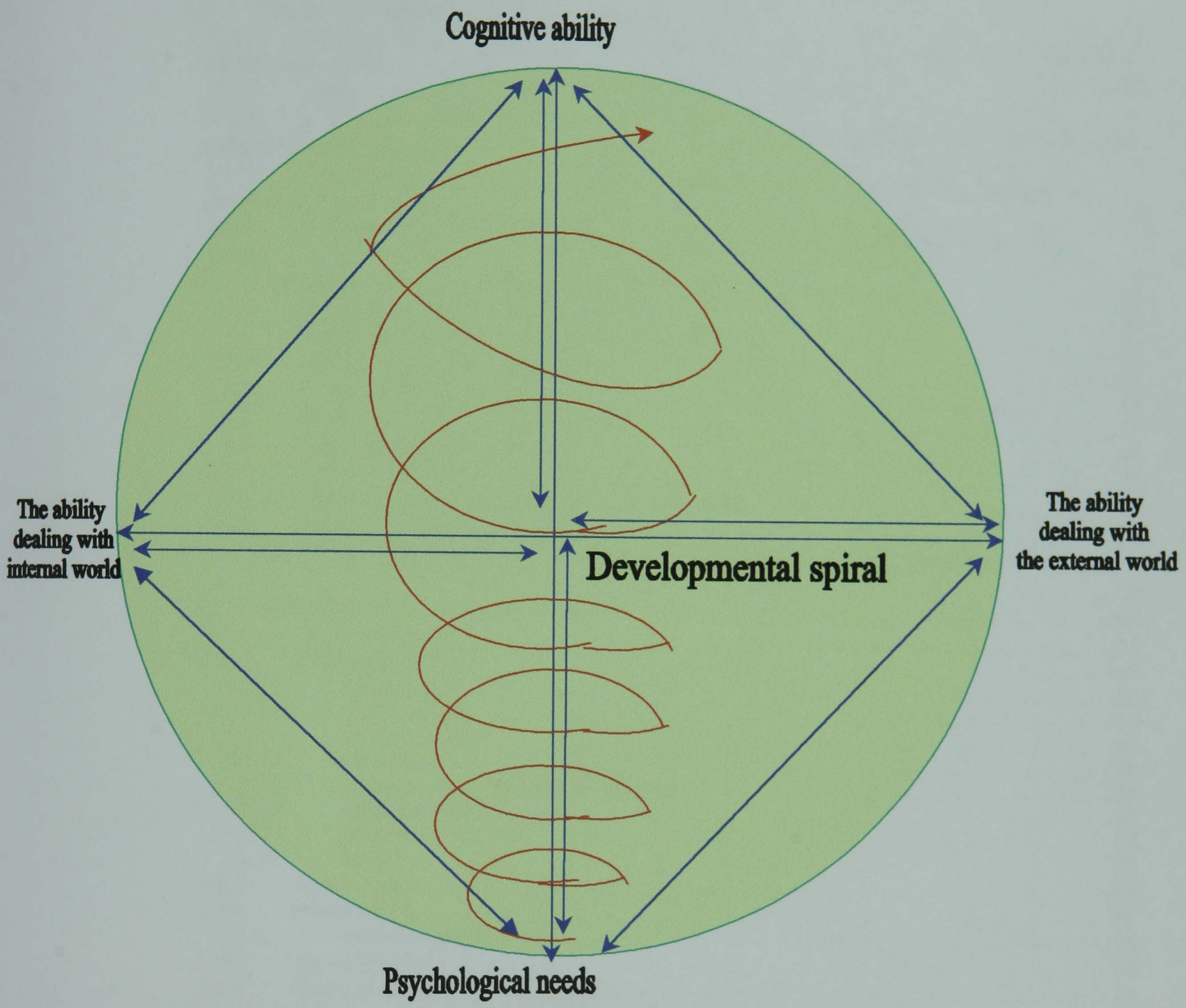
According to the discussion above, the experience of abuse may lead to non-satisfaction of psychological needs and to underdevelopment of the abilities to deal with the inner and outside world, or to the use of these abilities in an unhealthy way. Likewise, the experience may cause cognitive disruption toward the self and the outside world.

2.4 Conclusion to the nature of the self

The literature reviewed in **Section 2.2** focused on how different psychological approaches defined the meanings of the self. I argued their weakness and their contribution to my study. After my critical analysis in **Section 2.3** I drew out five concepts of meanings of the self (cognitive ability, the needs of the self, the development of the self, ability to deal with the external world, and ability to deal with the internal world) . I developed an integrated model of the self in **Section 2.3.6** which will become part of the integrated model of the self, trauma and recovery in **Chapter 6.**

The model in **Section 2.3.6** presents the self such that it includes psychological needs, the ability to deal with external and internal worlds, and cognitive ability. The self has a developmental spiral dimension within a social context. I will argue the effects of sexual abuse, and various factors that may influence the effects, in **Chapter 3.** In **Chapters 4** and **5**, I analyse the recovery process and possible outcome of the process from a literature review. According to these analyses, I have developed an integrated model of the self, trauma and recovery in **Chapter 6** in order to compare it with the clinical data in this study.

FIGURE 2.3.6 : THE MODEL OF THE SELF



Five elements (cognitive ability, psychological needs, the development of the self, the ability dealing with external world, and the ability dealing with internal world) interact with each other and interact with developmental spiral throughout a person's life.

CHAPTER 3 THE NATURE OF SEXUAL ABUSE 47

3.1. INTRODUCTION TO THE NATURE OF SEXUAL ABUSE 47
3.2. THE HISTORY OF SEXUAL ABUSE AND TRAUMA ISSUES 48
3.2.1. A historical review: Psychoanalytic perspective on hysteria – ignorance of the truth about child sexual abuse 48
3.2.2. A historical review: The traumatic neuroses of war 50
3.2.3. A historical review: The feminist perspective on rape and family violence – the revolution of understanding sexual abuse 51
3.2.4. A historical review: The traumagenic dynamics model – the first model to explain the dynamic of sexual abuse 52
3.2.5. A historical review: How well can attachment theory explain the dynamic of sexual abuse? 53
3.3. FACTORS WHICH MAY INFLUENCE THE IMPACT AND RECOVERY PROCESS 55
3.3.1. Factor 1: The relationship to the abuser 55
3.3.2. Factor 2: The duration and frequency of the abuse 55
3.3.3. Factor 3: The age of the abuser 56
3.3.4. Factor 4: The age at onset of abuse 56
3.3.5. Factor 5: The type of sexual act 57
3.3.6. Factor 6: The use of force 57
3.3.7. Factor 7: The effects of disclosure 57
3.3.8. Factor 8: Family functioning and social factors 58
3.3.9. Factor 9: Personality of the abused 59
3.4. THE UNDERSTANDING OF SEXUAL ABUSE WITHIN THE SOCIAL AND CULTURE-SPECIFIC CONTEXT 60
3.5. LONG-TERM EFFECTS OF SEXUAL ABUSE 63
3.5.1. Cognitive effects 63
3.5.2. Emotional effects 65
3.5.2.1. Guilt feelings: 65
3.5.2.2. Anger and rage 66
3.5.2.3. Sadness and grief 66
3.5.2.4. Depression 66
3.5.2.5. Complete absence of emotional reaction 67
3.5.2.6. Anxiety problems 67
3.5.2.7. Isolation and alienation 67
3.5.2.8. Security 68
3.5.3. Sexual effects 68
3.5.4. Social effects 69
3.5.4.1. Interpersonal difficulties 69
3.5.5. Spiritual effects 70
3.5.6. Physical effects 72
3.6. CONCLUSION TO THE NATURE OF SEXUAL ABUSE 74

Chapter 3 The nature of sexual abuse

3.1. Introduction to the nature of sexual abuse

In **Chapter 2**, I discussed the nature of self and provided a framework for understanding the relationship between an individual (the self), the experience of abuse and the aftermath of the abuse. In this chapter I will focus on the nature of sexual abuse because it is useful in understanding the effects of sexual abuse and factors influencing the effects in order to answer RESEARCH QUESTION 1. According to the aim of this study, I will discuss four issues on the nature of sexual abuse: (1) the history of investigations into sexual abuse and trauma, (2) factors that may influence differences in the impact of abuse, (3) sexual abuse within a social context and (4) long-term effects of sexual abuse. This will provide both descriptive and analytic dimensions. I also describe the differences between the West and Taiwan in the area of sexual abuse. There are four reasons for me to focus on these four issues.

1. This chapter offers a brief history of investigations into sexual abuse/trauma in order to help the reader to understand the participants' recovery processes from a global perspective and to offer some specific background on terms used in the context in which the participants' lives (in **Section 3.2**).
2. Each survivor experiences different effects from the experience of sexual abuse. If I know what factors cause these differences, I may be able to know how the self interacts with these factors and the experience of sexual abuse. This will help me in understanding RESEARCH QUESTION 2 because these factors may also have an influence on the effects of sexual abuse and the self's recovery process (in **Section 3.3**).
3. The experience of sexual abuse is not only an individual experience but also a social issue. Therefore, it is importance to take the social context into account. This will help me to understand how the participants understand their abuse within a cultural context in order to answer RESEARCH QUESTION 2 (in **Section 3.4**).
4. Each individual victim of sexual abuse experiences different effects of sexual abuse. Therefore, each individual has different effects to recover from and may experience a different recovery process. This will help me to explore RESEARCH QUESTION 2: what is the recovery process?

3.2. The history of sexual abuse and trauma issues

This section will focus on the historical background concerning the issue of sexual abuse and psychological trauma in order to understand the context in which the participants live. Three forms of psychological trauma have surfaced into the public consciousness over the past century (Herman, 1992). The first was hysteria, the archetypal psychological disorder of women. Its study grew out of the republican, anticlerical, political movement of the late nineteenth century in France. The second was combat neurosis. Its study began in England and the United States after the First World War and reached a peak after the Vietnam War (Davies, 1995). Its political context was the collapse of a cult of war and the growth of an antiwar movement. The last and most recent trauma to come into public awareness is sexual and domestic violence. Its political context is the feminist movement in Western Europe and North America (Herman, 1992, p.9).

At the same time as the feminist movement was at its height, psychotherapy was developing treatment models and strategies of 'healing', examples of which appear in autobiographical accounts of childhood sexual abuse (Davies, 1995, p.5). Therefore, scholars and therapists developed various treatment models from different theoretical models. I will discuss the historical review in five chronological phases: the psychoanalytic perspective of hysteria, the traumatic neuroses of war, the feminist perspective on rape and family violence, the traumagenic model, and attachment theory.

3.2.1. A historical review: Psychoanalytic perspective on hysteria – ignorance of the truth about child sexual abuse

At the end of last century, Freud found a substantial number of his female 'hysteric' patients reporting memories of coercive and traumatic sexual experiences with their fathers, other males, and adult relatives. Freud formed his seduction theory about the origins of hysteria and the neuroses behind this. He linked the symptoms of these women with sexual trauma in their childhood (Hall & Lloyd, 1993, p. 7). Freud reported this finding in 1896 (The Etiology of Hysteria). Freud is compassionate in this paper. He asks: 'Poor child, what have they done to you?' (Freud, 1896, cited by Hall & Lloyd, 1993, p. 7).

However, following the publication of his ideas (1896), Freud was heavily criticised and he modified his original ideas. In 1897, Freud replaced the original seduction theory with that of his theory of 'infantile sexuality'. He suggested that a woman who described sexual abuse was really having incestuous fantasies and wishes toward her father. This new theory attributed unconscious drives and desires to infants and children.

When Freud abandoned his original theory, he did a disservice not only to his profession but also to many generations of men and women whose childhood experiences have since been denied. Hall and Lloyd (1993) point out that an abuser's desire and capacity for initiating the abuse was ignored as a result of Freud's new theory. Furthermore, this new theory also put responsibility for sexual abuse on the child rather than on the abuser.

Society's rejection of Freud's findings and his action in changing the theory indicated that society and professionals rejected the truth of child sexual abuse. Taiwanese society has started to become aware of the issue of child sexual abuse in the past ten years. In my clinical experience, survivors of childhood sexual abuse still suffer from Taiwanese society's rejection of them. Therefore, it is important to understand the historical background in order to have a deeper understanding of the participants' experiences.

Although psychoanalytic ideas have assisted in perpetuating a denial that sexual abuse has occurred, they cannot be accused of minimising the trauma of sexual abuse itself. Therefore, Hall & Lloyd (1993) suggest that there are three contributions from psychoanalytic theory. Firstly, the theory stresses the importance of traumatic childhood events in the emotional, social and sexual development of the individual. It has made an important contribution to our understanding of the idea of ambivalence. When a perpetrator has sexually abused a child victim, he may be the only person in her life who has ever paid her any attention or given her affection. Therefore, a victim of sexual abuse may have both feelings of love and hate toward the abuser.

Secondly, this approach emphasises work on the unconscious. This has implications for work with survivors of childhood sexual abuse. Freud believed that behaviour and personality development is influenced by forces, motivation and childhood patterns of

which the individual is totally unaware. Therefore, survivors may not be aware that their difficulties are rooted in their experience of sexual abuse.

Finally, Freud's discussion of the mechanisms that the individual uses to defend him or herself against emotional and physical pain is also important. He stressed the importance of recovering the repressed or suppressed memories in order to help the individual make sense of his/her problems. Part of the importance of therapeutic work is to help survivors make a connection between their experience of abuse, themselves, and their difficulties. However, psychoanalytic theory operates within a patriarchal ideology. It fails to make any links between powerlessness, violence and sexuality (Hall & Lloyd, 1993, p.8). Kahn (1997) comments that psychoanalysis offers insight into why a person is in a given psychological state, but it does not offer the safety necessary for a damaged person to change. This is addressed in a person-centred approach to therapy (see **Chapter 4**)

To sum up, the dynamic analysis of childhood trauma helps me to understand the possible impact of childhood sexual abuse on the participants, both during their childhood and in adulthood.

3.2.2. A historical review: The traumatic neuroses of war

The reality of psychological trauma was forced upon public consciousness again by the catastrophe of the First World War. However, there was little medical or public interest in the psychological condition of returning soldiers. The lasting effects of war trauma were once again forgotten.

In 1970, while the Vietnam War was at its height, the antiwar veterans organised 'rap groups'. The purpose of the rap groups was to support individual veterans who had suffered psychological trauma, and to raise awareness about the effects of war. By the end of the decade, the political pressure from veterans' organisations resulted in a legal mandate for a psychological treatment programme. In 1980, for the first time, the characteristic syndromes of psychological trauma were established as a 'real' diagnosis. In that year, the American Psychiatric Association included in its manual of mental disorders a new category called 'Post-Traumatic Stress Disorder (PTSD)' (Herman, 1992, p.28).

Some individuals' experience of the effects of sexual abuse meet the Diagnostic and Statistical Manual-IV (American Psychiatric Association, 1994) criteria for the diagnostic categories of PTSD acute, chronic and delayed symptoms. (Courtois, 1988) These range from those that flood the survivor with thoughts and feelings associated with the trauma to those that numb her to all experiences. Flooding symptoms include flashbacks and nightmares. Numbing symptoms include dissociation, amnesia or memory loss, restriction of affect, withdrawal, and loss of interest in daily events. In addition, the survivor may experience other distressing symptoms as part of a post-traumatic response, such as sleep disturbances, concentration problems, irrational guilt, hyperarousal, anxiety, and an increase of symptomatology when exposed to events similar to the original trauma (APA, American Psychology Asociation1987, 1994).

Only after the 1980s, when the efforts of combat veterans had legitimised the concept of post-traumatic stress disorder, did it become clear that the psychological syndrome seen in survivors of rape, domestic battery and incest was essentially the same as the syndrome seen in survivors of war.

To sum up, PTSD's inclusion in DSM IV indicates professionals accept the importance of psychological trauma and society is willing to provide support. However, the link between PTSD symptoms and the experience of sexual abuse is not significant in Taiwanese society. This is because of two reasons. Firstly, professionals are only recently aware of the connection between child sexual abuse and PTSD. Secondly, Taiwanese society did not pay much attention on PTSD before the serious earthquake in 1998.

3.2.3. A historical review: The feminist perspective on rape and family violence – the revolution of understanding sexual abuse

A feminist analysis sees 'the problem of masculinity' at the centre of any explanation of child sexual abuse. It asserts that we live in a patriarchal society, which is reinforced by the social structure of the family, with father as the power figure, mother as nurturer and children dependent. Male power is also held responsible for the silence surrounding sexual abuse, as mothers and children have no power to break that silence within the family (Hall & Lloyd, 1993, p. 9). For instance, the perpetrator does everything in his

power to promote forgetting in order to escape accountability for his crimes. Secrecy and silence are the perpetrator's first line of defence.

Feminists redefined rape as a crime of violence rather than a sexual act (Herman, 1992, p.30). The initial focus on the rape of adults led inevitably to a rediscovery of the sexual abuse of children (Herman, 1992, p.31). In the case of rape, the psychological investigations of domestic violence and child sexual abuse led to a rediscovery of the syndrome of psychological trauma (Herman, 1992, p.32).

As a result, PTSD symptoms have been recognised and the feminist movement challenged society to understand the fact of child sexual abuse and its impact. So, society is able to accept and understand victims of sexual abuse because without a supportive social environment, the bystander usually succumbs to the temptation to look the other way. To hold traumatic reality in consciousness requires a social context that affirms and protects the victim and joins victim and witness in a common alliance. This social context is created for the individual victim by relationships with friends, lovers and family. The social context is also created by political movements that give voice to vulnerable populations (Herman, 1992, p.9).

To sum up, there is a close relationship between social context, the experience of sexual abuse and victims. The social context is able to have both a positive and negative influence on survivors' perception of their experience of sexual abuse. Therefore, a study of the process of recovery from childhood sexual abuse trauma may need to consider how the society's value system affects victims' perceptions.

3.2.4. A historical review: The traumagenic dynamics model – the first model to explain the dynamic of sexual abuse

As a result of the feminist movement, society and different professions accept that sexual abuse is a social issue. Therefore, professions are willing to try and understand the dynamics within the area of sexual abuse. Finkelhor and Browne (1985) analysed the dynamics of child sexual abuse to determine which factors are most related to its traumatic impact. They postulated four traumagenic dynamics: traumatic sexualisation, betrayal, powerlessness and stigmatisation. Finkelhor and Browne are careful to point out that the dynamics are not narrowly defined; in fact, each can be seen as a clustering of harmful influences with a common theme. They wrote:

These traumatic dynamics are generalised dynamics not necessarily unique to sexual abuse; they occur in other kinds of trauma. But the conjunction of these four dynamics in one set of circumstances is what makes the trauma of sexual abuse unique, different from such childhood traumas as the divorce of a child's parents or even being the victim of physical child abuse.
These dynamics alter children's cognitive and emotional orientation to the world, and create trauma by distorting children's self-concept, worldview, and affective capacities (pp. 530-531).

Traumatic sexualisation refers to the conditions in sexual abuse under which a child's sexuality is shaped in a developmentally inappropriate and interpersonally dysfunctional way (Finkelhor, 1988). Betrayal refers to the dynamic by which children discover that someone on whom they were vitally dependent has treated them with callous disregard for their wishes or well-being (Finkelhor, 1988). The child experiences betrayal not only from the offender but also from non-abusing family members. When they find the other important care figures are unable or unwilling to believe and protect them, they will sense betrayal. Stigmatisation refers to the negative messages about the worthlessness, shamefulness and guilt that are communicated to the child with the experience and that then become incorporated into the child's self-image (Finkelhor, 1988).

There are two main components to the traumagenic dynamic of powerlessness:
(1) a child's will, wishes, and sense of efficacy are repeatedly overruled and frustrated, and
(2) a child experiences the threat of injury or annihilation.
To sum up, this is the first dynamic model to systematically explain how child sexual abuse may happen and the possible effects on victims. It stresses the abusers' responsibility for the sexual but also points out the characteristics of the victims which may help them to escape from potential abuse.

3.2.5. A historical review: How well can attachment theory explain the dynamic of sexual abuse?

In recent years, professionals have noted that victims of sexual abuse experience different consequences of the abuse. One of the factors causing these differences may be the child-parent relationship before and after the abuse. Therefore, attachment theory explores the possibility of a reciprocal relationship between parent-child attachment and sexual abuse (Roth & Newman, 1993; Alexander, 1993). On the one hand, poor parental attachment may increase their children's risk of child sexual abuse. On the other, child

sexual abuse may lead to poor parent-child attachment (Alexander, 1992). However, Rutter (cited by Fergusson and Mullen, 1999, p.86) concludes that research evidence gives only very weak support for Bowlby's (1952) position on the role of attachment in the development of psychiatric disorder. In addition, the application of attachment theory to the area of sexual abuse is limited to the analysis of intrafamilial abuse, thus this theory does not directly address the issue of the linkages between extrafamilial abuse and difficulties in adulthood.

To sum up, it was a long time before society admitted the fact of sexual abuse – from Freud's abandonment of his original findings up to the feminism movement. The feminism movement brought political openness and created a chance for the power balance to alter between the vulnerable and the powerful sections of the population. Finkelhor's four traumagenic dynamics model contributes to society's understanding about the dynamics and impact of sexual abuse.

This historical background will help me to understand how the participants perceive their experience of sexual abuse in a social context and is likely to answer RESEARCH QUESTION 1.a : How do the participants understand their experience of abuse and it effects?

The next section will focus on factors which may influence the effects of sexual abuse because literature (Tremblay *et al.*, 1999; Finkelhor, 1979; Herman *et al.*, 1986; and Tsai, 1979) and my clinical practice suggest victims experience different consequences after the abuse. Therefore, there may be some factors affecting the way in which the participants perceive their experience of abuse and causing different consequences. The discussion in the next section will help me to explore RESEARCH QUESTIONS 1.b: (What kinds of factors make the individuals have different outcomes?) and 2.c (What are the helpful factors which help survivors go through the process of recovery?)

3.3. Factors which may influence the impact and recovery process

As mentioned in **Section 3.1**, it appears that several factors may influence the effects of sexual abuse and the recovery process, and therefore affect survivors' understanding of their experience.

There has been considerable research into the differing factors that may influence the severity of the effects of child sexual abuse on an individual person. I have identified nine factors from the available literature. However, the results of studies evaluating the relationship between abuse-related characteristics and victims' adjustments are not consistent (Tremblay *et al.*, 1999). This review will help me to explore RESEARCH QUESTION 1.b.

3.3.1. Factor 1: The relationship to the abuser

Although intrafamilial abuse has not been definitely shown to be more traumatic than extrafamilial abuse (Finkelhor & Browne, 1986), clinical data suggests that it is (Finkelhor, 1979; Herman *et al.*, 1986; and Tsai, 1979). In my experience, a therapist/counsellor has to consider more than one factor in understanding how survivors/victims understand their experience of sexual abuse. Intrafamilial abuse reflects family dynamics. Therefore, a therapist/counsellor must not only be concerned with the relationship to the abuser but also to the family.

In other words, abuse by a parent may involve greater betrayal and loss of trust than abuse by others. It may also reflect a significant level of family disturbance along with less available emotional support for the child. There may also be a variety of other severe consequences, such as open conflict, family break-up, and at times unwillingness to believe the child. It is also probable that the abuse occurs over a longer period of time and with greater frequency than abuse by outsiders (Russell, 1986).

3.3.2. Factor 2: The duration and frequency of the abuse

Browne and Finkelhor (1986) conclude that there has been considerable debate in the literature about the relation between duration of abuse and subsequent traumas. Three researchers (Russell, 1986; Tsai *et al.*, 1979; and Bagley & Ramsay, 1985) report a correlation between longer duration and greater trauma. Three studies reported no association (Finkelhor, 1979; Friedrich, Urquiza, & Beilke, 1986).

Beitchman *et al.* (1992) suggest that several points must be considered in trying to disentangle the literature. First, researchers use various terms such as 'trauma', 'negative experience' and 'lasting harm' to investigate this issue. While there may be overlap in the meaning of these terms, some of the contradictory results noted above can be attributed to the problems of defining precisely the outcome of interest.

Secondly, there is evidence that force and violence are associated with more severe outcomes (Mullen *et al.*, 1988). Therefore, the factor of force must be controlled by researchers when assessing the long-term impact of duration. In other words, the factor of force may have a stronger influence than the factor of frequency on the effects of sexual abuse.

Third, studies show that abuse by a father or stepfather is associated with greater long-term harm (Finkelhor, 1979; Russell, 1986). Stepfathers appear to be more likely to use force than natural fathers (Russell, 1986), and abuse by father or stepfather is more likely to be of longer duration than abuse by outsiders. Therefore, evaluating the effects of duration only makes sense if equivalent conditions are considered and equivalent outcomes are measured.

3.3.3. Factor 3: The age of the abuser

In Berry's review (1998), this factor has not been identified in much of the research. However, the older the abuser, the greater the trauma has been found to be a factor (Finkelhor, 1979; Fromuth, 1986). In my clinical experience, the age of the abuser is not significant in explaining the severity of the outcome of sexual abuse. Some of my clients said that they understood that the abuser offended with them because the offender might have felt curious about sex due to their age. However, they did not mention whether this understanding reduced their pain or not.

3.3.4. Factor 4: The age at onset of abuse

Browne and Finkelhor (1986) found little clear relation between the age of onset of abuse and trauma. Bagley and Ramsay (1985) reported a significant association between an early age of onset and later trauma. The significance of the age factor was no longer important after the study controlled for penetration. Murphy *et al.* (1988) suggest that the trauma is greater amongst post-puberty children because they are likely to be the

subject of invasive abuse which is felt to be more harmful. Beitchman *et al.* (1992) suggest that the variables of the relationship between the victim and the abuser and the duration of the abuse must be controlled when the effects of age are being assessed. In my experience, this factor is not significant in explaining the severity of outcome of sexual abuse.

3.3.5. Factor 5: The type of sexual act

Most studies (in the review of Beitchman *et al.*, 1992) concluded that it is more traumatic for the abused when sexual abuse involves penetration or oral-genital contact. However, three studies did not show any consistent relation between type of sexual activity and long-term effects (in the review of Beitchman *et al.*, 1992). Therefore, there is disagreement about whether intercourse and penetration are demonstrably more serious than less invasive forms of abuse. In my clinical experience, this factor is not significant in predicting the severity of outcome of sexual abuse.

3.3.6. Factor 6: The use of force

Here there seems to be agreement amongst the researchers that force is one of the few significant abuse-specific variables associated with the degree of trauma experience (Finkehlor, 1979; Fromuth, 1986; Russell, 1986). Sedney *et al.* (1984) also found abuse experiences involving force to be associated with poor levels of adjustment in adulthood. Some of my clients did not really experience force during the abuse, but they were afraid that the perpetrator might use force if they did not obey. Therefore, this factor includes both the victims' perception of what might happen as well as actual occurrences.

3.3.7. Factor 7: The effects of disclosure

Anderson *et al.* (1993) point out that negative parental response increases the trauma. Tufts also found that there was an increase in behavioural problems when the child was removed from the home. Mullen *et al.* (1993) point out that 'the possibility exists that women who make use of denial and minimisation in coping with their abuse, fare better than those who try to come to terms with the experience'. My clinical experience supports these authors' finding. Some of my clients feel very hurt not only because of the abuse itself but also their significant others' negative reactions to their experiences.

3.3.8. Factor 8: Family functioning and social factors

In recent studies, researchers have examined the possible influence of social support on the outcome of child sexual abuse. In the literature reviews of Beitchman *et al.* (1992) and Berry (1998), child sexual abuse is more likely to occur to children from disturbed and disadvantaged families that expose them to dysfunctional developmental influences. Fergusson and Mullen (1999), in their review, argue that the higher rates of later adjustment difficulties among children exposed to child sexual abuse reflect the family context within which child sexual abuse often occurs, rather than the traumatic effects of child sexual abuse itself.

Only a few studies have examined child sexual abuse adjustment in relation to the personal characteristics of the victims and their social and familial environments as well as abuse-related characteristics. In other words, the more a child perceives that she is supported by her friends and parents, the more she evaluates positively her global self-worth (Tremblay *et al.*, 1999). Therefore, it is generally accepted that the presence of supportive persons is associated with better adjustment in the short and long term (Kinard, 1995; Teja & Stolberg, 1993; Tremblay *et al.*, 1999).

Conte and Schuerman (1987) find that variables indicating the presence of supportive relationships and the general functioning of the victim's family together explained the largest amount of variance in measures of the child's functioning. Peters (1988) also found the quality of maternal warmth to be the strongest predictor of psychological difficulty in adulthood. Wolfe & Birt (1997) conclude that parental reaction following the disclosure may better explain the presence of these behavioural difficulties of victims of sexual abuse. Therefore, a warm and comforting relationship with a significant parental figure appears to have a positive effect on a child sexual abuse victim's adjustment.

To sum up, the argument is made for conceiving the impact of the abuse in the functioning of personal, familial and social environments instead of considering only the abuse-related characteristics. My experience working with child victims and adult survivors support the above findings. My clients have less feeling of abandonment and

loneliness if their families are able to support them. The discussion in this section seems useful in understanding what factors may influence victims' recovery processes (RESEARCH QUESTION 2.c) because family functioning and social support also appear in the participants' narratives.

3.3.9. Factor 9: Personality of the abused

People who are successful at coping with negative events carry a variety of labels in the psychological literature (Tedeschi and Calhoun, 1995). However, although Finkelhor (1988) points out that children who are able to say 'no' will have less risk from abuse, there is no literature directly discussing the relationship between a victim's personality and sexual abuse. However, Tedeschi and Calhoun (1995) review the relationship between personality characteristics and successfully coping with general life crises. They identify characteristics that are helpful for survivors in coping with their trauma successfully by reviewing various literature (p.44): internal locus of control; self-efficacy or self-confidence; optimism; hardiness; resilience; sense of coherence; and creativity. As **Chapter 2** argues, the self has different abilities for interacting with their experience of sexual abuse. Therefore, the characteristics of the self may affect how the participants perceive their experience of sexual abuse. I will explore this issue when I analyse the relationship between self and the participants' recovery journeys (**Chapters 9 to 12**).

To sum up, these factors may explain why child victims/adult survivors have different effects and recovery processes as individuals and help to explore RESEARCHS QUESTION 1.b and 2.c.

Chapter 2 argues that social context has an important role in terms of its interaction with the development of an individual. This section also argues that social support influences how victims perceive their experience of sexual abuse. Therefore, I will focuses on the understanding of sexual abuse within the social context in the next section in order to explore how social factors may influence victims' perceptions of their experience of sexual abuse (RESEARCH QUESTION 1).

3.4. The understanding of sexual abuse within the social and culture-specific context

As argued in **Chapter 2**, the self does not only have its own internal process of cognition and emotions, but also has interaction with the external world. An infant is born into a human environment and the development of the infant takes place not just in the inner world, the family, but also in a social and cultural context, which shapes the individual's experience. Therefore, through the internalised process (or projection and introjection) the child develops certain expectations and beliefs about himself or herself, others, and the world. These expectations and beliefs will influence the child's interactions with the self, her peers, and others as she moves out into the world. Therefore, the society's/culture's view of sexual abuse and sexuality will influence the victims' views of themselves.

Finkelhor (1984) explains that people have learned a great deal about the problem of sexual abuse, so society may be making progress on the level of awareness. However, most of the myths about sexual abuse can be covered by the 'right' knowledge. In other words, people may 'know' the right knowledge but they may already have internalised the negative message from the myths within society. Therefore, they may respond to the issue of sexual abuse with negative attitudes, rather than share a supportive attitude and understanding.

Among the most commonly targeted myths (Adams-Tucker, 1981; Groth, 1979; Justice & Justice, 1979) of sexual abuse are:

- Children are molested primarily by strangers.
- Girls are the exclusive targets of sexual abuse.
- Sexual abusers are violent, aggressive, senile or mentally ill.

In Finkelhor's survey, there was still a large group of people who tended to associate the notion of sexual abuse primarily with strangers rather than people who know the child. Finkelhor explains that this is not entirely one of misinformation. If the public has received other accurate information about sexual abuse, it has certainly heard the truth that abusers are more likely to be intimates than strangers. The problems are, rather, that this truth is a very difficult one to accept. It is unpleasant for people to harbour

suspicions about friends, neighbours, relatives, or members of their own family. So people continue to hold the image of the sexual abuser as a stranger, because the other image is so disconcerting (Finkelhor *et al*, 1990). This is also true in Taiwanese society. A study in Taiwan (Hung, 1997) suggests that over 80% of children and over 90% of parents tend to associate the notion of sexual abuse primarily with strangers rather than people who know the child. It is interesting that even parents who know the truth that abusers are more likely to be intimates than strangers, still teach their children just to stay away from strangers because they do not know how to teach children about abuse from intimates.

The other myth of sexuality in Taiwanese/Chinese culture which affects people's attitude toward the victims of sexual abuse is the 'virginity complex'. If a girl/woman has sex before marriage that means she is not a virgin any more. She has been used, so she is worthless. People will call her a 'public toilet' - every man has the right to have sex with her.

Furthermore, Rush (1980) and Herman (1981) show that cultures assume dominance of men over women and children, and this also allows men to sexually abuse children. Rush (1980) particularly points out certain historical and cultural contexts in which sexual relationships between men and children were condoned. Research on cultural literature also suggests that men are expected to have sexual feelings toward children, that this idea is natural, and men will try to express the idea. It then becomes the responsibility of the victim not to entice the perpetrator, rather than the obligation being on the potential abuser to control his own behaviour (Herman, 1981, pp. 7-50). As a result, both authors also suggest another view: much professional writing tends to normalise men's sexual behaviour with children, to minimise the effects of sexual activity on children, and to place blame and responsibility with the victim and the mother. Even though this view has been challenged, statistics on reported cases support the contention that sexual abuse is primarily a male problem and victims are largely female (Hung for review, 1994).

Finally, there is the view that children and women are possessions which belong to men and so men have the right to do anything to them. According to these views, all men

would seem to be wife-beaters, rapists and child abusers. Clearly they are not. It is also too simplistic to conclude that the normative and social structure of our society is the only reason there is child sexual abuse.

However, Bagley (1990) suggests that culture is a factor in child sexual abuse. As a result, it is important to be aware of different cultures in identifying sexuality and sexual abuse. In my clinical experience, one of the major recovery processes from sexual abuse is the survivor who can develop an ability to integrate political, social and environmental influences into her experience of sexual abuse. She will be able to see how much the societal factors contribute to her experience and the effects, so she can reduce the irrational guilt and shame. To externalise negative messages of sexual abuse from society seems to be part of the recovery process in survivors' experiences. I will discuss this in more detail when analysing my empirical data in **Chapter 13**.

I will review long-term effects of sexual abuse in the next section because it will help me to explore how the participants may understand their experience of sexual abuse (RESEARCH QUESTION 1.a).

3.5. Long-term effects of sexual abuse

The aim of this section is to review long-term effects of sexual abuse. Victims experience different effects of sexual abuse because they are different individuals with a unique 'self'. Therefore, they will have a different recovery process from the effects of sexual abuse.

I will discuss the long-term effects of sexual abuse under six categories according to the available literature:

- cognitive,
- emotional,
- sexual,
- social,
- spiritual,
- physical/somatic.

Each effect has both internal and external dimension. There are two reasons for me to discuss the long-term effects under these six categories:

1. These categories reflect/connect with the nature of self which I have argued in **Chapter 2**. The nature of self requires a body to carry out actions for a person. This may link with the physical and sexual effects of sexual abuse. The self has its own self-regulation systems (for example, cognitive and emotional functions) which may connect with the sexual, cognitive and emotional impact of sexual abuse. Self-regulation works consciously and unconsciously, which may connect with the spiritual impact of sexual abuse. The self also has interaction with the external world, so it has social functioning, which may connect with the social impact of sexual abuse.
2. I establish the categories by reviewing available literature. I will discuss these long-term effects in more detail in the following section.

3.5.1. Cognitive effects

Victims of sexual abuse internalise negative messages or beliefs about their experience of sexual abuse. This establishes and enhances a marked tendency to misperceive the behaviour, attitudes and motives of others in all interpersonal encounters (Dale, 1993). Such distorted or unrealistic beliefs, it is postulated, lead to distressing feelings and inappropriate actions, and to the extent that mood disturbances are a function of these

beliefs, then it follows that their therapeutic correction is likely to be accompanied by an alleviation of the disturbances (Jehu *et al*, 1988).

As a result, survivors of sexual abuse often experience intense confusion about the nature of their difficulties, the causes of their problems and the reactions of others to them. It is likely that this confusion originated in childhood, partly as the result of a lack of understanding about the sexual nature of the abuse, and partly because the child was abused and hurt by an adult whom she could have reasonably expected to protect and take care of her. The difficulty in understanding or making sense of the childhood experiences continues into adulthood (Hall & Lloyd, 1993).

In addition, self-perspective is part of the result of an individual's cognitive process to clarify how a person perceives herself. Although a negative self-concept was not confirmed as an initial effect, evidence for it as a long-term effect was much stronger (Finkelhor, 1986, p. 156). The damage caused by the experience of sexual abuse is that they are introjected by the child at a time of high emotional arousal stemming from hyper-vigilance, anxiety and fear. Because of the degree of arousal, repetition and the parental source of such messages, they are deeply learned and become incorporated into the child's own sense of self (Dale, 1993). This image continues into adulthood with a woman often displaying overwhelming helplessness, hopelessness and an extremely negative view of herself (Kempe, 1980).

In order to answer RESEARCH QUESTION 1, **Chapter 9** will identify what factors (including the experience of sexual abuse) may cause the participants' negative self-image and how they internalise negative messages. The cognitive, emotional, sexual, social, spiritual and physical/somatic effects will all affect an individual's self-image. An individual will integrate how she 'perceives' herself in different aspects by the process of cognition. Therefore, I identify that negative self-image and internalising negative messages are associated with cognitive effects. **Chapter 10** will explain what a recovery process is and what are the helpful factors (RESEARCH QUESTIONS 2.a and 2.c) for dealing with the cognitive effects (e.g. the attribution system).

3.5.2. Emotional effects

The second effect is that emotions associated initially with survivors of childhood sexual abuse often persist over time but may fluctuate in continuity and intensity. Emotional deprivation, damage and impaired emotional development stem from the combined impact of the repeated trauma and the abusing environment of the home and family relationships (Jehu *et al*, 1988). Difficulties are common regarding the *recognition*, the *understanding*, and the *expression* of feelings (Jehu *et al*, 1988).

In my clinical experience, the issue of emotions is a major theme in a psychotherapeutic setting. Some survivors have a very strong emotional reaction towards their experience of abuse but have not had a chance to express this since their childhood. Some survivors are afraid that their emotions may overwhelm them because they are not familiar with their own emotions. Therefore, they try to suppress the emotions. Others may have very little awareness about their emotions (numbness) because this is a way of surviving. As a result, the task of recovery will always focus on the issue of emotions. Survivors are able to know, to deal with, to express and to contain their own emotions. Different studies propose different aspects of emotional effects. In the following sections I review 8 kinds of emotions that are the most significant in the literature.

Chapter 2 argued that the self has different basic psychological needs, for example needs of trust. If the individual did not have satisfaction for those basic psychological needs, the individual may have emotional frustration. Therefore, it is possible that part of the recovery process is to deal with the negative emotions. **Chapter 13** answers what the recovery process (RESEARCH QUESTION 2) is in dealing with emotional issues.

3.5.2.1. Guilt feelings:

Tsai and Wagner, 1978 suggest that at least five factors explain the high levels of guilt about childhood experiences:

(1) Silence about the abuse, suggesting that the abuse was an experience to be ashamed of and not to be revealed to others.

(2) Feelings of responsibility for the sexual abuse, often compounded by the reactions of the abuser and other significant adults blaming the child.

(3) Believing that she has behaved badly and that her punishment was to be abused.

(4) Failing to stop the abuse, giving the survivor the idea that she 'allowed' it to continue.

(5) Any feelings of physical arousal felt during the abuse.

In my experience, the feeling of guilt is different among different generations. The younger generation (teenage female victims) have less guilt than adult survivors (aged over 25). My teenage female clients tend to acknowledge that their experience of sexual abuse is not their fault. They are not responsible for the abuse. This may be because Taiwanese society has developed greater awareness of the issue of sexual abuse over the last ten years. However, it is not clear whether they feel guilty about their feelings of physical arousal. It is also not clear whether they will feel guilt in later life.

3.5.2.2. Anger and rage

Some survivors show anger and hostility towards the world in general, and family and friends in particular. Many survivors have never learned appropriate ways of dealing with their anger and frequently turn it on themselves (Hall & Lloyd, 1993). In my clinical experience, the issue of anger is different in each client. For instance, teenage clients tend to have great rage about many things around them. It is hard to measure whether the rage is the effect from the experience of abuse or from the developmental task of adolescence. On the other hand, adult female survivors tend to have difficulty identifying and expressing their anger. In my clinical experience, their feeling of fear (normally, they do not know what they fear) covers or stops their anger.

3.5.2.3. Sadness and grief

Many survivors experience periods of extreme sadness which they are unable to understand (Hall & Lloyd, 1993). In my clinical experience, adolescent female victims hardly express their sadness, but express anger instead. They tend to use anger to protect their sadness and themselves. The feeling of sadness seems to expose their vulnerability, therefore they tend to express their anger to indicate that they are strong. On the other hand, in my clinical experience, it is easier for adult female survivors to express sadness than rage.

3.5.2.4. Depression

Periods of depression and low moods are common in survivors (Bagley and Ramsay, 1985; Browne and Finkelhor, 1986). During these times, it is usual to find

intensification of feelings of guilt, low self-esteem, withdrawal from social contact, and sometimes an inner deadness or lack of emotional reaction (Herman *et al.*, 1986). Depression also frequently becomes chronic and results in self-damaging behaviour and suicidal ideation and attempts. In my clinical experience, the clients do not use the term 'depression' but 'sadness' to describe themselves, unless they have had psychiatric treatment.

3.5.2.5. Complete absence of emotional reaction

The coping mechanism of dissociation in survivors' childhood usually continues into adulthood. As a result, survivors remain unaware of emotional reactions (Hall & Lloyd, 1993). My clients tend to have difficulty 'staying' with their happy moments. Some of my clients describe that they 'know' they are happy but they cannot 'feel' that they are happy. A few of my clients even have difficulty judging whether they are cold or warm.

3.5.2.6. Anxiety problems

Generalised anxiety and fear continues for many survivors. Most survivors experience considerable anxiety as well as multiple fears, often of phobic intensity (Hall & Lloyd, 1993). Survivors of sexual abuse tend to report apprehension, anxiety attacks, sleep disturbance and nightmares. Also, various phobias, including fears of other people, fear of enclosed places, fear of the dark, etc.

3.5.2.7. Isolation and alienation

The sense of being different from others results from the many negative associations and feelings that the survivor has with the abuse. These feelings may have come directly from the abuser, who may have blamed the child. They may have come from other adults whom she tried to tell, or from the child's own knowledge about the fact that the sexual activity was wrong (Finkelhor & Browne, 1986). The feeling of shame and the sense of low self-esteem also contribute to survivors' feelings of isolation. This sense of being different from others usually inhibits the formation of close relationships, and without the reassurance that she is not to blame for the abuse, will continue into adulthood (Hall & Lloyd, 1993).

3.5.2.8. Security

The emotional consequences of abuse can profoundly damage one's early sense of security. There is an absence of a stage of trusting dependency and safe initial exploration of the world from the victim child's home. The sense for the child is of the security of home falling apart (Dale, 1993). The insecurity and need to control experienced by victims may well stem from the betrayal and powerlessness involved in their abuse. In the light of such breaches of trust and lack of control it is understandable that victims grow up feeling insecure and vulnerable in their relationships with others and with a strong need to retain personal control in their social interactions (Jehu *et al.*, 1988). The insecurity generated by unmet childhood dependency needs, and the damage to basic trust, often leads to constantly testing parents and the provocation of rejection (Dale, 1993).

In my clinical experience, survivors tend to depend on the external world to ensure their feeling of security in the early stage of counselling. In other words, they may do whatever they can to consciously or sub-consciously protect themselves. It is not unusual for them to over react or to over measure the danger in their external world. However, they can still feel unsafe about their external world. This situation changes in their later stage of counselling. They gradually increase their inner strength through counselling. Therefore, they are able to realise that their sense of security does not necessarily depend on how safe their external world is. Although their external world does not change, they can still have a sense of security if they increase their inner strength. They are also able to assess external danger more objectively.
The participants perceive it is a recovery process (RESEARCH QUESTION 2.a) if they are able to deal with their negative emotions (as analysed in **Chapter 13)**.

3.5.3. Sexual effects

Many aspects of the incest experience can be sexually damaging, from the actual sexual behaviour itself to its influence on the various components of intrapsychic and interpersonal development (Courtois, 1988). Commonly reported sexual difficulties include:

- suppression of sexual awareness, desire and responsiveness
- promiscuous or compulsive sexual activity

- difficulties with orgasm, vaginismus
- damaging and distressing association of sexual arousal with specific stimuli such as pain/anger or strangers
- disturbing sexual fantasies, including fantasies of abusing
- flashbacks and other dissociative responses during sexual activity
- confusion regarding sexual identity and orientation
- fear of vulnerability associated with sexual arousal and loss of control (Schover *et al.*,1980; Dale,1993).

Furthermore, Courtois (1988) suggests that many survivors feel betrayed by their bodies during the abuse and feel guilty about their physical arousal. They may also feel shame about their body for being attractive, for developing sexual characteristics, and for responding sexually. In order to overcome these feelings, they extend their self-blame somatically and use their bodies to manifest these feelings. Therefore, physical effects may be related to the type and locus of the abuse and be manifested directly or in conversion symptoms (Courtois, 1988).

3.5.4. Social effects

Social functioning of survivors shows wide variability, ranging from isolation, rebellion and antisocial behaviour to over-functioning and compulsive social interaction. There appear to be common themes of isolation, insecurity, discord and inadequacy permeating many of these interpersonal problems.

3.5.4.1. Interpersonal difficulties

Survivors of sexual abuse seem to have special difficulties in intimate relationships. These relationships require trust and openness that are experienced as threatening rather than gratifying, because the survivor fears the abusive experience being known, being rejected due to low self-esteem, and of being perceived as worthless (Dale, 1993).

The interpersonal insecurity felt by many victims is commonly accompanied by a strong need to retain control in relationships, rather than trusting others to share this without exploiting the victim (Jehu *et al.*, 1988). Some survivors have extreme dependency needs. These needs not only show in initial effects but can also show in adulthood in a

'redeeming' relationship (Summit, and Kryso, 1978). In other words, they hope that someone can 'rescue' them from the negative impact of sexual abuse and their present difficulties. An extreme dependency relationship often involves the unconscious attraction of two equally deprived personalities. In other words, a survivor may seek out a dominant and/or older man who can take care of her, provide her with protection, and meet all her unmet needs. This relationship can result in a spiral of mounting frustration, mutual bitterness and provocation when the magical fantasy is soon dispelled. Another form of relationship is when survivors continue in their caretaking patterns and find an immature partner who requires their attention but can give them little back in return. However, the depth of emotional need is often so great that it proves impossible for any one person to meet it. The search for intimacy has many pitfalls and is likely to be one of the major areas addressed during therapeutic work (Dale, 1993). This section seems useful in understanding the participants' effects and how they may perceive the recovery process (RESEARCH QUESTION 2.a) in the issue of interpersonal relationships. **Chapter 14** will analyse the participants' recovery process in the issue of interpersonal relationships.

Courtois (1988) also suggests that survivors bring their feelings about others, including fear, disillusionment, mistrust, overvaluation, devaluation, and hostility, to bear in any interaction. While the isolation, insecurity and discord that pervade the relationships of many victims often originate in their sexual abuse experiences, it is also true that limited social skills can maintain and exacerbate these problems (Jehu *et al*, 1988). Survivors may not have the opportunity to develop relationship skills in their original family and may relate according to the role they played in the family interactions.

In summary, social effects of sexual abuse may act to isolate survivors so they are unable to connect with their external environment (including people around them) in a satisfactory way. This isolation will affect their self-image and emotions. Therefore, if survivors can improve their relationships with their external world it may enhance their process of recovery.

3.5.5. Spiritual effects

'Spirituality, which comes from the Latin spiritus, meaning 'breath of life', is a way of being and experiencing that comes through awareness of a transcendent dimension and

that is characterised by certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the Ultimate' (Elkins *et al*, 1988, p.10).

Elkins *et al* (1988) explore the meaning of spirituality from the Latin *spiritus*. It is not necessary to connect the definition of spirituality with religion as the statement above does. There are no generally agreed definitions of spirituality at present. For example, Edwards (1980) defined spirituality as a concern with the existential, and Shafranske and Gorsuch (1984) defined it as the courage to look within (cited in Ganje-Fling and McCarthy, 1996). Ganje-Fling and McCarthy (1996) conclude that *spirituality is a complex, multifaceted construct that involves ultimate and personal truths that individuals hold as inviolable in their lives*

There are five functions of spirituality that have been suggested by three authors (Elkins *et al*, 1988; Worthington, 1989; Westgate, 1996):

1. Religion/spirituality gives people the opportunity to relate one's self to powerful, determinant, or mysterious elements beyond one's control, to understand or deal with what is unknown or unanswerable.
2. Religion/spirituality provides hope and reassurance.
3. Religion/spirituality provides satisfaction of important personal needs. It gives individuals a sense of purpose or calling in life, with an affirmation of their efforts beyond immediate, extrinsic rewards (e.g., money, fame), awareness of the tragic and its meanings; and with a sense of self-esteem.
4. Religion/spirituality offers connections to others. It allows an individual to identify with a community.
5. Religion/spirituality encourages individuals to have a transcendent dimension; sacredness of life; an intrinsic value system; altruism; idealism; and fruits of spirituality.

In summary, the functions of spirituality/religion are to offer meaning, hope, esteem and belonging for individuals' lives.

What is the meaning of spirituality in this study? Although spirituality is not necessarily connected with religions, most of my clients talk about their relationship with their religions. Therefore, the basic meaning of spirituality will include the participants' relationship with their religions in this study. Transformation is the above authors'

major concept regarding spirituality. This concept will connect with the meaning of life, life hopes, awareness of self and transcendence of suffering in life. This study's aim is to explore how the participants process their experience of sexual abuse. In other words, whether the process of transformation (if they have one) from their experience of abuse is a process of improving their spiritual life or spiritual self. After transformation, they are supposed to have better abilities to be aware of themselves, to sense the meaning of life, and to tolerate the uncertainty in life. This section seems useful in understanding what factors may affect the process of recovery in order to answer RESEARCH QUESTIONS 2.a and 2.c (What is the recovery process and what factors may influence the process).

3.5.6. Physical effects

The final effects are physical. Many survivors of sexual abuse suffer from physical and somatic effects that are related to negative feelings about the self, which are contained in or projected onto the body (Courtois, 1988). Pettigrew and Burcham (1997) investigate the relationship between a history of childhood sexual abuse and subsequent psychopathology. This study concludes: the long-term effect of childhood sexual abuse is an increased incidence of deliberate self-harm and is unrelated to any specific diagnosis. Survivors were also more likely to suffer anxiety disorders and high incidences of deliberate rape in adulthood and psychiatric hospitalisation. Finally, Dale (1993) suggests that survivors who experience significant physical complaints should be under continuing medical supervision during counselling.

In my clinical experience, most of the clients are not aware of the possible connection between physical effects and their experience of sexual abuse. Apart from sleeping disturbance, eating disorders, compulsive and obsessional behaviours and self-injury, they do not always report their physical pain or psychosomatic pain (my clients do not use this term) to me. If they are not aware of the possible connection between their experience of abuse and somatic difficulties, it is more natural that they would go to hospitals to have medical treatment for their physical pain or illness rather than reporting their illness to their counsellors. Increasing self-awareness may be a natural result of the recovery process. Survivors are able to review their physical pain from a

wider perspective if they have more self-awareness about the connection between their experience of sexual abuse and physical conditions.

3.6. Conclusion to the nature of sexual abuse

This chapter reviews the history of psychological trauma and sexual abuse from Freud's time to the present. The attitudes of society and professionals toward issues of sexual abuse range from rejection, to admitting the fact of sexual abuse, to an attitude of acceptance and understanding of the dynamics of sexual abuse.

This chapter has also analysed, from different studies, how varying factors may have an influence on the impact of sexual abuse, and possible long-term effects. A number of studies suggest that children vary widely in their immediate and long-term responses to sexual abuse, from neutral to very negative (Friedrich, Uruqiza, and Beilk, 1986; Gomes-Schwartz, Horowitz, Sauzier, 1990; Mannarino and Cohen, 1996). This variability is probably related to differences in the nature of the abuse, individual differences in the children and differences in the family (ecology) of which they are a part (Finkelhor, 1984). Although not all sexually abused children have bad outcomes, it is clear that many do, with approximately two-thirds of abused children showing moderate or severe evidence of behavioural and psychological disturbance (Conte and Schuerman, 1987). Six categories of the effects of sexual abuse have been reviewed in this chapter. However, these effects connect with each other, rather than being mutually exclusive. For example, social isolation will influence a survivor's self-image. To sum up, this chapter seems useful in understanding how the participants perceive their experience of sexual abuse and its effects, what factors may influence the effects and what the recovery process is for different issues (RESEARCHS QUESTION 1.a, 1.b and 2.a, 2.c).

Chapters 4 and **5** will focus on psychotherapy/counselling and recovery processes in the issue of sexual abuse. These two chapters will help me in exploring RESEARCH QUESTIONS 1.a, 1.b, 2.a, 2.c, 2.e, 3.a and 3.b

CHAPTER 4 THE NATURE OF PSYCHOTHERAPY 74

4.1. INTRODUCTION: THE NATURE OF PSYCHOTHERAPY/COUNSELLING 74
4.2. THE HUMANISTIC APPROACH AND PERSON-CENTRED THEORY (PARTICIPANTS NO. 1, 3, 5, 6, 7, 9, 11 AND 13) 75
4.2.1. Psychodrama therapy – a particularly powerful example of therapy based in the arts is the use of drama (Participants No. 1, 3, 4, 5, 6, 7, 9, 10, and 11) 75
4.2.2. Application to the recovery process of the humanistic approach by those working with survivors of sexual abuse 76
4.3. COGNITIVE-BEHAVIOURAL THEORY (PARTICIPANTS NO. 3, 4, 5, 9, AND 11) 78
4.3.1. Solution-Focused Therapy (Participants No. 1, 3, 6, 7, and 11) 78
4.4. FEMINIST COUNSELLING (PARTICIPANTS NO. 1, 3, 6, 7, 11 AND 13) 80
4.5. GROUP THERAPY (PARTICIPANTS NO. 1, 3, 4, 5, 6, 7, 9, 10, AND 11) 82

Chapter 4 The nature of psychotherapy

4.1. Introduction: the nature of psychotherapy/counselling

Ten out of thirteen participants in this study perceive that their experience of being counselled is part of their recovery process. Therefore, the major purpose of this chapter is to understand how counselling may influence the recovery process in order to explore RESEARCH QUESTIONS 2.a, 2.c and 2.e. I consider which counselling approaches my participants have received in their psychotherapy/counselling and include them in this chapter. The major theoretical approaches described in the clinical literature on sexual abuse in general can be conceptualised as: humanistic (including psychodrama therapy), cognitive-behavioural (including solution-focused therapy), and feminist theory. Finally, the applications of these theories to the recovery process when working with clients of childhood sexual abuse are described.

4.2. The Humanistic approach and Person-Centred Theory (Participants No. 1, 3, 5, 6, 7, 9, 11 and 13)

Humanistic approaches focus on affect, phenomenally based cognition about self, and interpersonal relationships (Dryden and Palmer, 1997). This theory emphasises a highly positive view of human nature. If a person's environment offers unconditional positive regard, Rogers (1951) argues that such a person can be trusted to be continually seeking productive directions toward maximum self-actualisation (Rogers, 1942, 1951). Humanistic psychology views each person as both actuality and potentiality. Adlerians consider that people are creative, responsible, self-determined and unique. Therefore, people are able to change and actualise.

The therapeutic relationship in this approach is seen as the major vehicle for therapeutic change (Dryden and Palmer, 1997). When counsellors provide a safe, caring environment, clients are able to get in closer touch with essential positive elements of themselves that have been hidden or distorted.

In the existential therapy approach (an approach rooted in humanistic and person-centred psychology), disturbance and health are two sides of the same coin. If a person's essential core is seen as her ability to face up to the disturbing facts of life, the notion of disturbance takes on a whole new dimension. Problems and obstacles are not necessarily only an impediment to a person's life. The distressing situation is a potential chance for a person to transform herself. The change process is stimulated when counsellors provide the core conditions of genuineness, acceptance and caring, and empathic understanding. Change takes place as clients perceive these conditions and begin exploring and testing new thoughts and behaviours that are more in line with their positive, growth-oriented nature (Hazler, 1999, p. 196).

4.2.1. Psychodrama therapy – a particularly powerful example of therapy based in the arts is the use of drama (Participants No. 1, 3, 4, 5, 6, 7, 9, 10, and 11)

Moreno (1980) points out that each individual tends to project their own inner world on to the world around them. Therefore, each individual must change any resulting distortions in their view of the world by the reduction of transferential relationships and the development of *tele*. Tele is a concept in Moreno's work on *sociometry*, the measurement of relationships between people (Karp *et al*, 1998, p 33).

Psychodrama has been defined as offering a way of practising living without being punished for making mistakes. The action that takes place in a group is a way of looking at an individual's life as it is processing. It is a way of experiencing what happened and what did not happen in a given situation. All scenes take place in the present, even though a person may want to enact something from the past or something in the future. The group enacts a portion of life seen through the eyes of the protagonist. The personal representation of truth by the protagonist can be eye opening for someone else watching, who may see themselves reflected in the struggle to express what is real (Karp *et al,* p.1). The 'spontaneity' that is sought is defined as a fresh response to an old situation or an adequate response to a new situation. The spontaneity involved in the new interaction illustrates and changes the core dynamic of the original dysfunctional interaction and creates *new perception, responses, and interactional patterns* (Williams, 1989, p.18).

4.2.2. Application to the recovery process of the humanistic approach by those working with survivors of sexual abuse

According to the above analysis of the humanistic approach and my clinical experience working with survivors of sexual abuse, this approach seems to delineate the recovery process as follows:

1. The process of positive regard from counsellors. Therapeutic relationships and positive regard help survivors to get in touch with their essential positive elements rather than staying with their low self-esteem.
2. The process of exploring new thoughts and behaviours in line with their growth-oriented nature. This approach focuses on 'here and now' in order to help survivors work on their inner world and perception of their experiences. They are able to express their feelings, to explore their internal world, and to develop alternative perceptions.
3. The process of learning by doing. Psychodrama therapy practises living without being punished by actions. Clients are able to review the past, to create a new interaction, and to change old dynamics by acting out their internal world.
4. The process of actualisation. Clients are able to process their self-actualisation and

to explore their potentiality in the above processes.

4.3. Cognitive-behavioural theory (Participants No. 3, 4, 5, 9, and 11)

There is a stated assumption that behaviour is learned that applies equally to the explanation of how problem behaviours and adaptive behaviours are developed (Kalodner *et al*, 1999, p.281). Behaviour is assumed to be developed and maintained by external events or cues, by external reinforcements, or by internal processes such as cognition. Cognitive therapy maintains that how an individual thinks largely determines how she/he feels and behaves (Beck, 1976). This is related to behaviour therapy in its orientation toward the present and toward problem solving. Cognitive-behavioural approaches tend to emphasise cognition, imagery and behaviour while considering affect to be the product of cognitive processes (Dryden and Palmer, 1997, p. 49). The goals of cognitive-behavioural theories are: understanding the nature of the presented problem from a behavioural, affective, cognitive, and social perspective; how progress in counselling can be measured and monitored; the environmental contingencies maintaining the behaviour; and which interventions are more likely to be effective (Kalodner *et al.*, 1999, p.281).

The beliefs about the recovery process in this approach lead to pointing out the clients' difficulties; seeking the clients' irrational thoughts that connect with their difficulties; counsellors helping clients acquire cognitive and behavioural skills; the clients practising these skills; the clients changing their thoughts, feelings and behaviours; and finally clients being able to resolve their difficulties. In my study, some participants had training in stress management and social skills training and they perceived this training as part of their recovery process.

4.3.1. Solution-Focused Therapy (Participants No. 1, 3, 6, 7, and 11)

Solution-Focused therapy views language and meaning making as defining humanness. People are social beings that co-create meaning through their social interactions (Sieber and Lewis, 1999, p.371). This approach (de Shazer, 1985, 1988; O'Hanlon & Weiner-Davis, 1989; Dolan, 1991) is based on the assumption that clients have the inner resources to construct highly individualised and uniquely effective solutions to the problems that bring them to therapy. It assumes that the construction of a solution is a joint process between client and therapist. The therapist/counsellor takes responsibility for empowering the client to create and experience her own uniquely meaningful and

effective therapeutic changes (Dolan, 1991). In other words, the therapist helps clients change how they view their problem (interpretation) and what they do around the complaint. The latter means changing behaviour, taking action that is new, different, and more effective in response to the problem. It is not necessary to focus on the problem in this approach, but change involves collaborating with clients to define solutions. Therefore, counsellors help clients to stop focusing on problems and to shift their attention to creating solutions.

The implications for the recovery process in this approach are to believe in the clients' inner resources; to explore the clients' inner strength; to construct a solution that is connected with the clients' aims (focused on how to achieve the 'aims', rather than to resolve the 'problems'); empowering the clients to create and experience their own uniquely meaningful changes. In my study, five of the participants had experienced this approach in an individual therapy setting. They were able to empower themselves by exploring their own inner strength (strong part of the self). They perceived that discovering the strong part of the self was part of their recovery process.

4.4. Feminist counselling (Participants No. 1, 3, 6, 7, 11 and 13)

This is a form of psychological intervention predicated on a feminist perspective in which client and counsellor work together to bring about a change in the beliefs and behaviour of the client by assisting them to acquire understanding of their 'predicament' by increased insight and skills (Taylor *et al.*, 1996). Feminism questions all forms of hierarchy including those between counsellors and clients. What is vital is the feminist emphasis on the explicit sharing of power in the therapeutic relationship, and the differential experience of power in society, acknowledging that such power does exist and has to be consciously worked with and not denied in counselling (Taylor *et al.*, 1996). Feminist counselling is also concerned with the profound influence of other social hierarchies such as race and class, sexual orientation and disability. In place of hierarchical thinking, feminist counselling helps people to value all sides of themselves. Different characteristics can be used at different times (Chaplin, 1988). Feminist counsellors are committed to transforming hierarchical relationships into more egalitarian ones, whether these are in society at large or in the counselling room.

Feminist counsellors are concerned with 'external' behaviour change as well as 'internal' changes to feelings and thoughts. Feminism views symptom formation as a creative adaptation to highly negative circumstances rather than as pathology (Courtois, 1988). Therefore, those symptoms are viewed as survival skills for clients.

According to Taylor (1996); Hall and Lloyd (1993); and Sturdivant (1980), feminist therapists operate within the framework of three important guidelines of intervention in order to help survivors go through their process of recovery.

1. Power balance between clients and counsellors: Feminist therapists stress the importance of demystifying the therapist so that she is seen as an equal, rather than an expert. Powerlessness is one of the central traumatic stresses among the victims of child sexual abuse. One of the treatment goals of the treatment is fostering the client's ability to assert control and power in relationships. They demystify the therapeutic process and minimise the professional distance and power imbalance between themselves and their clients (Laidlaw & Malmo, 1990). In addition, this approach emphasises the importance of talking, support, self-help and education for survivors of child abuse (Hall and Lloyd, 1993). Therefore, survivors of sexual

abuse are able to identify and resolve individual problems with the support of other women (Sturdivant, 1980).

2. Discovering clients' potential and taking care of their own needs. The feminist therapist works under the basic assumption that all women have the potential to be competent and independent, and those women have the potential to have direction. The abuse itself, the society's view of the abuse and the inappropriate beliefs which victims were taught affect survivors' self-esteem. The low self-esteem will continue to instigate the 'victim' role in their lives - feeling powerless, seeing others' needs before themselves. Therefore, survivors increased ability to value their own needs and maintain their own boundaries is part of the recovery process.

3. Helping clients' sex-role stereotype more flexible. This approach emphasises the use of cognitive restructuring to remove the negative internalised messages through which a woman perceives herself. (Sturdivant, 1980). Therefore, survivors of sexual abuse are able to become aware of their own sex-role socialisation process, to identify their internalised sex-role messages and beliefs, and to replace sex-role stereotype beliefs with more self-enhancing self-talk (Taylor, 1996).

4. Externalising negative messages from society. Feminist counsellors help survivors of sexual abuse to re-socialise in order to promote self-actualisation and validate their feelings and perceptions (Sturdivant, 1980). Counsellors provide support for, and encouragement of, survivors' participation in action to change the social causes of women's distress (Sturdivant, 1980). As a result, part of the goals of counselling in this approach would be to understand how society oppresses women, to understand that individual women's experiences are common to all women, to identify negative and oppressive social practices that negatively affect them (Taylor, 1996).

4.5. Group therapy (Participants No. 1, 3, 4, 5, 6, 7, 9, 10, and 11)

Group therapy has been recommended by many clinicians as an excellent treatment modality for sexual abuse survivors because the group format decreases survivors' sense of isolation and stigmatisation (Courtois, 1988, Gil, 1988, Jehu, 1988; Lundberg-love, 1990, Neimeyer *et al.*, 1991). Through identification with the emotional experiences of other members, the survivor can establish a therapeutic reliance on the group that facilitates a capacity to receive and give interpersonal support (Hazzard *et al.*, 1993). In the group, survivors serve as compassionate witnesses for each other, and the broader group consensus and connection helps to illuminate hidden meanings and feelings related to common abusive experiences (Turner, 1996).

Group therapy can be viewed as a reconstructive re-capitalisation of the sexual abuse family experience, in which the family's typical denial and lack of structure are replaced by acknowledgement of the sexual abuse problem and by clear interpersonal boundaries. Finally, the group format allows in-vivo exploration and treatment of interpersonal problems (Hazzard *et al.*, 1993).

Therefore, the recovery process in group therapy seems as follows:

1. Breaking clients' isolation through identification with other members.
2. Receiving and giving interpersonal support.
3. Modelling, imparting of information and social skills development in the group.
4. Self-disclosure and self-understanding.
5. Finally they may be able to change negative influence from their abusive family because group therapy gives them a new experience of 'family' (the group dynamic can be seen as a family dynamic). Therefore, group therapy seems to believe that clients are able to recover from their damage events through support from the group, self-exploration, and eventually changing the dynamics between clients and their external world.

To sum up, different approaches have different beliefs to help clients' recovery from their difficulties. The humanistic approach believes that the counsellor's positive regard is able to encourage clients to discover their essential positive elements in order to help movement toward self-actualisation. Psychodrama therapy believes that clients are able to have alternative perspectives on their difficulties by externalising their inner mind. The cognitive-behavioural approach believes that clients are able to resolve their problems by practising new skills. Feminist counselling believes that clients are able to

stand for their own interest by acknowledging how power issues and societal hierarchies oppressed them. Finally, group therapy believes clients are able to change the dynamics between their inner worlds and external worlds by getting support from a group and improving self-understanding. This chapter is thus related to RESEARCH QUESTIONS 2 and 3, i.e., whether the participants perceive counselling processes as part of their recovery processes, and what counselling can do for them. **Chapter 14** will answer these questions in more detail.

As mentioned in **Chapter 3,** theorists and practitioners started to develop 'healing models' to help victims of sexual abuse from early the 1980s. I will examine the implication of the recovery process in these treatment models in **Chapter 5** to help me to understand the process of recovery. These models are not necessarily from one particular psychotherapy school but are integrated approaches. These treatment models have been called 'recovery processes' by practitioners. However, the phenomena of recovery do not take place in a 'treatment setting' only. Therefore, I will discuss the implications of the recovery process within the treatment models and recovery processes in more detail in the next chapter in order to explore what the recovery process is from the participants' perspectives rather than from practitioners' views.

stand for their own interest by acknowledging how power issues and societal hierarchies oppressed them. Finally, group therapy believes clients are able to change the dynamics between their inner worlds and external worlds by getting support from a group and improving self-understanding. This chapter is thus related to RESEARCH QUESTIONS 2 and 3, i.e., whether the participants perceive counselling processes as part of their recovery processes, and what counselling can do for them. **Chapter 14** will answer these questions in more detail.

As mentioned in **Chapter 3,** theorists and practitioners started to develop 'healing models' to help victims of sexual abuse from early the 1980s. I will examine the implication of the recovery process in these treatment models in **Chapter 5** to help me to understand the process of recovery. These models are not necessarily from one particular psychotherapy school but are integrated approaches. These treatment models have been called 'recovery processes' by practitioners. However, the phenomena of recovery do not take place in a 'treatment setting' only. Therefore, I will discuss the implications of the recovery process within the treatment models and recovery processes in more detail in the next chapter in order to explore what the recovery process is from the participants' perspectives rather than from practitioners' views.

CHAPTER 5 THE NATURE OF TRAUMA RECOVERY 85

5.1. INTRODUCTION TO THE NATURE OF TRAUMA RECOVERY 85
5.2. THE RECOVERY PROCESS AND STAGES OF ADULT SURVIVORS OF CHILDHOOD SEXUAL ABUSE - A REVIEW 87
5.2.1. When does the recovery process start? 87
5.2.2. Does the recovery process take place in stages and does every victim go through the same stages? 88
5.2.3. Gravitz and Bowden (1985) 94
5.2.4. A general model for personal growth resulting from trauma, from Tedeschi and Calhoun (1995) 95
5.2.5. A map of women's illness and recovery, from Kearney (1999) 96
5.2.6. An integrated model of recovery from sexual abuse based on the literature review 97
5.3. FACTORS WHICH MAY AFFECT THE PROCESSES OF RECOVERY 104
5.3.1. The therapeutic alliance 104
5.4. RECOVERY CRITERIA 109
5.5 CONCLUSION TO THE NATURE OF THE RECOVERY PROCESS 113

Chapter 5 The Nature of Trauma Recovery

5.1. Introduction to the nature of trauma recovery

Chapter 4 reviewed approaches to the issue of sexual abuse in different schools of psychotherapy because 10 out of 13 participants perceive their experience of counselling/psychotherapy as part of their recovery process. The aim of this chapter is to explore from the literature the nature of the recovery process. Researchers and practitioners (Swink and Leveille, 1986; Gil, 1988; Bass and Davis, 1988; Courtois, 1988; Sgroi, 1989; Draucker, 1992, Yalom; 1995; and O'Hanlon and Bertolino, 1998) started to analyse the processes of recovery in the psychotherapy setting from the late 1980s. Two researchers (Epstein, 1991; and Lebowitz, 1993) applied the recovery processes from PTSD (Post Trauma Stress Disorder) to the issue of sexual abuse.

However, this literature only reviewed the recovery processes in the psychotherapy setting, not in survivors' life histories. Moreover, the available literature views the 'treatment model' as a 'recovery process' in the area of sexual abuse. This seems to imply that the recovery process only takes place in a psychotherapy setting. The fact is that many survivors of sexual abuse do not go to psychotherapy. Feinauer's (1989) study found that 36 % of clients made a successful adjustment to abuse without psychotherapy, and this author also suggested that the length of therapy, or the type (whether individual, marital, or family), had no significant relationship to their future adjustment. I will review the processes of recovery based on the processes in a psychotherapy setting (which is all I obtained from searching the literature). However, in my own study, I will explore the processes of recovery from the participants' life histories.

There are two reasons to explain why many authors view treatment models as recovery models. Firstly, strategies of 'healing' (Davies, 1995, p.5) have great influence on the area of sexual abuse, so counsellors/therapists try to offer various strategies to help survivors of sexual abuse. Therefore, they perceive treatment models as recovery models. Secondly, some authors 'design' group therapy for survivors to address their unresolved issues. Therefore, they propose the unsolved issues as the recovery process. They understand survivors of sexual abuse in the psychotherapy setting only, but this is not sufficient. Gravitz and Bowden (1985, in Whitfield, 1987) suggest the recovery

process from sexual abuse as a 'recovery model' but not a 'treatment model'. Although other treatment models are not necessarily recovery models, they are the only available resource in the literature. Therefore, I have uncovered implicit beliefs about recovery from these models and have integrated them with Gravitz and Bowden's model and two other recovery models of general life crises (Tedeschi and Calhoun, 1995; Kearney, 1999). Although these two general recovery process models do not stress specifically the issue of sexual abuse, they can be useful to me when exploring the participants' recovery processes in this study.

Although the literature (Betz, 1998; Dummore *et al.*, 1999; Ullman, 1999; Wyatt, 1990; Beitchman *et al.*, 1992; Alexander, 1993; Lebowitz *et al.*, 1993; Romans, 1997; and Berry, 1998) mentioned many factors affecting the impact of sexual abuse, very little is mentioned as to what kind of factors might affect the processes of recovery. I discuss this in **Section 5.3** in order to have a wider base from which to explore what factors which may affect the process of recovery. I also discuss nine factors that may influence the effects of sexual abuse and which may also affect the recovery process.

Finally, I review recovery criteria in **Section 5.4** in order to understand the meaning of recovery. It is very possible that participants' narratives may provide different criteria in my study. However, it is necessary for me to have a better understanding of recovery from the literature as a fundamental knowledge base for my research process and a link to RESEARCH QUESTION 2.a: what is a recovery process?

5.2. The recovery process and stages of adult survivors of childhood sexual abuse - a review

The aim of this section is to discuss the implications of the recovery process in the available literature on treatment models. The discussion seems significant in understanding the participants' recovery process (RESEARCH QUESTION 2.a). I review 13 treatment models (**Table 5.2)** and discuss themes that emerge from these models and relate them to my research questions. I do not present each treatment model in detail because this study focuses on how the participants perceive their recovery process rather than their treatment or counselling processes. These themes are:

- When does the recovery process start?
- Does the recovery process take place in stages and does every victim go through the same stages?

5.2.1. When does the recovery process start?

Intake, diagnosis, assessment, disclosure of the abuse, forming a therapeutic alliance (Harris, 1986; Courtois, 1988; Swink & Leveille, 1986; Gil, 1988; Drauvker, 1992), safety, stability (Courtois, 1991; Herman, 1992; Yalom, 1995; Lebowitz *et al*, 1993), acknowledging the abuse, and memory retrieval (Bass & Davis, 1988; Sgroi, 1989) are the starting points drawn from these treatment models.

The implications of the recovery process are:

- Counselling is a starting point to 're-work' traumatic experiences. In order to recover, victims must seek psychological help and their 'problems' must be diagnosed.
- The therapist or counsellor has to provide a supportive alliance in order to help victims feel safe to disclose and to explore their memories of sexual abuse.
- In order to recover, the therapist or counsellor has to help victims establish a reasonable degree of safety by focusing on control of the body and gradually moving outward toward control of the environment.

Although to 'rework the tasks of maturation' is one of aims of recovery, in my clinical experience it is not the first task during the process of recovery. In the initial stage of counselling, many of my clients express feelings about their present difficulties which they guess may connect with their experience of abuse. They also express feelings and thoughts about their experience of sexual abuse rather than describing the abuse itself.

My clinical experience contrasts with that of Swink & Leveille (1986) and Draucker (1992) who suggest that the first task in the recovery process is for survivors to disclose their experience of childhood sexual abuse. In addition, in my clinical experience, it is not necessary to 're-experience' survivors' experience of sexual abuse that was experienced prematurely. In other words, it is possible for me (or any counsellor) to work with survivors' present difficulties in order to repair the effects of sexual abuse or to increase their abilities to deal with the effects. For example, if a survivor of sexual abuse has difficulty in interpersonal relationships, she may either choose to work on the present difficulty or to explore how her experience of sexual abuse affected her difficulty.

However, do all survivors have to 'rework' or 're-experience' their experience of sexual abuse and re-parenting with therapists in order to go through a 'recovery process'? In reality, many survivors may recover from the impact of sexual abuse without therapeutic help and some who do not go to psychotherapy may feel they have nothing to recover from. Therefore, I interviewed three participants who did not have counselling and explore how they perceived their recovery process from the abuse (RESEARCH QUESTION 3).

5.2.2. Does the recovery process take place in stages and does every victim go through the same stages?

This section will discuss whether every victim goes through the same stages to recover from abuse, as is suggested in the literature. This discussion will help me to explore what the recovery process is in my own clinical data (RESEARCH QUESTION 2.b). Bass & Davis (1988) point out that the healing process begins with an experience of survival, awareness of the fact that survivors have lived through the abuse and made it to adulthood. It ends with thriving (experiencing a satisfying life no longer programmed by what happened in childhood). In-between is the healing process.

Wise (1985) views the process as victims surviving childhood abuse through their own efforts and resourcefulness but continuing to perceive themselves as victims - without power and at the mercy of those around them. Therapy is geared to illuminating this process and facilitating the change from victim to survivor and beyond.

There are some therapists and researchers who have tried to develop a model of

recovery stages based on the literature or recent clinical experience (Bass and Davis, 1988; Courtois, 1988; Courtois, 1991; Draucker, 1992; Harris, 1986; Yalom, 1995; Sgroi, 1989). The process generally involves breaking the treatment process (what they call recovery process) into various stages **(Table 5.2)**. Although different authors provide different stages they have similar tendencies. Therefore, I will discuss the implications of the tendencies rather than discuss any particular model's stages.

The previous section already discussed the initial stage. Those authors (Courtois, 1991; Herman, 1992; Yalom, 1995; Lebowitz *et al*, 1993) suggest that only when safety and self-care are reliably established should the survivor embark upon the second stage. This stage focuses on a process of expressing strong feelings toward the experience of abuse, reviewing, exploring, and reinterpreting the sexual abuse experience from an adult perspective. The implications of this stage of the recovery process are:

- Victims have to express their negative emotions toward the abuse in order to recover from it.
- In order to recover, victims must explore the experience of abuse and understand the abuse from alternative perspectives.

In my clinical experience, it is true that many of my clients need to work with their emotions and to have an adult understanding of the abuse. However, most of my clients have strong emotions towards the abuse itself as well as its effects, the abuser, and themselves. It is not necessary for each of my clients to express their feelings toward the experience of abuse in the initial stage of counselling (they may have few feelings about the abuse but more about the effects of the abuse). Similarly, they may explore the effects of the abuse rather than the abuse itself.

The next stage focuses on working with presenting problems and symptoms and adopting positive coping behaviours. The implications of this stage of the recovery process are:

- Victims have to resolve their life problems and develop positive coping behaviours in order to recover.

As mentioned above, in my clinical experience, my clients may work on the effects of the abuse but not the abuse itself. So there is no clear-cut distinction between dealing with their 'life problems' and 'symptoms' (the effects of the abuse) and exploring the experience of abuse. In addition, although some authors (Bass & Davis, 1988) offer a 'survivor symptoms checklist', victims' life difficulties are very individual. **Chapter 11**

will discuss that although the participants have similar difficulties they have different perceptions of their difficulties.

The next stage focuses on building and repairing relationships with others. The implications of this stage of the recovery process are:

- If victims are able to repair their relationships with others, it is a sign of recovery.

In my practical experience, some of my clients may try to improve their interpersonal relationships in the initial stage of counselling, but they tend to discover that if they can improve their relationship with themselves (a better self-image), they may have less difficulty with their interpersonal relationships. Therefore, it seems very true that victims explore how they perceive their experience of abuse, its effects, and themselves before they can improve their interpersonal relationships. However, it is also true in my clinical experience that some clients have a supportive relationship throughout their counselling process and it is helpful for them. Therefore, repairing relationships with others is a very personal issue for my clients. Some of them may need to repair relationship with particular people and some may need to repair their relationships with males in general, or with society as a whole.

The next stage focuses on working on family issues, for example, disclosure to and confrontation of the family. The implications of this stage of the recovery process are:

- In order to recover, victims have to present the experience of abuse to their family in the later stage of the recovery process.

In my clinical experience, there are four situations relating to the issue of family. Firstly, some of the clients try to share their experience of abuse with their families in order to ask for support in their initial stage of recovery. Most realise that their families are unable to support them, and blame the victim for recalling past history. Secondly, some victims know that their families are not able to understand their experience and seek support from friends instead. Eventually, it is not necessary for them to disclose their stories to their families. Thirdly, some survivors may tell their stories to their families in the very final stage of the counselling process, but without any expectation from them. Finally, a few of my clients seem to know their families can not support them, but they do not give up trying to tell the story again and again. They feel hurt every time they try, due to their families' reaction. Although some authors (Courtois, 1991; Herman, 1992; Yalom, 1995; Lebowitz *et al*, 1993) suggest working with the issue of family is part of the recovery process in their treatment models, in reality it may

be not necessary for each victim.

In the very final stage, survivors integrate the trauma and address resolution issues. The individual views herself from a multidimensional perspective and assumes total responsibility for her own destiny. The implications of this stage of the recovery process are:

- It is a sign of recovery if victims no longer have to identify themselves as victims and find positive meanings in their lives for the abuse and the recovery process.

In my clinical experience and clinical data, it is very true that most of the survivors acknowledge and value their process of dealing with their difficulties through counselling and other methods. They tend to make positive meanings for their processes. For example, they perceive they have a better understanding of the trauma of human beings and its transformation.

Does each survivor go through the same stages or go through each stage? In my clinical experience, some of my clients may go through similar stages but some do not. Therefore, there is maybe no one model of the 'treatment' process which can describe all survivors' journeys of recovery, because victims do not only depend on psychotherapy to recover from their experience of abuse. To sum up, the implications of the treatment models in **Table 5.2** may present part of the recovery process suitable for some survivors of sexual abuse and seems to be significant in understanding the participants' experience of counselling and the recovery process (RESEARCH QUESTION 2 and 3). However, these models may not fit with each victim's experience. Therefore, I will continue to discuss three models of the recovery process (not 'treatment' model) in the next section in order to gain a better picture of the recovery process. One model focuses on the recovery process from sexual abuse, and the other two are recovery processes from general life crises. Finally, I will integrate the implications of recovery in this section with these three recovery models in order to develop an integrated model of the self, trauma and the recovery process. However, it may not be possible to develop a single model of the recovery process because people are different psychologically, physically, culturally and spiritually. It is important for me to pay attention to the survivors' perspective (the clinical data) as well as the literature in order to understand the processes of recovery from a holistic perspective. This I will do in the empirical part of the study.

Table 5.2-1 Different treatment models from 1986-1988

	Harris, 1986 **Courtois, 1988**	**Swink and Leveille, 1986**	**Elliana, 1988**
Stage 1	Intake and diagnosis: offering information; offering a supportive alliance; outline the normal course of treatment	Disclose the secret	Beginning phase: 1. A comprehensive assessment. 2. Forming a therapeutic alliance.
Stage 2	Building the adult relationship	Relinquish the guilt	Middle phase: 1. Assess the developmental stage in emotions and self-image. 2. Assess the risk of suicide and homicide. 3. Trauma resolution work.
Stage 3	Working with the "child within": the survivor reconnects with the abused child and re-experiences the trauma and feelings of childhood.	Catharsis: 1. Express the negative feelings. 2. Believe the abuse is not her fault. 3. Realise she has abilities to express the negative emotions.	Termination phase: 1. Assess the client's readiness to tolerate the memories' pain of sexual abuse. 2. Transferring skills in daily life. 3. Developing problem-solving skills.
Stage 4	Integrating the helpless child with the nurturing adult.	Orphanization: 1. Realise her non-supportive family. 2. Realise cannot change the family. 3. Give up the wish to change the family.	
Stage 5	Disclosure to and confrontation of the family and any involved others	Reintegration: 1. Realise the inner child. 2. Nurture herself. 3. More inner communication. 4. Integrate sub-personalities.	
Stage 6		Confront family members	
Stage 7		Rebuild a new self	

Table 5.2-2 Different models from 1988-1991

	Bass, and Davis, 1988	**Sgroi, 1989**	**Courtois, 1991**
Stage 1	Stage 1: the decision to heal Stage 2: the emergency stage Stage 3: remembering Stage 4: believing it happened Stage 5: breaking silence	Acknowledging the reality of the abuse: 1. Denial mechanism, 2. Memory retrieval	Stabilisation
Stage 2	Stage 6: understanding it is not your fault Stage 7: making contact with the inner child	Overcoming secondary responses to the abuse: guilt, shame, and sense of damage.	Focus explicitly on sex abuse memories
Stage 3	Stage 8: trusting yourself. Stage 9: grieving and morning. Stage 10: anger- the backbone of healing.	Forgiving oneself	Reintegration into a new lifestyle
Stage 4	Stage 11: disclosures and confrontations	Adopting positive coping behaviours	
Stage 5	Stage 12: forgiveness of self and perhaps the abuser Stage 13: spirituality Stage 14: resolution and moving on	Relinquishing survivor identity	

Table 5.2-3 Different models from 1991-1992

	Draucker, 1991 (research)	**Draucker, 1992**	**Mennen and Meadow, 1992 (research)**
Stage 1	Construct a new relationship with the self	Disclosing an experience of childhood sexual abuse	Power and control
Stage 2	Regulating boundaries	Focusing on the abuse experience	Intimacy: developing a sense of closeness.
Stage 3	Influencing one's community.	Reinterpreting the sexual abuse experience from an adult perspective	Differentiation: learn that disagreement is possible and part of healthy relationships.
Stage 4		Addressing the context of the sexual abuse	Separation: reviewing members' work periodically.
Stage 5		Making desired life changes/ Dealing with current concerns	
Stage 6		Addressing resolution issues	

Table 5.2-4 Different models from 1992-1995

	Herman, 1992	**Yalom, 1995**	**Epstein, 1991 (PTSD model)**	**Lebowitz *et al.*, 1993 (PTSD model)**
Stage 1	Establishment of safety	Safety, stability and self-care	Intellectual understanding	Safety
Stage 2	Remembrance and mourning the experience of abuse	Exploring and integrating the past	Extinction of anxiety.	Remembrance, integration and mourning
Stage 3	Reconnection with ordinary life	Building and repairing relationships	Experiential counter-learning	Reconnecting with others

5.2.3. Gravitz and Bowden (1985)

Gravitz and Bowden (1985, in Whitfield, 1987), through working with the survivors of sexual abuse, have suggested six stages: survival, emergent awareness, core issues, transformations, integration, and spirituality. This is the only literature that I have found which does not confuse 'treatment tasks in various stages' with the 'recovery process' in the area of sexual abuse. I extend their suggestions as follows:

1. Survival

Victims of sexual abuse have to survive before they can consider the issue of recovery. They may be not aware of the importance of surviving. Some survivors may perceive less impact from the sexual abuse than others. Therefore, they may not feel it necessary to have counselling/therapy as they feel they can still have satisfaction in their lives. These survivors may not perceive that they have a particular process of recovery as they feel they have little/nothing to recover from.

2. Emergent awareness

Some survivors explore their experience of sexual abuse for various reasons. For instance, in my clinical experience, they may have difficulties at present or they feel curious about what kind of effects they have had from their experience. A process of exploration requires a level of awareness. In other words, survivors need to have the awareness that their experience of sexual abuse may influence them in some way. In addition, a society needs to have awareness that the issue of sexual abuse has its own place within that society and accept and admit that it is necessary and worth bringing the issue of sexual abuse to the fore. Based on this, a society will be willing to provide available social resources for survivors of sexual abuse and their families. Moreover, society may have less negative judgements or misunderstandings of survivors and families.

3. Dealing with core issues, transformations, integration and spirituality

Dealing with core issues, transformations, integration, and spirituality is a continuous process. If survivors decide to deal with those issues that they perceive connect with their experience of abuse, they will transform and integrate them. Transformation and integration are similar to each other. If a person is able to transform her experience of

sexual abuse, it means that she accepts, and admits, what happened and integrates the experience into her own life history. Furthermore, some survivors may find new perspectives and meanings for their experience of abuse and their lives. Spirituality is a difficult term to define. I provide more discussion in **Chapter 3.** In my clinical experience, some survivors may link their spiritual life with religions, but others do not. Some survivors perceive their process of transformation as part of their spiritual life. This process of transformation is similar to the implications of the recovery process in the 13 treatment models in the previous section. The difference between the 13 treatment models and this model of the recovery process is that the former models divide core issues into different stages. This may be the main reason why treatment models fail to explain individual survivors, because these core issues may be inter-changeable without a set order. Therefore, the model of Gravitz and Bowden (1985) has a better potential for understanding the participants' recovery process.

5.2.4. A general model for personal growth resulting from trauma, from Tedeschi and Calhoun (1995)

Tedeschi and Calhoun (1995) developed a model of personal growth from trauma. This model suggests that 'personality' characteristics will respond to trauma and bring about various effects. The authors point out that positive outcomes from a life trauma depend on two elements together. One is an event perceived as a formidable challenge. The other element is personality, characterised by persistence, determination, confidence, an ability to make emotional connections with others, and acceptance of the limitation of circumstance when necessary (Tedeschi and Calhoun, 1995, p. 43). In other words, life trauma may provide an opportunity for a change in life paths, but these opportunities only produce positive outcomes if a person has an available set of characteristics to take advantage of them (Bandura, 1982).

This personal growth model also suggests supportive others offer emotional support, ideals for new schema and new behaviour in the process of transformation. This is the only model including personality and support systems in a process of recovery.

I am aware of the limitations in this model as follows:

1. Personality has been formed since a person was born. It has been formed by the complicated interaction between internal self and external environment. However, this model does not consider how an individual's external environment interacted

with the self before the traumatic experience.

2. This model lacks an emphasis on individual coping processes. It emphasises instead the importance of supportive others to offer emotional support and ideas for new schema and behaviour. In my clinical practice, it is not always true for each individual. Most of my clients work on their internal materials alone (for instance, the experience of abuse) long before they have counselling or ask for other people's support.

Although this model has its limitations, the two elements of personality and support system seem important in understanding the participants' recovery processes. This is because the whole person (the self) carries out the process of recovery as argued in **Chapter 2**. A support system seems significant in the process of recovery because an individual exists in a social context, as argued in **Chapter 2** and sexual abuse is not only a personal issue but a social issue, as argued in **Chapter 3**.

5.2.5. A map of women's illness and recovery, from Kearney (1999)

Kearney (1999) reviews various studies (Morse & Carter, 1995, 1996) in the area of women's illness and recovery and develops an adjustment model for illness and trauma. This model includes five phases. Kearney (1999) describes that *enduring* is often interspersed with waves of suffering. Enduring focuses intently on getting through the present when energy and resources are not sufficient to risk being overwhelmed by the distress of suffering (Morse & Carter, 1995, 1996 cited in Kearney, 1999).

Morse & Carter (1995, 1996) indicate that *suffering* is the emotional experience of physical, emotional, and interpersonal trauma. Its devastation comes not in the traumatic event but in the realisation of its meaning over time (Kearney, 1999, p. 14). Suffering can be physical, cognitive, or emotional, originating in oneself or in a loved one or relationship. *Reckoning* is becoming fully aware of the extent of change brought by illness: facing and coming to terms with the impact of hurt and loss. *Reconciling* is finding ways to make peace with the change, to reappraise self and situation and put oneself back together again in a new way. The outcome of successful reckoning and reconciling over time is *normalising*. Sufferers are able to rejoin life, to diminish the power of trauma and make a place for the changed self (Kearney, 1999, p. 15).

The model suggests that the recovery process starts from the phase of *enduring*. It stresses that human beings have an ability to survive a traumatic experience before 'dealing' with it. Therefore, the process of adjustment to trauma (recovery process) begins long before the sufferer faces her memory of the trauma. This view is different from the view in the 'treatment models' in **Section 5.2.2** and similar to the model of Gravitz & Bowden (1985, in Whitfield, 1987) in **Section 5.2.3.** That the recovery process starts long before victims seek psychotherapy is a true phenomenon in my clinical practice.

I am also aware the limitations of this model:

1. This model does not consider individual differences in response to traumatic experience/suffering. In other words, it does not indicate how different personal characteristics may respond differently to suffering.
2. This model does not consider how the external environment interacts with a person's suffering.

However, the concept of *enduring* seems significant in understanding the participants' recovery process because it provides a better explanation of the phenomenon of a starting point for the recovery process in my clinical practice.

To sum up, these two models have their own strengths and weaknesses. Therefore, I will try to integrate these two recovery models, the implications of the recovery process from the 13 treatment models in **Sections 5.2.1 and 5.2.2**, and the suggestions of Gravitz and Bowden as mentioned in **Section 5.2.3** in order to decrease their weakness.

5.2.6. An integrated model of recovery from sexual abuse based on the literature review

I have combined my literature review in this study and my clinical experience in Taiwan to develop an integrated model of recovery. This will contribute to developing the integrated model of the self, trauma and recovery process in **Chapter 6.** I am therefore able to compare the clinical data analysis with this integrated model. I discussed the implications of the recovery process from 13 treatment models (**section 5.2.1** and **5.2.2**) and reviewed 3 models of recovery from both sexual abuse and general life crises (**Section 5.2.3** to **5.2.5**). In addition, the literature review in **Chapter 2** (the nature of self), **Chapter 3** (the nature of sexual abuse) and **Chapter 4** (the nature of

psychotherapy) will be considered to co-operate with the process of recovery.

As shown in **Figure 5.2.6-1**, the integrated model comprises six elements around a seven phase spiral recovery process. The six elements are 'the self' (literature review in **Chapter 2**), 'sexual abuse' (literature review in **Chapter 3**), 'impact of sexual abuse' (literature review in **Chapter 3**), 'societal context' (literature review in **Chapters 2** and **3**), 'support system (including psychotherapy)' (literature review in **Chapters 3, 4** and **5**), and 'outcome of recovery process' (literature review in **Chapter 5**). These six elements interact with each other and interact with the spiral recovery process.

The spiral process is divided into 7 phases and 12 stages. The context of the process is shown in **Table 5.2.6-2.** These 7 phases indicate the possible process of a recovery journey. Each phase may contain several stages. Theses 12 stages represent the possible tasks for dealing with the possible effects of sexual abuse.

The primary task of phase 1 is to survive the experience of sexual abuse. Surviving simply means the individual does not commit suicide so the individual has chances to review the experience of abuse in her later life, if it is necessary. Why is surviving so important? Many empirical studies (Beitchman *et al.*, 1992; Romans *et al.*, 1997; Downs, 1993; Tremblay *et al.*, 1999) find that survivors of sexual abuse tend to have suicidal tendencies because they are overwhelmed by the impact of sexual abuse. Some victims of sexual abuse survive and deny their experience. Some may survive but suffer from the impact either without awareness or by not dealing with the impact directly. It is also possible that some survivors survive and perceive themselves with less negative effects from sexual abuse.

Phase 2 is the suffering experienced when they start to acknowledge how the effects of sexual abuse may have affected their lives. In my clinical experience, survivors have various responses when they start to review their experience of sexual abuse. Some survivors may not have much negative feeling about their experience. Some survivors may feel overwhelmed due to the exploration of the abuse. Some survivors may feel that they have found the reasons for their difficulties. In other words, the abuse may be causing their present difficulties, rather than through their own fault. Therefore, they feel more relaxed about their present difficulties.

Phase 3 is to face unresolved issues. Survivors deal with relevant issues that they may have connected with their experience of sexual abuse. Some survivors may not feel that it is necessary to review their experience of sexual abuse. However, there is no literature available to support this possibility. In addition, some survivors may deal with the impact of sexual abuse but use other methods, rather than psychotherapy/counselling, to help them. In order to explore these situations, I interview three participants who do not have experience of being counselled.

The core issues in this phase focus on the issue of 'self', for instance, the individual's perception of self-image, cognition, emotions, or interpersonal relationships if survivors go for counselling. The primary tasks of phase 3 of the therapy involve stage 1, stage 2, stage 3 and stage 4 (**Table 5.2.6-2**):

1. Formation of a collaborative therapeutic alliance, crisis management and stabilisation.
2. Assessing a history of sexual abuse and therapy planning.
3. Focusing explicitly on sex abuse memories and the client's responses.
4. Overcoming secondary response to the abuse.

The process from phase 3 to phase 7 may take place for survivors of sexual abuse who have had counselling or psychotherapy. There is no literature available to indicate whether survivors who do not have counselling have these phases.The data from this study suggests that the participants who do not have counselling tend not to review the history of sexual abuse. They tend to learn coping methods to manage their difficulties. They also tend not to connect their difficulties with the experience of sexual abuse.

In phase 4, survivors may be beginning to be integrated. Therefore, they may be able to cope, manage and transform their unresolved issues. This is a process of reconciling. Survivors tend to build up more strength by dealing with the 'self' issues in order to deal with their core issues of the 'family' in the next phase. Phase 4 includes stages 5 to 8, if survivors go for counselling (**Table 5.2.6-2**):

1. Connecting present concerns with childhood experience - problem solving.
2. Reinterpreting the sexual abuse experience from an adult perspective.
3. Continue to practice the positive coping behaviour.
4. Making life changes.

Phase 5 is about dealing with their unresolved issues connected with their families, for instance, relationships with their parents, confrontation about the abuse, and so on. Phase 5 involves stage 9 and stage 10 (**Table 5.2.6-2**):

1. Family issues - exploring family functioning, exploring the role of the non-offending family members, relations with parents, and so on.
2. Disclosure to and confrontation of the family and any other key persons in the survivors' life.

Phase 6 concerns further growth. This is a phase of integration and normalising. Survivors are able to integrate their experience of sexual abuse and their process of recovery into their life histories and find meanings for these processes. Treatment stage 11 and 12 are in this phase and the final phase.

Phase 7 is spirituality. Survivors of sexual abuse will continue to develop the relationship between their experience of sexual abuse, journey of recovery, and meaning in their life. They may also devote themselves to helping other victims/survivors having similar difficulties.

Phase 6 and 7 involve stage 11 and stage 12 **(Table 5.2.6-2)**:

1. Forgiveness issues and identity issues.
2. Relinquishing survivor identity and spirituality.

I have reviewed and analysed the available literature on recovery in this chapter and developed this integrated model from the analysis. However, no single recovery model or recovery process (including this integrated model) is able to explain each individual person's recovery process. I will compare this integrated model with the empirical data from **Chapter 9**.

In recognising the complex ways in which person, event, and environmental factors interact to shape individually unique adaptations to childhood sexual abuse, this combined model acknowledges the many ways in which adults may evince resiliency. It also emphasises the need for therapy to interact with other influences in order to facilitate recovery. The aims of the recovery process are not limited to the absence of symptoms. Rather, it is a process to reintegrate the different parts of the person together and become a whole person.

Although 10 out of 13 of the participants perceive the experience of being counselled as part of their recovery process, people are different when they come into the counselling room. Some survivors prefer working with their feelings of the abuse experience, such as fear, anger, shame, isolation and anxiety. Another group of survivors prefer to start their recovery work by challenging their own beliefs and cognitive restructuring. A different group of survivors will want the therapist to provide some problem solving skills, for example communication skills and relaxation training. The survivors have different characters and strong points, so they will apply different counselling approaches to help their processes of recovery.

Some survivors discuss the abuse event with the counsellor a lot and shape out its effects on their life. Others may talk about the impact rather than the abuse itself. The counsellor and the survivor may consider how much of the details of the abuse (and in which recovery stage) should be shared in the sessions. If the therapeutic alliance does not build well, the survivors may feel ashamed and even withdraw from the counselling because they regret sharing too much with the counsellor. The counsellor needs bear this possibility in mind and should not "instigate" the survivor sharing her "poor" story. Survivors probably come to the counselling service in different recovery stages. Some survivors have the pre-treatment experience, another group of clients has the self-help treatment and still others have not dealt with the issues before counselling. It is also possible that a survivor could jump from one stage to another stage. The process of recovery is not a straight-line one-dimensional process.

Bass and Davis' (1988) definition of the recovery process seems the best conclusion to this section.

*Healing is like a spiral, you go through the stages again and again; but travelling up the spiral, you pass through them at a different level with a different perspective, with each new cycle, your capacity to feel, to remember, to make lasting changes, is strengthened (*Bass and Davis, 1988, *p.58).*

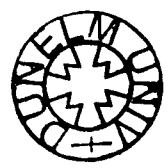
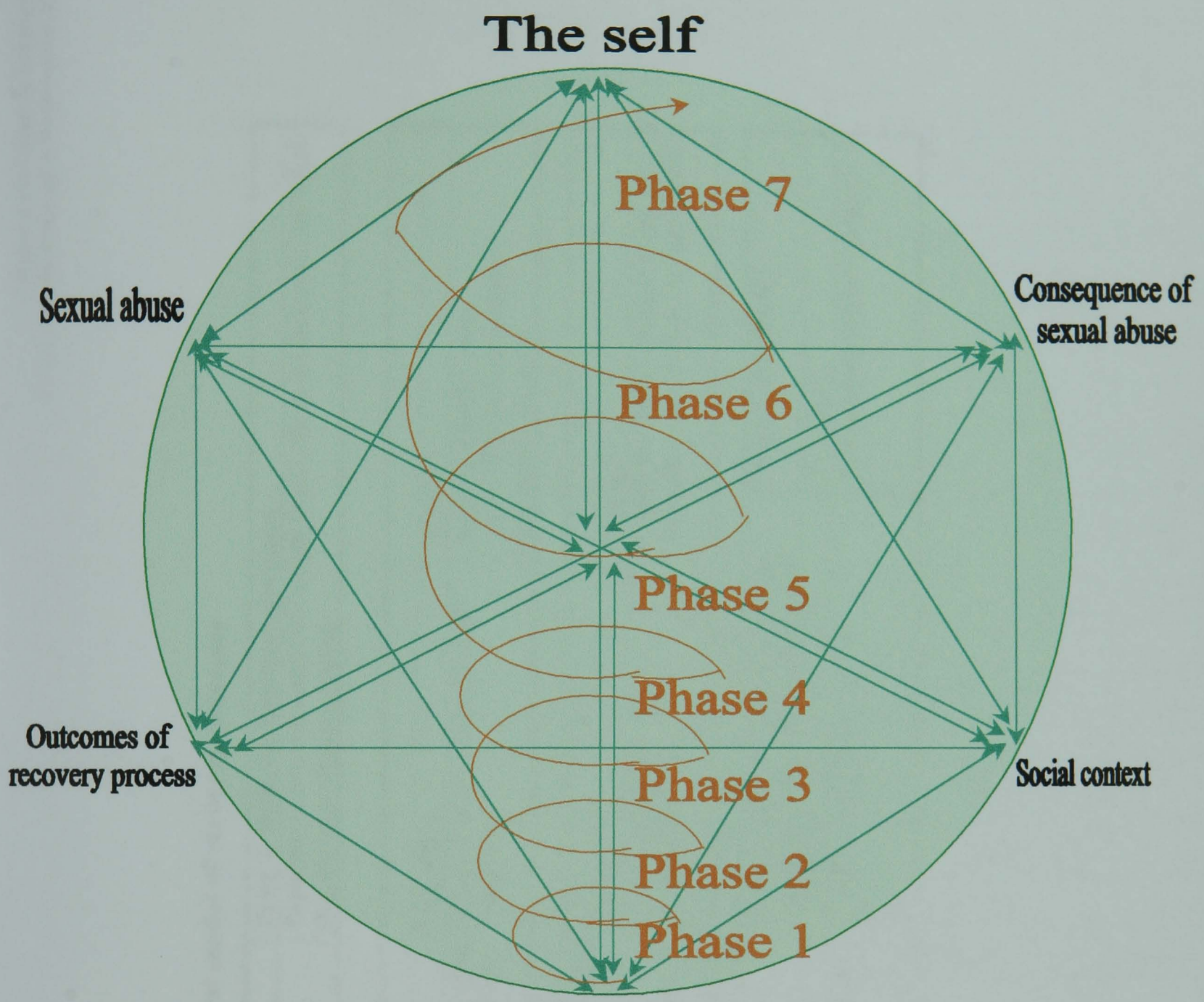


FIGURE 5.2.6-1: INTEGRATED MODEL OF RECOVERY PROCESSES



Phase 1: Surviving
Phase 2: Suffering/Emergent awareness
Phase 3: Dealing with core issue of self
Phase 4: Coping successful/Transformation
Phase 5: Dealing with core issue of family
Phase 6: Normalising/ Integration
Phase 7: Spiritual growth

Table 5.2.6-2: 12 Stages in 7 Phases of the integrated model of recovery processes

Phase 1: Enduring/Surviving	**Phase 2: Suffering/Emergent awareness**
Survive until resources become available to deal with loss	Experience emotional impact of changes to self, life as it was known, and future that had been taken for granted

Phase 3: Reckoning/Core issues connected with self			
STAGE 1	STAGE 2	STAGE 3	STAGE 4
Stabilisation/Therapeutic relationship	Acknowledging the reality of the abuse and disclosing an experience of abuse	Focuses explicitly on sex abuse memories	Working with the "child within"/Overcoming secondary responses to the abuse

Phase 4: Initial growth: coping success /Reconciling/Transformation			
STAGE 5	STAGE 6	STAGE 7	STAGE 8
Building the adult relationship	Reinterpreting the sexual abuse experience from an adult perspective	Adopting positive coping behaviours	Making desired life changes/ Integrating the helpless child with the nurturing adult

Phase 5: Reckoning/Core issues with family		**Phase 6: Further growth: coping success/ Reconciling/ Integration**	**Phase 7: Spirituality**
STAGE 9	STAGE 10	STAGE 11	STAGE 12
Addressing the context of the family issues	Disclosure to and confrontation of the family and any involved others	Addressing resolution issues	Relinquishing survivor identity

5.3. Factors which may affect the processes of recovery

Some literature (Briere, 1989; Courtois, 1989; Simonds, 1994; Dunmore *et al.*, 1999; Betz, 1998; and Lebowtiz *et al,* 1993) has suggested that the therapeutic relationship, social support, family dynamics, characteristics of the self and sexual abuse influence survivors' recovery processes from the experience of sexual abuse. Apart from the therapeutic relationship, I have discussed how other factors affect survivors' experience of sexual abuse in **Chapter 3 (Section 3.3.1 to 3.3.9).** Those factors also affect survivors' processes of recovery. I will discuss how the therapeutic relationship may affect the process of recovery in this section and readers can find the discussions of other factors in **Chapter 3.** Those discussions will connect with RESEARCH QUESTIONS 1 and 2: what factors may influence the abuse and process of recovery?

5.3.1. The therapeutic alliance

There are 10 participants who perceive their experience of being counselled as part of the recovery process. Therefore, the therapeutic relationship is a significant factor in the process of recovery. Moreover, the recovery process does not happen in isolation because no one can live totally alone in society. How does a person live in society? It is through the 'relationship' with self, others and the world. However, a person may have been hurt by the relationship as well. The recovery process starts from relationship restoration - the relationship between self and important others. If there is no relationship, there is no recovery process. The counsellor/therapist may be an important other to a client in the counselling/therapy setting. It is reasonable to suggest that the relationship with the client plays a major role in counselling/therapeutic sessions, whether the counselling is effective or not.

Briere (1989) pointed out that both members of the psychotherapy dyad are vulnerable to biases in perception and expectation as they seek to define and understand one another. Abuse-specific treatment may be especially difficult in this regard, since it directly accesses childhood trauma and thus increases the likelihood that current interpersonal behaviours will be affected by historical events. Because the survivor's early victimisation often took place in the guise of a relationship, intimacy, or authority, such clients may find similar themes in psychotherapy threatening. It is not difficult to understand that trust will become a major issue for survivors and the

counsellor/therapist. Therefore, Olio and Cornell (1993) suggest that the quality of the therapeutic relationship is of singular importance in treatment with survivors of sexual abuse.

How can the counsellor help both of them set up the trust relationship gradually? In the beginning phase of treatment, the therapist sets the structure necessary for the creation of trust and safety. The therapist must prove herself trustworthy rather than expect the client to trust her on the basis of her status. Further, because the therapist enters the therapeutic relationship as herself and not as a detached authority, the relationship resonates with genuineness, openness, mutual respect, and warmth (Laid and Malmo, 1990). Therefore, the therapist must be able to engage survivors in a non-controlling, non-authoritarian way, while at the same time maintaining appropriate therapeutic distance (Roth and Newman, 1993).

Therapists assist in the recovery process, but they are not the ultimate agents of it. The proper role of the therapist is as a witness, ally, and expert educator (Lebowitz *et al.*, 1993). As Laid and Malmo (1990) state, therapists have certain experiences (knowledge and skills) and can provide a safe place for therapeutic work, but the clients are the experts on their own experience, and are the best judge of what is right for them.

The therapist must convey trust in the legitimacy of the survivor's experience, while providing some balance in worldviews. It is important that a client disclosing abuse should be received by the therapist with calmness, empathy and encouragement (Josephson and Fong-Beyette, 1987) and by liking, respect and trust (Jehu *et al.*, 1988). As Browne (1991) explains, 'disclosure without a positive response often ... results in an increased sense of helplessness and vulnerability' (p.150).

It is important that the client is in charge of the therapeutic process, in that she has controls over the content of a therapeutic session, because adult survivors tend to have trouble dealing with issues of power, control, and helplessness. The therapist must further avoid being parental or authoritarian with the client or creating an environment where she is without power or where her efficacy is contravened (Courtois, 1989). Therapists need to create a non-judgemental atmosphere in which a trusting relationship

can develop. Olio & Cornell (1989) encourage therapists to create an 'active engagement' with survivors of sexual abuse. The active engagement reflects the balance of sufficient initiation by the therapist, to create a responsive environment without reaching a level or intensity of intervention which becomes intrusive or controlling.

The survivor will continually test the therapist's trust. The therapist's ability to respond consistently, fairly, empathetically, and professionally will lay the groundwork for an effective therapeutic relationship (Simonds, 1994). A warm, caring, but not overindulgent therapist provides the interpersonal environment conducive to disclosure and examination (Courtois, 1989). Considerable attention must be paid to creating a genuinely respectful and collaborative relationship that can accept, legitimise, and contain traumatic effect, provide nurturing without infantilisation, and address trauma-shaped perceptions and behaviours without shaming or disempowering the survivor. In order to form a collaborative therapeutic alliance, the survivor must make a commitment to therapy and the therapist must communicate to the survivor that they are working together and that the client's needs are important (Simonds, 1994).

Briere (1989) points out that a good therapeutic relationship should reassure the hyper-vigilant survivors of sexual abuse that the therapist will not turn their relationship into an exploitative one, like their abuser(s) have done to them. Therapists also need to discuss with survivors about therapy boundaries. Therapists set rules for survivors, who seek non-therapeutic contact, so that they are less likely to misinterpret therapists' behaviours when therapists refuse to have non-therapeutic contact. Moreover, therapists set concrete limits and aspects of treatment, thereby reducing the likelihood of major countertransference.

The process of transference[1] can enrich the treatment process by encouraging the survivor to confront and directly rework abuse-based issues in the relative safety and supportiveness of the therapy session, when handled appropriately by therapists. The ultimate repercussions of such transference learning can include decreased difficulties with authority, greater trust in relationships, a clear sense of interpersonal boundaries,

---

[1] Transference. Assigning feelings from a past relationship to a present relationship with a therapist (St. Clair, 1996, p.221). In psychoanalysis, the process by which emotions and desires originally associated with one person, such as a parent or sibling, are unconsciously shifted to another person, especially to the analyst. Countertransference, The surfacing of a psychotherapist's own repressed feelings through identification with emotions, experiences, or

and the development of social skills (Briere, 1989).

For Olio and Cornell (1993), the therapeutic relationship must address both transferential material and offer a realistic, present-day relationship. This process not only facilitates survivors' integration of self but also offers a corrective experience for the interpersonal damage to trust, dependency and intimacy. They also suggest that the therapeutic relationship must provide both containment and bridging in order to help survivors' reconnection to self.

Firstly, the therapeutic relationship offers a containment or holding environment for the survivors throughout the treatment process.

Secondly, Olio and Cornell (1993) describe that the therapists temporarily become the bridge between the pieces of self and experiences that survivors have split off. The therapists gently and persistently hold the reality of the traumatic experiences throughout the survivors' confusion, self-doubt, and denial.

Thirdly, the therapeutic relationship must also address the repair of the interpersonal damage survivors suffer as a result of childhood sexual abuse (Kaufmann, 1985). Catherall (1991) notes that therapists are 'the re-establishment of a trusting relationship between survivors and their most immediate experience of the human community' (p.145). Courtois (1988) also advises therapists to 'stress the reality of the relationship and to work in the here and now with the survivor so that she develops her perceptive capacities' (p. 170).

If therapists are able to construct an alternative experience to the traumatic experience, survivors can construct alternative and adaptive schema and work toward a resolution of negative effect. If the therapist is afraid of the intensity of the feelings survivors will be likely to express, and if this is communicated in any way, it will be detrimental to the client's need for a growing sense of being able to express and deal with strong feelings without falling apart. Therefore, the therapeutic relationship must withstand and remain constant in the face of conflict, disappointment, disillusionment, the projections and demands of transference and countertransference reactions, and often profound ambivalence to both the therapeutic process and relationship (Olio and Cornell, 1993).

---

problems of a person undergoing treatment (Roger's Thesaurus).

The counsellor/therapist could get close to a different part of the client based on this relationship. For example, the counsellor/therapist may get close to the trauma itself, the effects, the self of the client, or the interactions among them. The client may have a more peaceful relationship with the self, the others and the world when he or she goes through the process of being counselled. However, not all therapeutic interventions are successful in the clients' perception. Frenken and van Stolk's study (1990) in Holland found only 50% of clients felt satisfied by therapeutic contact. Therapists failed to achieve a working relationship for two reasons. Firstly, some of the clients were unable to trust their therapists. Secondly, therapists (professional) had shortcomings in knowledge and skills and their own emotional resistance.

In my clinical experience, survivors in Taiwan tend to trust their counsellors easily. This may be because they perceive the counsellor as one of very few people who can understand their experience of sexual abuse or because in Taiwanese culture, they perceive the role of counsellor as belonging to a respectful figure. Therefore, personally, I have very little difficulty in building up a positive therapeutic relationship with the clients.

In conclusion, 10 of the participants perceive their experience of being counselled as part of their recovery process. Therefore, this section may help to answer RESEARCH QUESTION 2: what factors may influence the process of recovery?

5.4. Recovery criteria

There is not much literature to suggest the criteria of recovery. However, treatments can be viewed as effective to the extent that they facilitate the integration process (Roth, and Newman, 1991, 1992, 1993). For instance, 10 of the participants perceive their experience of being counselled as part of their recovery process. Therefore, the goals of treatment for survivors may offer some points to represent recovery criteria. This discussion and review is important because it may offer a partial answer to RESEARCH QUESTION 2: What are the results of the recovery process?

For instance, Gil (1988) indicates six goals of treatment for survivors of sexual abuse which may offer some understanding of recovery criteria.

(1) Increasing positive self-image

A victim child seeks the parent's acceptance and love. If these are withheld, inconsistent or inadequately expressed, the child may remain emotionally under-developed. Some parents are unable to bond, or to interact physically or emotionally with their child. The lack of nurturing and physical attention actually causes the child's emotional or psychological system to shut down. As these children grow older, they may believe that their parents rejected them because there was something unacceptable about them. Most abused children internalise the rejection and develop negative interjection[1]. As a result, survivors of abuse may develop a negative self-image. Therefore, to repair the survivor's self-image is an overriding goal for therapists and survivors of sexual abuse. Once the survivor's self-image is repaired, she is on the road to full recovery (Gil, 1988, p. 57).

(2) Empowerment

Gil (1988, p.59) believes that it is the therapist's job to combat the survivor's sense of entrapment, despair helplessness, isolation, and self-blame. Adult survivors must be convinced that they are in control of, and that they can change, their own lives. They must identify those situations which they wish to change. It is the therapists' job to help the survivors develop realistic plans for changing them.

---

[1] Introjection: An assimilation of an object or its demands into the ego, or the assimilation of the object representation into the self representation (St. Clair, 1996, p.219).

(3) Maintaining a sense of hope

Survivors tend to experience a feeling of hopelessness due to the negative impact of sexual abuse. Survivors also tend to have a feeling of hopelessness when they face their complicated emotions during the process of therapy. Therefore, it is very important for both survivors and therapists to create a sense of hope. Survivors can be motivated towards a rewarding future.

(4) Trauma Resolution

Freud (1939) distinguished positive from negative effects of trauma. Positive effects consist of attempts to bring the trauma into operation again by remembering, repeating, and re-experiencing. Clients may increase self-awareness of the traumatic experience by the above process and reduce their difficulties. Negative effects serve to keep the forgotten event from being repeated, and as such are defensive reactions of avoidance, inhibition, and phobia (Eth and Pynoos, 1985). Therefore, trauma resolution for survivors of sexual abuse seems to involve remembering the experience, and work on it as part of the recovery process.

(5) Dealing with the feeling of grieving

Child and adult survivors of sexual abuse may wish to view their parents as non-abusive and nurturing. They tend to defend themselves against the pain associated with the reality. It is very painful to give up this idealised image of childhood. These survivors will go through a period of grieving, following the usual sequence of denial, sadness, anger, and finally, acceptance. Acceptance can provide relief and healing, open the door to change and control, and enable survivors to face reality rather than continuing to live with illusion (Gil, 1988, p.61). However, according to my clinical experience, survivors' emotions are far more complex than a feeling of grieving. Survivors are also different individuals. Therefore, there may not be formulaic steps for each individual survivor to deal with the emotions.

(6) Affiliation

The therapeutic relationship is a first step toward breaking the survivor's feeling of isolation. On an abstract level, the therapist enables the survivor to experience a healthy

human interaction. Gil (1988) points out that people cannot learn how something feels by being told. Rather, they must experience the feelings. Survivors are able to learn to tolerate the anxiety generated by new and unfamiliar feelings. Once these survivors have learned how a healthy interaction feels, the strength of that feeling can lead them to seek out other healthy interactions. On a concrete level, the therapist must teach the client new skills in order to achieve the aim of tolerating anxiety and creating healthy interactions.

Lebowitz *et al* (1993) have suggested seven domains for determining successful recovery from the impact of sexual abuse:

1. Viewing trauma memory as part of one's life history.
2. Being able to face and express emotions.
3. Being aware of the possible connection between memory and emotional stature.
4. Being able to master unresolved difficulties.
5. Increasing self-worth and self-esteem.
6. Increasing a feeling of intimacy with others.
7. Making meanings from the experience of abuse and recovery journeys.

In addition, Courtois (1988) has suggested seven goals of treatment; these goals also imply recovery criteria.

1. Acknowledging and accepting the fact of the abuse.
2. Decreasing the feeling of isolation.
3. Increasing the ability to face and deal with strong emotions.
4. Resolution of responsibility for the abuse and survival issues.
5. Cognitive restructuring of distorted beliefs and stress responses.
6. Increasing the ability of self-determination and behaviour change.
7. Learning new social skills.

Six areas of trauma recovery criteria can be drawn from the literature discussion above:

1. Acceptance of the abuse and its impact (Harvey, 1993 and Courtois, 1988).
2. Dealing with strong negative emotions toward the experience of abuse and its impact and developing a feeling of hope (Harvey, 1993; Courtois, 1988; and Gil, 1988).
3. Problem-solving, including two areas (Harvey, 1993, Courtois, 1988, and Gil, 1988):

(1) Behaviour change: this includes problem management, social skills and problem-solving skills.

(2) Cognitive change: this includes restructuring of distorted beliefs, increasing the ability of self-determination, and increasing a sense of control of one's own life.

4. Transforming self-image (Harvey, 1994 and Gil, 1988).

5. Improving interpersonal relationships (Harvey, 1993, and Gil, 1988).

6. Making meanings for their experience of abuse and the process of recovery at a higher spiritual level (Harvey, 1993).

5.5 Conclusion to the Nature of the Recovery Process

This chapter: discusses the implications of the recovery process from 13 treatment models in the psychotherapy setting; reviews one recovery model of sexual abuse; and reviews two recovery models of general life crises. I integrated these implications with the other three recovery models. The integrated process of recovery includes seven phases and 12 stages, as showed in **Table 5.2.6-1** and **5.2.6-2**. The process is like a spiral path and it interacts with elements of the self, experience of sexual abuse, impact of sexual abuse, support system, social context, and outcome of the recovery process. I also presented critical analysis of the literature review about those elements in **Chapters 2** to **5.**

The literature (Briere, 1989; Laid and Malmo, 1990; Romans *et al.*, 1997) suggests that five factors will affect the experience of sexual abuse and the processes of recovery: the therapeutic relationship, the social support system, family dynamics, characteristics of the self and sexual abuse. I will argue the issue of factors having influence on the process of recovery from my findings in **Chapter 9**.

In conclusion, this chapter reviews recovery criteria from the literature. It shows six criteria as mentioned above. I will compare these criteria with my findings in **Chapter 14.**

This concludes my literature review, which includes four parts: the nature of self (**Chapter 2**), the nature of sexual abuse (**Chapter 3**), the nature of psychotherapy (**Chapter 4**) and the nature of trauma recovery (**Chapter 5**). The following chapters will focus on the integrated model of the self, trauma and recovery that is developed from literature based on the chapters above. I will compare the integrated model of the self, trauma and recovery in **Chapter 6** with my findings from **Chapter 9.**

CHAPTER 6 INTEGRATED MODEL OF THE SELF, TRAUMA AND RECOVERY 114

6.1. INTRODUCTION TO THE INTEGRATED MODEL OF THE SELF, TRAUMA AND RECOVERY 114
6.2. CONCLUSIONS OF EACH AREA IN THE INTEGRATED MODEL OF THE SELF, TRAUMA AND RECOVERY 116
6.2.1. The area of the self 116
6.2.2. The area of sexual abuse 116
6.2.3. The area of effects of sexual abuse. 117
6.2.4. The area of social context. 117
6.2.5. The area of a recovery process. 117
6.2.6. The area of outcomes of a recovery process. 118
6.3. THE INTEGRATED MODEL OF THE SELF, TRAUMA, AND THE RECOVERY PROCESS 119

FIGURE 6.2: THE INTEGRATED MODEL OF THE SELF, TRAUMA AND RECOVERY 120

Chapter 6 Integrated model of the self, trauma and recovery

6.1. Introduction to the integrated model of the self, trauma and recovery

My research began with three questions:

(1) 1. How do the participants understand their experience of abuse and its effects? What factors affect the abuse and its effects?

(2) What is the recovery process? When does the recovery process start? How does it change over time and what are the results in the participants' perceptions?

(3) How do the two groups of participants (one with counselling and the other no counselling) perceive their experience of sexual abuse differently?

The proceeding chapters have begun to suggest answers. From these tentative answers I have begun to build up a model of the self, trauma and recovery.

Six elements appear to be important in this model as shown in **Figure 6.2:**

1. The element of the '**self**': This is because the 'self' is a major vehicle for carrying out the process of recovery. Self interacts with the external world and an individual's experiences (**Chapter 2**).
2. The element of '**experience of sexual abuse**'. The characteristics of the abuse may influence the effects of the abuse and the process of recovery (**Chapter 3**).
3. The element of '**effects of sexual abuse**'. The effects of sexual abuse influence the self and the self affects the process of recovery. Each individual appears to have different effects so individuals may have different recovery process (**Chapter 3**).
4. The element of '**social context**'. The self is not an individual person independent of social context and the experience of sexual abuse is not just a private issue but also a social issue, as argued in **Chapters 2 and 3.** Society's value systems about sexual abuse also affect how much support survivors can get from society to help them deal with the effects of sexual abuse. Therefore, the concept of 'social context' is important in understanding the process of recovery from the experience of sexual abuse.
5. The element of **a 'recovery process'**. This element is important because this is the main research question in this thesis. The process of recovery appears to co-operate with five other elements (**Chapter 5**).

6. The element of **'outcomes of the recovery process'**. This element is significant in this model because the outcomes of a recovery process interact with and feed back to the process of recovery (**Chapter 5**).

I will summarise the conclusions of the previous chapters for each element and present how these elements build up into the integrated model of the self, trauma and recovery.

6.2. Conclusions of each area in the integrated model of the self, trauma and recovery

6.2.1. The area of the self

The meanings of the self are based on five concepts (cognitive ability, the ability to deal with the external world, the ability to deal with the internal world, the psychological needs of the self, and development of the self, **Chapter2**).

1. Cognitive abilities.

The abilities of cognition co-operate with abilities for dealing with inner self and outside world. Cognitive abilities include perception, imagination, exception, creation, memory, judgement, thinking, reasoning, and so on. It is a knowing and informative process.

2. The ability to deal with the outside world.

The self will develop various functions to interact with others, the environment and abilities leading to the satisfaction of needs. The abilities of the self to deal with inner self and outside world could overlap each other.

3. The ability to deal with the inner self

It allows for the development, and satisfaction, of psychological needs and maintenance of positive self-identity. This ability maintains the self as a whole unit.

4. Psychological needs

Psychological needs motivate the interaction with the inner self and the outside world. If an individual fails to satisfy their own needs, this dissatisfaction will bring negative emotions. If the psychological needs are disturbed by an experience of sexual abuse the individual will have negative effects.

5. Development of the self

Each individual self will change and develop throughout a life span.

6.2.2. The area of sexual abuse.

Chapter 3 argued that 9 characteristics of sexual abuse may influence the effects of sexual abuse and the process of recovery:

1. The relationship to the abuser.
2. The duration and frequency of the abuse.
3. The age of the abuser.

4. The age at onset of abuse.
5. The type of sexual act.
6. The use of force.
7. The effects of disclosure.
8. Family functioning and social support.
9. Personality of the abused.

Item 3 has very weak evidence in the literature so I do not include this item in the integrated model. Item 8 is in 'the area of the self' and item 9 is in 'the area of social context'. Therefore, there are six elements in 'the area of sexual abuse' in the integrated model.

6.2.3. The area of effects of sexual abuse.

Chapter 3 argued that there are six effects of sexual abuse:

1. Spiritual effects.
2. Cognitive effects.
3. Emotional effects.
4. Physical effects.
5. Social effects.
6. Sexual effects.

Each individual has different effects and so may have a different recovery process.

6.2.4. The area of social context.

Chapters 2 and **3** argued that some social contexts might influence the process of recovery:

1. Family functioning.
2. Friends.
3. Myths of sexual abuse.
4. Various support systems.

6.2.5. The area of a recovery process.

Chapter 5 argued that the process of recovery may interact with the five other elements and proceed in a spiral dimension rather than stage by stage. The recovery process does

not start with the therapeutic relationship as suggested in the literature but starts from surviving. There are seven phases and each overlaps with the others.

6.2.6. The area of outcomes of a recovery process.

Chapter 5 argued that outcomes of the recovery process may feed back to the self, social context, and the self-system. So, outcomes may influence the recovery process are:

1. Acceptance of the abuse and its effects.
2. Dealing with strong negative emotions toward the experience of abuse.
3. Problem-solving.
4. Transforming self-image.
5. Improving interpersonal relationships.
6. Making meanings about their experience of abuse and the process of recovery at a higher spiritual level.

6.3. The integrated model of the self, trauma, and the recovery process

There are six areas involved in the process of recovery in **Figure 6.2:** the self, the sexual abuse, impact of the sexual abuse, the social context, the 7-phase spiral recovery process, and the outcome of the recovery process. I have analysed these areas throughout **Chapters 2** to **5** of literature reviews so I do not repeat them here.

The image of circles means that they are able to move, rather than to fix on one point. The image of a spiral means a concept of development and growth. The two-sided dimension of each arrow means interaction.

Each area (circle) can have external interaction with the other areas (circles). For example, circle A (the self) can interact with circle B (the sexual abuse experience) and/or E (the recovery process).

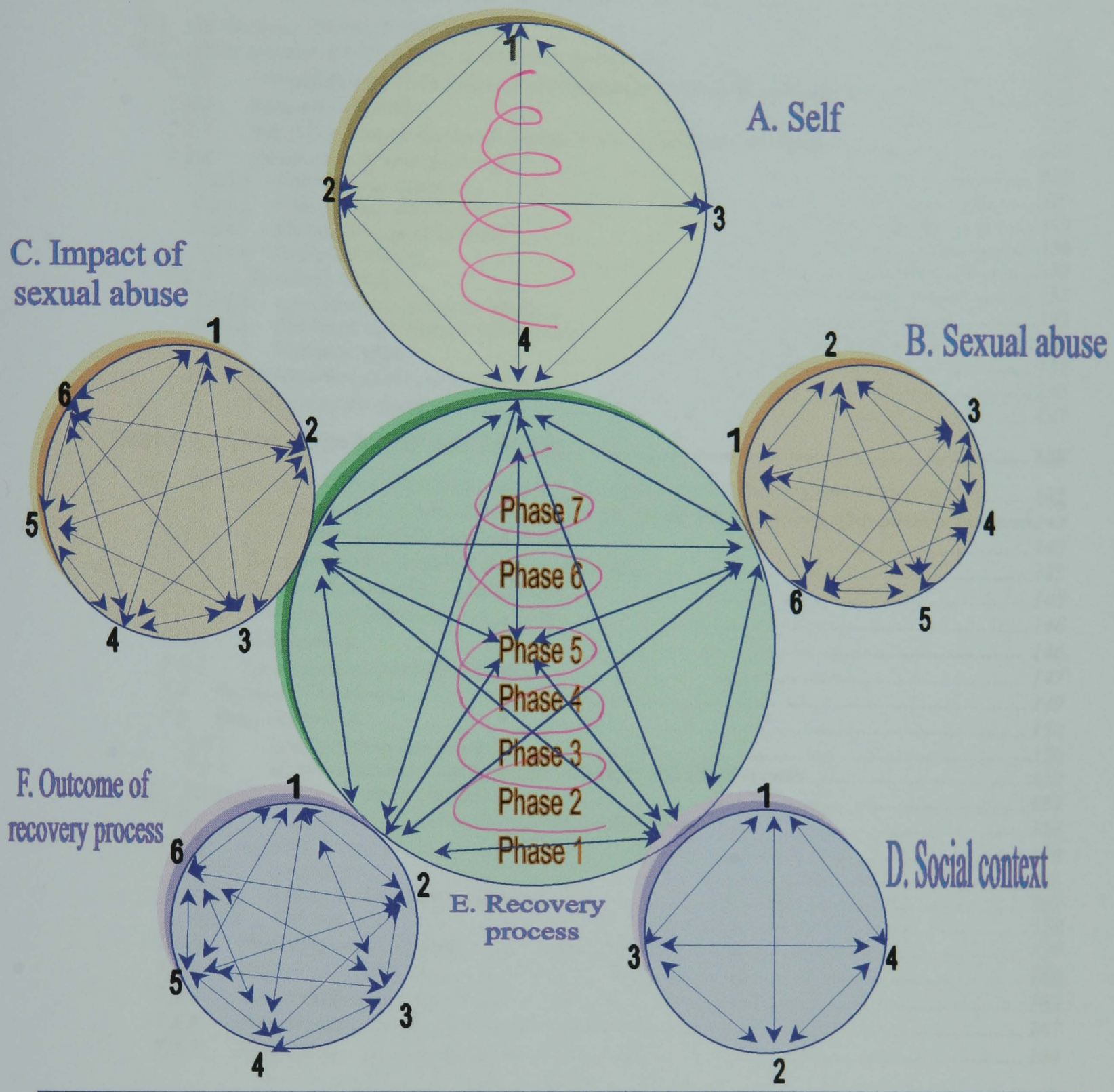
Each area includes various elements. For instance, there are four elements in circle A (the self): cognitive ability, the ability to deal with the external world, the ability to deal with the internal world, and psychological needs. The elements within each area have internal interactions with other elements.

The elements *within* each circle can also have interaction with the other circles' elements. For instance, the element of a support system from circle D (social context) may interact with the element of psychological needs from circle A (the self) and have some results feed back to the whole system (all six circles) of a person.

The arrows directed to the core of the middle circle means that each area (circles A, B, C, D, and F) interact with circle E (the seven phases of the recovery process).

I will compare this model, drawn principally from my literature review, with my empirical data in **Chapters 9** to **14** in order to help me explore possible answers for my research questions.

Figure 6.2: The integrated model of the self, trauma and recovery



A. The self (detail in **Chapter 2**): 1. Cognitive ability. 2. The ability dealing with external world. 3. The ability dealing with internal world. 4. Psychological needs. It develops in a spiral dimension.
B. Characteristics of the abuse include (detail in **Chapter 3**)**:** 1. Age at onset. 2. Relationship to the abuser. 3. Type of the abuse. 4. The duration of the abuse. 5. The use of force. 6. The effects of disclosure.
C. The impact of the sexual abuse (detail in **Chapter 3**): 1. Spiritual effects. 2. Cognitive effects. 3. Emotional effects. 4. Physical effects. 5. Social effects. 6. Sexual effects.
D. Social context includes (detail in **Chapter 2** and **3**)**:** 1. Family functioning, 2. Friends, 3. Myths of sexual abuse, 4. Various support systems and so on.
E. Recovery process (detail in **Chapter 4** and **5**): It contains 7Phases in a spiral dimension and interacts with five elements (**A, B, C, D, F circles**).
F. Outcomes of the recovery (detail in **Chapter 4** and **5**): 1. Acceptance of the abuse and its impact. 2. Dealing with strong negative emotions toward the experience of abuse. 3. Problem-solving. 4. Transforming self-image. 5. Improving interpersonal relationships. 6. Making meanings about their experience of abuse and the process of recovery at a higher spiritual level.

CHAPTER 7: METHODOLOGY 121

7.1 INTRODUCTION TO METHODOLOGY 121
7.2 EXPLANATION OF RESEARCH METHODS IN MY STUDY 124
7.2.1 Introduction to and explanation of research methods in my study 124
7.2.2 Research Question 125
7.2.3 Why Quantitative Research Design is not suitable for this study 125
7.2.4 Qualitative Research Design 126
7.2.4.1 Ethnographic Research 129
7.2.4.2 Narrative and Life History 129
7.2.4.3 Phenomenological Research 130
7.2.4.4 Grounded Theory 132
7.2.5 Research Design 133
7.2.5.1 Introduction to Research Design 133
7.2.5.2 Fieldwork and selection of informants 134
7.2.5.3 Research Setting 135
7.2.6 Description of the participants 136
7.2.7 Procedure for fieldwork 137

TABLE 7.2.7 PROCEDURE OF FIELDWORK 138

7.3 CRITERIA FOR EVALUATING THE VALIDITY AND RELIABILITY OF QUALITATIVE RESEARCH 142
7.3.1 Introduction to criteria for evaluating the validity and reliability of qualitative research 142
7.3.2 Credibility-parallels internal validity 143
7.3.3 Transferability -parallels external validity 145
7.3.4 Dependability-parallels reliability 145
7.3.5 Confirmability-parallels objectivity 146
7.3.6 Authenticity 146
7.3.7 Emancipatory paradigm criteria. 147
7.4 Research Conditions 149
7.5 Data Collection 150
7.5.1 Introduction to data collection 150
7.5.2 Interview schedules and guidelines – In-depth and IPR interviews 150
7.6 RESEARCH ETHICS ISSUES IN THIS STUDY 153
7.6.1 Introduction to research ethics issues in this study 153
7.6.2 Informed consent 156
7.6.2.1 Competence 156
7.6.2.2 Provision of adequate information 157
7.6.2.3 Voluntariness 158
7.6.3 Ensuring confidentiality 159
7.6.4 Respect for Autonomy 160
7.6.5 Non-maleficence 162
7.6.6 Beneficence 162
7.6.7 Fidelity 164

PART 4 Main Study

Chapter 7: Methodology

7.1 Introduction to methodology

After this series of studies I underwent a crisis in terms of research. I had achieved tenure, had my first baby, and turned 30. I started questioning everything. Because I could see so many imperfections in my research, I was not very proud of my work. It had taken an incredible amount of time for little "hard information." I could not even remember the results of many of my studies. Further, I seemed woefully far from even describing what happens in the counseling process let alone understanding what counselor behaviors were useful in effecting change. I despaired that counseling was far too complex to be studied. I had previously had lots of doubts about my research, but it was mostly related to self-confidence in my research abilities. This crisis seemed to have more to do with whether I felt that research was a viable means to answer questions about the counselling process (Hill, 1984, p.105).

Hill's statement is similar to my own experience as a researcher and counsellor. As I examine the therapeutic experience of clients, I have the same feelings of doubts and complexity described by Hill. I am not sure whether this study can actually analyse a survivor's recovery process during their counselling experience or not, because the processes of recovery are complicated and take place not just within the processes of counselling. However, I intend to write this study in a way that will emphasise the phenomenon of a survivor's recovery process throughout her life's experiences. As a researcher, it is also worth remembering that research should not just gather information from the community with the goal of simply producing an article in a journal (Hiller, 1984). The question and the process of the research should result in something of value that could be given back to the community (Hill, 1984). This study will be one of very few research studies about survivors of sexual abuse in Taiwan. I hope this study will increase understanding of the phenomenon of survivors' recovery processes in Taiwanese society.

Some studies in the non-Taiwanese context (Lebowitz *et al.*, 1993; Sgroi, 1989; Swink and Leveille, 1986) suggest that the definition of recovery is that clients have less

traumatic symptoms and accept the reality of their experience. However, this definition is from the viewpoint of practitioners and theorists. I am more interested in how the participants have perceived their experience of recovery. They may not even use the term 'recovery' to describe their processes at all.

A suitable methodology is important in helping a researcher to answer her or his research questions. Research methodologies are very varied and they identify many ways of eliciting and processing data. Two main counselling research approaches are process research and outcome research. Process research provides an analysis of the counselling interaction involving the counsellor(s), client(s), and the evolving relationships. Thus, process research attempts to characterise what change occurs during counselling. On the other hand, outcome research attempts to address efficacy questions. It explores research questions such as: what kind of counselling approach is useful for what kind of clients? or in what kind of situation is the counselling effective for the clients? Counselling is a continuous dynamic by nature. It is difficult to split into process and outcome. The outcome of counselling is an important integral part of the counselling process as well. My study will try to understand the recovery process in survivors of childhood sexual abuse from the clients' perspective. Accordingly, I am aware that counselling is part of the recovery process for some clients, but not the whole process for every client. There is a group of survivors who do not accept any counselling at all, and go through their recovery processes without it. Still other survivors withdraw from counselling after a few sessions and yet still go through a recovery process. Clearly, from my clinical experience, the recovery process is not identical to the counselling process. Some studies (Lebowitz *et al.*, 1993; Sgroi, 1989; Swink and Leveille, 1986) suggest that various factors relate to survivors' recovery processes. These factors include the clients' life histories (family, friends, support systems, significant events and the like), abusive experiences, counselling processes, and outcomes of the counselling. Therefore, my study is process research, but does not focus only on the recovery process in counselling sessions.

In this study, I have chosen the most suitable methodology to explore this recovery process. I am going to explain and argue research methods in my study. These discussions help me in choosing my methodology for exploring the recovery process. I

will also discuss criteria for evaluating the validity and reliability of qualitative research since they are part of the key argument in justifying qualitative research. Finally, I will defend the decisions taken in relation to my research methods and related ethical issues.

7.2 Explanation of research methods in my study

7.2.1 Introduction to and explanation of research methods in my study

In this section, I will discuss some issues that justify the research methods I use in my study. These discussions will provide a clear description of the procedure for my study. I identify the meaning of recovery process in my study in order to give it a clear framework. These meanings are:

- In my study, the term 'survivor' or 'victim' refers to those who are more aware of their own survival methods and begin to assess how to change the methods or how to use the methods more effectively and consciously. Survivors also are aware of the consequence of their experiences and begin to evaluate how they can manage those consequences and change the effects for their own benefit. These two terms are inter-changeable in this study because Taiwanese society tends to use the term 'victim' rather than 'survivor'.
- If the participants' responses toward their experience of abuse have changed, that could be a sign that they are in the recovery process. For instance, the clients might accept the reality of their abuse experience instead of denying it.
- Whether the participants are more aware of the defence mechanisms they are using to come to terms with the abuse.
- If the participants continue to develop the ability to deal with their outside worlds and their inner self, that could be a sign of recovery.

Furthermore, survivors can find out the meaning and explanation of their experience for themselves and review their experience from different aspects. In short, the key issue in recovery is self-awareness and the acceptance of self and personal experience. However, this study did not address those survivors who use unconscious methods to make themselves immune from pain, even though they might survive their experiences. Nevertheless, survival is very important for a victim. A victim of sexual abuse needs lots of courage and various methods to survive, and then she will have the opportunity to recover from the experience. I was aware that the participants have their own definition of the recovery process. For this reason, I was willing to set my own interpretation of recovery process aside when I interviewed my participants. I explored the meaning of the recovery process from their point of view.

7.2.2 Research Question

The research questions are:

1. About the experience of sexual abuse itself.

2. About the process of recovery from the experience of sexual abuse.

3. About the difference in the recovery process between the participants who received counselling and those who did not.

The detail of the research questions is in **Section 1.1**, page 1.

7.2.3 Why Quantitative Research Design is not suitable for this study

Auguste Comte first uses the term 'positivism' in the 1830s. Comte's positivism was synonymous with science or discussion of the history of science. The term 'positivist' has come to mean objective inquiry based on measurable variables and provable propositions. Positivist research emphasises that science should be concerned with the explanation and the prediction of observable situations (Kincheloe, 1991). Positivism is based on rationalistic, empiricist philosophy. Quantitative studies emphasise the measurement and analysis of causal relationships between variables, not processes. This type of inquiry is purported to be within a value-free framework (Denzin and Lincoln, 1994, p.4).

Quantitative research is rooted in the positivist/postpositivist paradigm. In quantitative research the researcher, either directly or through a coding scheme, observes events and then makes inductive inferences based on these observations. As Breakwell *et al.* (1995, p.13) point out, a quantitative treatment states what the processes are, how often they occur and what differences in their magnitude can be measured over time. Likewise, quantitative approaches assume interval or ordinal data that are amenable to statistical manipulation (Allan, 1991, p.177). When individual experience is encoded as a number rather than a word, phrase or sentence, a range of operations on the experience of groups of individuals can be carried out which can facilitate the research process (McLeod, 1994). The researcher can set up independent and dependent variables according to the research aim. A quantitative research can perhaps answer questions such as, frequency of the abuse, the type of the abuse, the duration of the abuse and the like. However, quantitative research cannot deal with a small number of data. The potential participants in the area of sexual abuse are few in Taiwan because it is a

sensitive area. Therefor it would not be a suitable methodology. This approach also does not have systematic methodology to process the 'words' (communication data) because it deals with 'numbers' rather than 'words'. So, quantitative research is not suitable for my study.

Qualitative researchers are more likely than quantitative researchers to confront the constraints of the everyday social world (Denzin and Lincoln, 1994, p.5). Quantitative researchers abstract from this world and seldom study it directly. They seek a nomothetic or ethic science based on probabilities derived from the study of large numbers of randomly selected cases (Denzin and Lincoln, 1994, p.5). If research is entering a new area and is interested in the beliefs, intentions and meanings that behaviours have for the participants, then the researcher might use a more exploratory method. Heppner (1992, p.194) also suggests that too often researchers attempt to manipulate and control variables before enough is known about those variables. Moreover, Greenberg (1986) argues that counselling psychology should place more emphasis on discovery paradigms. In my study, I explore the phenomena of the survivors' recovery processes. This is a new research area in Taiwan and the process of recovery takes place within the survivors' social conditions, so quantitative research is not suitable in this study.

7.2.4 Qualitative Research Design

The constructivist paradigm is based on the philosophy of Edmund Husserl's phenomenology and Wilhelm Dilthey's and other German philosophers' study of interpretive understanding. It is called hermeneutics (Eichelberger, 1989 cited in Mertens, 1998). Hermeneutics is the paradigm to study interpretive understanding or meaning. Constructivist researchers apply this term to interpret the meaning of their data. Qualitative research is from the constructivist paradigm. Both research methods and underlying assumptions in qualitative research are predominantly in the constructivist paradigm. The term *qualitative* implies that research stresses processes and meanings. The research in this approach is not rigorously examined, or measured, in terms of quantity, amount, intensity, or frequency (Denzin and Lincoln, 1994, p.4).

Qualitative researchers emphasise the socially constructed nature of reality, the intimate

relationship between the researcher and what is studied, and the situational constraints that shape inquiry (Denzin and Lincoln, 1994, p.4). Schutz (1964) pointed out that human beings choose information to process in order to have their personal interpretation of this information and to understand their worlds. Therefore, social reality is subjective but not objective. As a result, researchers try to understand the participants' world through the participants' perspectives. Qualitative researchers emphasise the value-laden nature of inquiry. They explore possible answers to how social experience is created and given meaning (Denzin and Lincoln, 1994, p.4). Qualitative researchers tend to describe the participants' background and environment in order to help the researchers understand how the participants interpret their life experiences. The phenomenological approach focuses on understanding the meaning that events have for persons being studied (Patton, 1994). The phenomenological approach includes qualitative research. It includes such areas of inquiry as ethnomethodology, symbolic interactionism, hermeneutic inquiry, grounded theory, naturalist inquiry, and ethnography (Patton, 1994).

In comparison with the quantitative approach, qualitative research is generally defined as research built around the collection and analysis of the accounts or stories that people offer regarding their experience. The data of qualitative research is therefore 'words' rather than 'numbers' (McLeod, 1994). The aim of qualitative research is to illuminate and clarify the *meaning* of social actions and situations.

The recovery process of survivors of childhood sexual abuse is an infant professional area in Taiwan. It is important for any research to understand the variables before trying to control them as quantitative research does. In other words, the descriptive design of qualitative research is a suitable method in this initial stage in this research in Taiwan.

Nelson attempts to define qualitative studies as follows (1992, p.4 cited in Denzin and Lincoln, 1994, p.3.):

> Qualitative research is an interdisciplinary, transdisciplinary, and sometimes counterdisciplinary field. It crosscuts the humanities and the social and the physical sciences. Qualitative research is many things at the same time. It is multiparadigmatic in focus. Its practitioners are sensitive to the value of the

> multimethod approach. They are committed to the naturalistic perspective, and to the interpretive understanding of human experience. At the same time, the field is inherently political and shaped by multiple ethical and political positions.
> Qualitative research embraces two tensions at the same time. On the one hand, it is drawn to a broad, interpretive, postmodern, feminist, and critical sensibility. On the other hand, it is drawn to more narrowly defined positivist, postpositivist, humanistic, and naturalistic conceptions of human experience and its analysis.

Accordingly, the feature of the qualitative research field seems sprawled between and crosscuts all of the human disciplines (Denzin and Lincoln, 1994, p.4). Qualitative researchers use the approaches, methods, and techniques of ethnomethodology, phenomenology, hermeneutics, feminism, deconstructionism, ethnographies, interviews, psychoanalysis, cultural studies, survey research, grounded theory and participant observation, among others. All of these methods can provide important insights and understanding in a qualitative research approach. Denzin and Lincoln (1994, p.3) also suggest that no specific method or practice can be privileged over any other.

To sum up the advantages of using this approach in my study:

1. I can explore the meaning of the participants' experience from their point of view in order to provide 'first hand' understanding of recovery phenomena for the other professions in different disciplines.
2. I can explore people's views of reality and understand differences among people. In-depth interviewing allows for free interaction between researcher and interviewee and includes opportunities for clarification and discussion. In-depth interviews also give access to the participants' ideas, thoughts, and memories in their own words and with their own meanings.
3. The method assumes the individual is a unit, thereby providing opportunities to explore all the possible variables in the recovery phenomena.

I shall discuss four types of design in qualitative research (ethnographic research, narrative research, phenomenological research, and grounded theory) because their strengths offer me the opportunity to explore my research questions.

7.2.4.1 Ethnographic Research

Naturalistic-ethnographic research stresses inductive observation and description (Hoshmand, 1989). The rich descriptive data will provide a chance for the researcher to explore the participant's cognition, emotion, and conception. The researcher also has a chance to understand the participants through their environment, society and cultural background. Ethnographic research design is able to analyse beliefs and social systems within cultures and communities (Mertens, 1998). An example in sexual abuse research is that the sex message is different for different generations in society. This will affect how people (including survivors of sexual abuse) perceive the issue of sexual abuse. Thus, it is important to take cultural factors into account in my study.

The criticism of ethnographic representations of phenomena as one possible construction of reality is that the method makes it impossible to produce "scientific knowledge" that is universally valid (Mertens, 1998, p.165). This is because qualitative research does not have a systematic statistical method of testing validity, as quantitative research does. However, qualitative approach does have criteria for evaluating validity. The detailed discussion of this issue is in **Section 7.3**.

7.2.4.2 Narrative and Life History

Qualitative researchers have applied *narrative* to describe the form of the data researchers have gathered for analysis (Hatch and Wishiewski, 1995). Tuchman (1994, p.306) suggests any social phenomenon must be understood in its historical content. Reinharz (1992) notes that historical research was especially important for feminists because it draws women out of obscurity and repairs the historical record in which women are largely absent (Mertens, 1998, p.195). For instance, the issues of family violence and child sexual abuse were noticed initially by feminists in the late 1970s in the United States. The United Kingdom has been aware of these issues from the 1980s. Taiwanese society has been concerned with these issues for not more than ten years.

The paradigmatic analysis of narrative seeks to locate common themes or conceptual manifestations among the stories collected as data from several participants (Hatch and Wishiewski, 1995). The researcher inspects the different stories to discover which themes appear across them and participants (Hatch and Wishiewski, 1995). Therefore,

paradigmatic analysis is used to discover or describe the categories that identify particular occurrences within the data and to note relationships among categories (Hatch and Wishiewski, 1995).

Miles and Huberman (1994) point out the use of schematic displays of the collected body of qualitative data as an adjunct (or replacement) for narrative displays to provide more direct access to themes and categories (Hatch and Wishiewski, 1995). In narrative history, the researcher conducts in-depth interviews to determine how things got to be the way they are. The approach has been used by clinical psychologists to study pathological cases, the psychobiography of exemplary and ordinary people, and developmental experiences through a life span (Mertens, 1998, p.196). "Listening to people talk in their own terms about what had been significant in their lives". In this point the approach is similar to ethnographic research. Both of them try to understand participants' experience from their own point of view. Researchers understand participants' individual lives or individual stories are central to the research processes.

In the understanding of sexual abuse experience, it is also important to explore the relations between this experience and life span. The literature (Lebowitz *et al.*, 1993; Sgroi, 1989; Swink and Leveille, 1986; Draucker, 1992) and my clinical experience suggest the abuse experience will interact with survivors' lives in different life stages. For instance, the experience of sexual abuse will affect the sexual development in the adolescent stage for most victims. The recovery process also interacts with different life stages.

Thus, the narrative approach accepts the phenomenological experience of the client. It understands participants from their historical context and a researcher can explore the change over their life time. This feature makes this methodology important to me because a participant's experience of sexual abuse is not independent from their life history. Therefore, it is important for me to apply the narrative approach to explore my research questions.

7.2.4.3 Phenomenological Research

The task of the therapist working in the phenomenology tradition is to work with the clients' perceptions of various reactions relating to the experience of sexual abuse.

Given this therapeutic orientation, phenomenological research is highly congruent with this sensitive research area. Phenomenological research is similar to naturalistic-ethnographic research, except that it focuses specifically on describing human consciousness (Heppner, 1992). Methodologically, phenomenological research is similar to a counselling interview. The researcher engages in a collaborative interview with the research subject. In this manner, the researcher tries to gain an empathic understanding of the subject's frame of reference. This process is usually referred to as a qualitative interview. The interviewer is not only interested in what is reported, but also in how it is reported. Hoshmand (1989) suggested that the goal of the qualitative interview is to describe the essential meaning of the experience.

I designed semi-structured questions for the interviews (see **Appendix A-2)** as a guideline. I did not use these semi-structured, items step by step in my interviews. I used my counselling skills to understand the participants' explanations and the meanings of their abuse experience. I also tried to understand what kind of process they have been through, how they perceive this process and what the meanings are for them in their lives. The concern is focused on the participant and the world in her conception.

Tesch (1990) also pointed out that phenomenological research emphasises the individual's subjective experience. It seeks the individual's perceptions and meaning of a phenomenon or experience. Typically, phenomenological research asks, what is the participant's experience like? The intent of this approach is that researchers try to understand and describe an event from the point of view of the participant. Mertens (1998, p.169) notes the feature that distinguishes phenomenological research from other qualitative research approaches is that the subjective experience is at the centre of the inquiry. However, the ethnography and narrative research also emphasise the importance of the participants' own point of view. Therefore, these three approaches are compatible with each other. Holstein and Gubrium (1994) emphasise the key characteristic of phenomenology as the study of the way in which members of a group or community themselves interpret the world and life around them (Mertens, 1998, p.169). Therefore, this implies that the researcher does not make assumptions about an objective reality that exists apart from the individual. Rather, the focus is on understanding how individuals create and understand their own life spaces (Mertens, 1998, p.169). Within this realm, the researcher's job seems to be to discover the

meaning of the world as it is experienced by the individual. The character of my study is phenomenological research- exploring the meaning of the sexual abuse experience from the participants' view, and understanding the recovery process in their real life (consciousness).

7.2.4.4 Grounded Theory

So far, we have looked at the methodology's data elicitation. There is in addition the method of data analysis. Grounded theory is a significant one. The 'grounded theory' methodology of Glaser and Strauss (1967) provides a set of analytic techniques. It can be seen as representing procedures that are consistent with, or have been assimilated into, most other approaches to qualitative research (McLeod, 1994). Glaser and Strauss chose the term' grounded theory' in order to express the idea of the theory that is generated by (or grounded in) an interactive process. It involves the continual sampling and analysis of qualitative data gathered from concrete settings, such as semi-structured data obtained from interviews, participant observation and archival research.. They describe grounded theory as "a general methodology for developing theory that is grounded in data systematically gathered and analysed" (Strauss and Corbin, 1994, p.273).

In other words, the defining characteristic of grounded theory is that the theoretical propositions are not stated at the outset of the study. Rather, generalisations (theory) emerge out of the data themselves and not prior to data collection (Mertens, 1994, p.167). Thus, the emergent theory is grounded in the current data collection and analysis efforts (Mertens, 1994, p.168). To use grounded theory, I collected my data with semi-structured questions in order to explore more the participants' explanations of my study issues. I also analyse the concepts from the data themselves, rather than from the literature review.

Generating a theory is 'grounded' in semi-structured interviews, field-work observations, case-study documentation or other forms of textual material that are one important principle of much contemporary qualitative research (Pidgeon, 1996, p.75). Pidgeon (1996) suggests this approach to qualitative research is particularly suited to the study of local interactions and meanings as related to the social context in which they

actually occur. This feature of grounded theory is significant to my study because the recovery processes of sexual abuse experience interact with different factors, as mentioned previously. Each individual will give different meanings to it, and it is an issue related to the social context.

As one aspect of the close and detailed inspection of specific problem domains, grounded theory lays great emphasis upon an attention to participants' own accounts of social and psychological events and of their associated local phenomenal and social worlds (Pidgeon, 1996, p.76). The method of grounded theory is suitable for use with almost any form of qualitative material, when approaching research without strong prior theory. The researcher is always faced with the analytical task of sorting and making sense of what is likely to be at first highly unstructured data. In order to achieve this, Glaser and Strauss (1967) advocate the development of an open-ended indexing system, where a researcher works systematically through a basic data corpus, generating codes to refer both to low-level concepts and to more abstract categories and themes (Pidgeon, 1996, p.77).

I shall apply ethnography research to understand from the participants' perspectives the sexual abuse issue within the beliefs of cultures and communities. I apply narrative research to explore the relationships between sexual abuse experience and participants' life spans. I try to understand how the recovery process goes throughout the life span. I apply phenomenological research and try to explore the meanings of the sexual abuse experience and the recovery process throughout the life span. This understanding is through the participants' social contexts. Grounded theory played an important role in systematically gathering and analysing my study-data.

To sum up, phenomenological research, ethnographic research, narrative research and grounded theory have the same approach (qualitative) but different functions. Phenomenology is the philosophical basis. Ethnography and narrative are methods of fieldwork and data collection. Grounded theory is a method of data analysis.

7.2.5 Research Design

7.2.5.1 Introduction to Research Design

The conduct of a qualitative study can be quite time-consuming and expensive. It is

> certainly not an "easy way out" in writing a thesis or dissertation. In addition, there are few concrete guidelines or rules for the day-to-day or mundane conduct of the qualitative study. The researcher may at times feel like he or she is operating in a vacuum, having to create his or her own rules and decision guidelines (Heppner, 1992, p. 201).

Heppner points out the difficulties in doing qualitative study. He suggests that a qualitative approach is certainly not an "easy way out" of writing a thesis. This statement worried me and made me feel insecure. I really wondered if it was right for me to apply this approach, since I was a new researcher. Sometimes I felt as if I was swimming in a sea and could not see the shore when I tried to work out my qualitative methodology. However, I chose a qualitative approach because this is the most suitable method. I integrated different qualitative methods to create guidelines and rules in this study.

7.2.5.2 Fieldwork and selection of informants

'The Garden of Hope' is the most important agency helping children and adults who have experienced sexual abuse in Taiwan. The counselling centre for sexual abuse survivors was the first and the only centre providing counselling for victims and survivors before 1997. This centre also ran the first therapy group for female survivors in Taiwan.

Individual counselling was based on the "Humanist approach", "Solution Focused", and "Park Inner Child". Group therapy was based on psychodrama therapy. The main reasons for choosing these working methods were as follows:

1. The counsellors (individual and group) were familiar with these working methods.
2. The counsellors (in individual counselling) offered the "Client Centred" method to build up the therapeutic alliance/relationships and help the client to explore herself. The counsellors also applied the "Park Inner Child" method to understand the inner self, to build up the inner strength and to comfort the self. The counsellors applied "Solution Focused" counselling, which was used to help the client take action. Psychodrama therapy helped the client re-experience inner feelings and visions, and to express and work through their inner feelings and thoughts. Psychodrama group therapy was invented originally by Moreno. The therapy group had 18 sessions with each session

lasting for two and half-hours.

The "Garden of Hope" advertised group therapy information to the public. All of the members attended the group on a voluntary basis. If the members had not had experience of being counselled in an individual setting before, they were required to have 4 to 8 individual sessions before beginning group therapy. This was to prepare clients to get in touch with their inner self, their abuse experience, and to manage their emotions. These individual sessions also helped clients to communicate their experience to others. The clients and the counsellor discussed whether the client was ready to attend the group or not.

I also interviewed three survivors who did not have the experience of being counselled when they worked on their recovery processes.

7.2.5.3 Research Setting

There are two groups of participants. Group A received counselling from the Garden of Hope or a Sex Therapy centre in Taipei. They received individual or/and group counselling from 1996 to 1997. Every participant received different amounts of individual counselling. Nine of them had joined the psychodrama therapy group. Five participants had joined one phase of the psychodrama group counselling. Four participants had joined two phases of the psychodrama therapy group. Each phase of group counselling had nine sessions. These counselling sessions took place in the Garden of Hope in Taipei, Taiwan from 1996 to 1997.

Group B was three participants who did not have the experiences of being counselled and explored their process of recovery. I compared the different recovery processes between survivors who received counselling with those who did not have counselling. These data help me to understand the recovery process of survivors who do not have counselling.

All the participants had experienced sexual abuse before the age of 18. All of them have remembered the event since it happened. Two of them had told their stories to other people before they entered the counselling setting. Memories of details of their experiences were increased through counselling sessions. I interviewed each participant in Group A for 6 to 9 hours. I interviewed each participant from Group B for 4 to 6 hours. The interviews were longer with group A than group B. This is because I interviewed the participants' experiences of being counselled in group A but not in

group B. Obviously, group B did not have this experience.

7.2.6 Description of the participants

I invited 13 women who had been counselled and ten of them replied. They chose to join this research for different reasons. In most cases, the participants said that they wished to use this interview to review their own life process. They also said that they hoped that they could say good-bye to the past through this in-depth interview after those years of being counselled. The interview seemed to be a ritual for most of the participants to end the abuse story and go ahead to their future. However, I discussed this expectation with them and checked whether they would be able to reach their expectations in the interviews.

Seven of the participants had been my clients. Three of them said that they were pleased to have a chance of helping me as well as to review themselves. However, I was aware of the power difference between a professional and a client. Moreover, in Chinese culture, it was hard for them to reject me because I had 'grace' on them. In other words, it is not uncommon that a client sees her counsellor as a 'benefactor' to her in Taiwan if they have a good therapeutic relationship. Therefore, it is possible that clients try to find any chance to repay their counsellors.

I tried to give full permission to opt out in order to avoid putting pressure on potential participants. I said to the participant that 'if you feel you are not ready to think about my questions, you do not need to push yourself', 'it is your right to decide what and how to share with me about your life story', 'you can stop the tape recorder at any time, it is fine and it is your right to do so'. During the interviews, I also checked out with the participant whether she was happy to continue the topic whenever I sensed their stress in the interviews.

I was also aware that the participants might have said something to please me rather than to present their real thoughts. I invited one of my colleagues to be my co-researcher to check this possible bias. I asked the co-researcher to read the data and pick up the possible sentences said to please. We discussed those sentences and decided that either I asked the participant more or did not use the data. If we agreed that the sentences were

said to please, I did not go back to ask the participant and did not use the sentences as part of the data. Moreover, I was very careful how I interviewed. For instance, I explored what they said rather than directing the topics in the interview. I focused on their experiences of being counselled, not only with me at the Garden of Hope but also with different agencies and therapists. In this case, the participants did not need to say something to please me.

As a result, if the potential participants assessed their current situation as fine, they would accept my invitation for an in-depth interview. On the other hand, if the potential participants assessed their current situation as being still at one particular unstable process they did not join my study. For instance, they might have felt emotionally overwhelmed by the aftermath or they had another life crisis at that moment. In this case neither the participants nor I felt confident in having the in-depth interview during their unstable situation. Particularly, four of the potential participants felt that they were very vulnerable at that time. Thus, they were afraid that they might be overwhelmed by this in-depth interview. I respected their rejection unconditionally because I followed the ethics of autonomy, non-maleficence and beneficence. I shall discuss these ethical issues in **Section 7.6.** The potential participants have the autonomic right to choose whether they facilitate this study. The potential participants and I also discussed the potential effects of the interviews to make sure that they were ready to be interviewed and to avoid the potential harm as much as possible.

7.2.7 Procedure for fieldwork

The procedure comprised 10 steps from June 1998 to September. 1999. These steps are summarised in the **Table 7.2.7:**

***Stage* 01. June 1998**

I designed three types of semi-structured interview guidelines for three in-depth interviews. The first interview was about the relationship between life span, abuse experience and recovery processes. These data are necessary to answer questions 1, and 2. These data are called Data 1 and these interviews took three to five hours, and were conducted in stage 4.

The second kind of interview was about the experience of being counselled in an individual and a group setting and the relationship between the counselling experience

and the recovery process. These data are necessary to answer question 3 and are called Data 2.. This interview took one to two hours and was conducted in Stage 5.

The third kind of interview applied the Interpersonal Process Recall (IPR, Kagan, 1984; Elliott, 1986; Rennie, 1990) method to interview participants. The participants and researcher listened to the psychodrama therapy group cassettes again (the psychodrama therapy group took place a year before the interviews and the researcher was one of the facilitators) or read the transcriptions. Every participant listened to the session in which she had a main role. The participants considered the content of the cassette that was meaningful to them. These data answered question 3 and is called Data 3. This interview took about an hour and was conducted in stage 6.

Table 7.2.7 Procedure of fieldwork

Stages	Timing	Procedure
01	Jun. of 1998	1. Designed research semi-structured interview questions. 2. Designed research agreement between participant and researcher.
02	July of 1998	1. Sent an invitation letter to Garden of Hope and participants 2. Discussed the agreement with the participants and answered their questions. 3. Changed the agreement.
03	July. of 1998	1. Signed the agreement with participants
04	Aug. of 1998	First interview: the relationships between life span, abuse experience and recovery processes (answers to questions 1 and 2). Data-1
05	Aug. of 1998	Second interview: the experience of being counselled, the relationships between counselling experience and recovery processes (answer questions 2 and 3). Data-2
06	Aug. of 1998	Third interview: applied IPR method to interview clients with their psychodrama therapy sessions (answer question 3). Data-3
07	Sep. – Oct. of 1998	Transcribed three interview cassettes.
08	Oct. -Dec. Of 1998 to Jun 1999	1. Building up analysis framework for analysis of Data 1,2 and 3. 2. A debriefing person checked the interviews to avoid bias.
09	Mar.-Dec. of 1999	1. A debriefing person checked the data analysis (Data 1 -3).

		2. Renewed data analysis.
10	July-of 1999 to Sep. of 2000	Writing up results.

Following advice in the literature (Heppner, 1992; Mertens, 1998), I designed a research agreement between the researcher and the participants to address the issue of research ethics in this study. This agreement form also included safeguards (see **Appendix A-1**). **Section 7.5** provides more details on data collection.

***Stage* 02. July 1998**

I sent an invitation letter to potential participants and the Garden of Hope. The content of this letter highlighted the aims of this study, the possible contents of the interviews, and the possible duration of the interviews.

I also designed an agreement and translated it from English into Chinese after I went back to Taiwan in July of 1998. I met all the potential participants either individually or in a small group to explain my study and to discuss the agreement. I also answered questions from the potential participants in the first meeting. I revised the agreement letter after the discussion because I added the participants concerns into the agreement form.

***Stage* 03 July. 1998**

I did not contact the potential participants after the first meeting. If they wished to participate in this study, they contacted the co-researcher (one of my colleagues) or me. If they did not phone the co-researcher or me, I did not invite them again. This is because they might feel under pressure if I invited them again. The reason, as mentioned before, was to respect their right of autonomy. It also avoided using any power I might have over the potential participants.

***Stage* 04. August 1998**

I invited the potential participants who had no experience of been counselled through the other participants and my friends. They are the participants' friends or relatives. I invited 9 women, but only three replied.

I conducted interviews from July to October 1998. There were ten participants who had experience of being counselled and three who did not. The interview took four to eight hours for each interviewee. The participant and I signed two copies of our agreement and she kept one.

The first interview. The aim of the first interview was to study the relationship between

the participants' life span, abuse experience, and recovery process. I took 3 hours in interviewing each participant. I only used interview questions (**Appendix A-2**) as a guide for the in-depth interview. I applied my counselling skills to interview my participants non-directively. These data are called Data 1 and answer study questions 1 and 2.

***Stage* 05.August 1998**

In most cases, I interviewed the interviewee three or four times and each interview was two hours. In general, I would read the first interview transcription before the second interview if the transcription had been finished. I listened to the interview cassette again before the second interview if the transcription had not been finished in time. This helped me to explore deeper content for the next interview.

The second interview. The aim of this interview was to understand the experience of counselling and what it means for the participants. The experience of being counselled included individual and group counselling settings. I explored the meaning behind the participants' recovery processes. If the participants did not have experience of being counselled, they would not be interviewed. I explored why they had not sought professional help in the first interview. These interview data are called Data 2 and answer questions 2 and 3.

***Stage* 06. August 1998**

The third interview. I applied a part of IPR (Interpersonal Process Record) methods in this interview. The participants read a transcription of psychodrama therapy or listened to the cassette. The participant had had the main role in that session. I discussed with the participant what the meaning of that session was for them after one year. The advantage of listening to the cassette was the participant might have had more feeling for the content. The advantage of reading the transcription was that it saved time. These data are called Data 3 and answer question 3.

In general, the interviews took place in the counselling room at the Garden of Hope or at a sex therapy centre in Taipei. I interviewed two participants at their home because they do not live in Taipei. I finished all the interviews by October 1998.

***Stage* 07. September 1998**

There were four people and I doing the transcription and word-processing it in Chinese. There were two participants who preferred to do their own transcriptions. They also gave feedback on what their feelings/sense were about the interview's content after they

did the transcriptions. In addition, they would add their feedback at the next interview. Each hour of an interview needs about ten to twelve hours to transcribe and type. The in-depth interviews are over eighty hours in this study. Each participant had a copy of her own interview transcription after the transcription work was finished and a debriefing person to check the interviews.

***Stage* 08. October 1998**

I built up a data analytic framework for Data 1, 2 and 3 when I started on the transcriptions. The data analytic framework is described in more detail in **Chapter 8**

***Stage* 09. October 1998 to June 1999**

I started to analyse the data according to the analytic framework.

***Stage* 10. March to June 1999**

I discussed the analysis, findings, and conclusions with my supervisors and discussed them with one of my previous colleagues in the Garden of Hope when I went back to Taiwan as a way of debriefing.

***Stage* 11. July1999 to September. 2000**

I started to write up the results of this study.

7.3 Criteria for evaluating the validity and reliability of qualitative research

7.3.1 Introduction to criteria for evaluating the validity and reliability of qualitative research

A number of researchers (McLeod, 1994; Mertens, 1998, p.59) suggest that a researcher needs to ask two questions if he or she uses the positivist/postpositivist paradigm: (a) Is the data claimed to be true in this situation? (b) Is the data claimed to be true in other situations? The first question refers to internal validity and the second question refers to external validity. Internal validity refers to the confidence that one can place in inferring a causal relationship among variables while simultaneously eliminating rival hypotheses (Heppner, 1992, p.51). In a postpositivist paradigm, internal validity means the attribution within the experimental situation in which the independent variable caused the observed change in the dependent variable. External validity is the extent to which findings in one study can be applied to another situation (Heppner, 1992). In other word, external validity means the degrees to which one can generalise the results to other situations. If the findings from one study are observed in another situation, the results are said to be generalisable or to have external validity (Mertens, 1998, p.69). Reliability means stability over time, in the postpositivist paradigm. Good quality research should have reasonable validity and reliability. There is a systematic statistical method to test out validity and reliability in quantitative approaches.

Different researchers in qualitative work have different suggestions for the research validity. Lincoln and Guba (1985) have argued that qualitative studies should be judged on the basis of their *trustworthiness*. A number of writers (Lincoln and Guba, 1985; Stainback & Stainback, 1988; Mertens, 1998; Stiles, 1993; McLeod, 1994; Lincoln 1995; Stiles's review; 1993) outline criteria for judging the quality of qualitative research that parallel the criteria for judging positivist, quantitative research. They are: credibility (parallels internal validity), transferability (parallels external validity), dependability (parallels reliability), confirmability (parallels objectivity), authenticity and emancipatory. Lincoln and Guba (1985) suggest that this is very much an area where work is in progress. Moreover, no criteria seem to have yet been agreed within the community of qualitative researchers. However, there are some similar points in

different researchers' suggestions. I will discuss those criteria according to Lincoln (1995) and Stile's view (1993) as a foundation for judgement of my own study.

7.3.2 Credibility-parallels internal validity

In qualitative research, the credibility test asks if there is a correspondence between the way the respondents actually perceive social constructs and the way the researcher portrays their viewpoints (Mertens, 1998). Literature (Lincoln, 1995, Stiles, 1993) suggests that there are six points to judge whether the research is credible.

1. Prolonged and substantial engagement. There is no exact rule that says how long a researcher must stay at a site. When the researcher has confidence that themes and examples are repeating instead of extending, it may be time to leave the field (Mertens, 1998). I have spent eight hours of depth interview with the each participant in this study. I recorded all the contents of my interview and transcribed them into anonymous writing. I spent seven to ten hours transcribing each hour of recording. Thus, I spent more than 60 hours on each participant. Moreover, I worked with survivors of sexual abuse as a counsellor for three years. Thus, I am familiar with this field.

2. Persistent observation. The researcher should observe long enough to identify salient issues. There is some evidence in the literature that a researcher should avoid premature closure - that is, coming to a conclusion about a situation without sufficient observations (Mertens, 1998; Stiles, 1993). I was a counsellor working with survivors. It seems an advantage for me as a researcher now because I have already been a participant-observer in this field for a long time. Thus, I am able to identify salient issues relating to survivors of sexual abuse. For instance, I noticed the survivors' counselling experiences are just a part of their recovery processes. However, many studies (Lebowitz *et al.*, 1993; Sgroi, 1989; Swink and Leveille, 1986) identify the recovery process as the psychotherapeutic process. In practice, survivors' recovery processes can take place outside the counselling setting.

3. Peer debriefing. Literature suggests that the researcher should engage in an extended discussion with a disinterested peer, of findings, conclusions, analysis, and hypotheses (Mertens, 1998). Lincoln and Guba (1985) also suggest the researcher can conduct an

independent audit. The independent audit is attempting to ensure that the account produced is one that is credible and warrantable based on the data collected, but not necessarily the only or definitive account that could be produced. Therefore, an independent audit is not attempting to suppress alternative readings or necessarily to reach a consensus; it is attempting to validate one particular reading (Heppner, 1992). I have two supervisors for my study, and I invited an experienced worker in this area as an independent auditor when I did my field work in Taiwan. They helped me to view my research process from different perspectives.

4. Triangulation. Triangulation involves checking information that has been collected from different sources or methods for consistency of evidence across sources of data (Mertens, 1998).

I will use two kinds of research method to collect four kinds of data. One of the methods is in-depth interview and the other one is counselling content analysis. I describe this in the next section. This will improve the triangulation in my data collection.

5. Adequacy of conceptualisation of data. Much literature suggests that a qualitative researcher needs to consider whether the research is internally consistent and coherent (Smith, 1996; Mertens, 1998; Guba & Lincoln, 1989; Stiles, 1993). In my own study, I discussed my data analysis process with my supervisors in order to improve the adequacy of conceptualisation of data.

6. Systematic consideration of competing explanations/interpretations of the data.

To avoid the researcher's pre-existing biases and prejudices in the research, one of the most effective ways is for qualitative researchers to systematically consider competing or alternative interpretations of the data. The researcher also makes a reasoned argument for supporting the preferred interpretation over the others (McLeod, 1994, p.99). In my own study, I applied grounded theory to analyse my data. This is a systematic method to analyse qualitative data, and it has helped my systematic consideration of explanations of my data. My supervisors have monitored whether my interpretations of my data have pre-existing biases or not.

7.3.3 Transferability -parallels external validity

External validity in quantitative research means the degrees to which one can generalise the results to other situations. There are two points with which to judge whether the research is 'transferable' in the qualitative approach.

1. Sufficient contextualisation of the study. The researcher's responsibility is to provide sufficient detail to enable the reader to make such a judgement, for example, extensive and careful description of the time, place, context, and culture. Qualitative research is more concerned with developing knowledge that is relevant and useful at particular times and place. Therefore, it is essential for the qualitative researcher to contextualise the study in its historical, social and cultural location (McLeod, 1994, p.98). I have provided as much raw data as necessary and clearly describe the research procedure in my study. I have literature reviews about the sexual abuse issue and social context. Thus, the information enables readers to make a judgement about the study. (Transcription is in **Appendix B**, **C**, and **D**).

2. Replication. It is important for researchers to be able to show that what they found is not an idiosyncratic result arising from one unique case, but has relevance and applicability to other cases (McLeod, 1994, p.98). If the researcher provides clear procedures of data collection and data analysis, this procedure will help readers to judge whether the study is replicable or not. However, a qualitative researcher has her own data analysis style, and her own way to categorise concepts. If the study uses semi-structured, in-depth interviews, the quality of the data will be dependent on the interaction dynamic between the researcher and the participants. In other words, there is not necessarily the same result in qualitative research. However, readers can judge to what degree the study has relevance to their cases, according to their own experience and the whole research procedure of that study.

7.3.4 Dependability-parallels reliability

Reliability means stability over time. A dependability audit can be conducted to attest to the quality and appropriateness of the inquiry process through the clarity and comprehensives of the description of research procedures employed (Mertens, 1998). The standard format does require the writer to give a great deal of detail about the way that the study was carried out. For example, how the participants were selected, what

happened to them, and how the data was analysed (McLeod, 1994, p.98). The readers can judge from the procedure and ask themselves if they go through the same produce whether they will get a similar result or not.

For instance, in my study, I design interview questions through the development stages in a life span. Thus, I can explore for one participant how her responses to the sexual abuse experience change through her development stages. I can also understand different participants' responses to their experiences in similar development stages. If some of the phenomena are similar across different participants, I may have more confidence that a particular phenomenon is more stable in this group of participants.

7.3.5 Confirmability-parallels objectivity

Objectivity means that influence of the researcher's judgement is minimised. Confirmability means that the data and their interpretation are not figments of the researcher's imagination (Mertens, 1998). The researcher's role in qualitative research is value-laden rather than value-free. Participant-observation is an important method in ethnographic and phenomenological research. If researchers participate within the study, it can not be said to be value-free. This is because researchers have their own feelings, values and background in to response to the participant's situation. I was keeping a research journal and discussed my research with other professional when I did my fieldwork. I discussed my research with my supervisors when I was writing up the thesis in order to reach confirmability.

7.3.6 Authenticity

Authenticity refers to the presentation of a balanced view of all perspectives, values, and beliefs (Stainback & Stainback, 1988 in Mertens, 1998, p.184). There are three points to judge authenticity.

1. Fairness. To be fair, the researcher must identify the respondents and how information about their constructions was obtained. The meaning of 'identify the respondents' is to define what sort of participants have been invited to join my study. It is not for personal identification. For instance, I identified that the participants are survivors of sexual abuse but not their personal information.

2. Ontological authenticity. This is the degree to which the individual's or group's conscious experience of the world became more informed or sophisticated. This can

be determined based on the researchers check with participants' responses or by means of an audit trail that documents changes in individuals' constructions throughout the process (Mertens, 1998). For example, it is possible the participants in this study became more aware of their own recovery process and meanings after my interview. It is also possible that participants were upset after the interview. Therefore, it is important for me to check how participants' view any change after my interview. This is not just for the ontological authenticity reason, but also for ethical reasons. If the participant becomes emotionally overwhelmed after an interview, it may be necessary to contact their therapists.

3. Experiential authenticity of the material. In all qualitative research, a key aim is to achieve a rich, holistic description of the topic being studied. An essential test of experiential authenticity is the degree to which the research report is received as an accurate description by the actual informants, the people who were (or are) there (McLeod, 1994, p.98). In my study, the participants must have memory of the abusive experience, since that happened, but not suddenly remember it. A number of their families knew of this event. The abuser admitted it. The participants had told their friends or partners.

7.3.7 Emancipatory paradigm criteria.

The inherent characteristic of all research depends upon the position of the researcher (Lincoln, 1995) and the researcher cannot claim 'universal truth', because knowledge is contextual (Mertens, 1998). A researcher will do the best to understand a phenomenon, but it is hard to know whether the phenomenon is 'fully' understood by the researcher. This also implies that maybe there is no 'pure' value-free research in social science. There are four points connected with emancipatory paradigm criteria:

1. **Community and attention to voice.** Research should therefore take account of the community in which participants live and involve those who are marginalised (Mertens, 1998).
2. **Critical reflexivity.** The researcher must be able to enter into high-quality awareness to understand the psychological state of others in order to uncover dialectical relationships (Lincoln, 1995 cited in Mertens, 1998). The researcher needs to have a heightened self-awareness for personal transformation and critical

subjectivity (Mertens, 1998). In my study, I was aware of the power issue between participants and myself. Most of participants were my clients, so I have borne in mind to emphasise they did not have a responsibility to help me in this study.

3. **Reciprocity.** The researcher needs to demonstrate that a method of study was used that allowed the researcher to develop a sense of trust and mutuality with the participants in the study (Lincoln, 1995 in Mertens, 1998). Doing research into a sensitive, topic-sexual abuse experience, creating a trusting relationship between participants and the researcher, is a task for the researcher. Some of the participants in my study were my previous clients. This could be a helpful factor for them to trust me.
4. **Sharing the perquisites of privilege.** Researchers should be prepared to share in the royalties of books or other publications that result from the research (Mertens, 1998). In my study, the participants have the right to check the written report in Mandarin if I publish any report in Taiwan.

I have discussed six aspects of criteria for evaluating the validity and reliability of qualitative research in this study. There is no exact answer for qualitative research, as mentioned in the beginning of this section. I have applied these guidelines as discussed in this section to my own study. Some of the criteria are not just a validity or reliability issue but also an ethical issue in my study. I also discuss these ethical issues in the ethics section.

7.4 Research Conditions

The conditions of this study are as follows:

(1) The participants were sexually abused before the age of 18.

(2) The participants are female. Sexual abuse is a developing issue in Taiwan. Most of the known survivors are female. Therefore, I have chose female survivors for my study.

(3) The treatment strategy was based on the client-centred therapy of Carl Rogers, the Solution Focused therapy of Dolan, the non-verbal therapy of Simonds and the inner child therapy of Park. The group therapy was based on the psychodrama therapy of Moreno. This is because the participants received psychotherapy in those approaches before they were interviewed in this study.

(4) This research deals with 13 participants. Ten of them had had experience of being counselled in an individual or a group setting. This is called Group A. Nine of them had joined the psychodrama therapy group in 1997 at the Garden of Hope in Taipei, Taiwan. Three of them did not have this experience. They are Group A's sisters or friends. This is called Group B. Two of them are in Taipei and one is in the middle of Taiwan.

7.5 Data Collection

7.5.1 Introduction to data collection

In general, this is phenomenological research. I tried to create a positive, empathic, and non-judgmental atmosphere in the interview setting. For instance, I explained that I understood many myths about sexual abuse issues in this society. I understood how hurtful it could be for a victim because of these myths. I presented my understanding by doing this. I discussed the participants' concern connected to my interview. At the same time, I discussed my concern about the situation they had connected with the interviews. Moreover, I explained to the participants that I understood it was very difficult for them to talk about themselves. It might be more difficult to talk about any unhappy memories in their lives. Therefore, they could stop anytime when they felt it was not right for them to go on. They were in charge in our interview. I introduced myself to the participant if they were not my client in the past. They could also ask questions about my study or me whenever they needed to. In the process of the interview, I reflected empathy to the participants about the contents, their thoughts and feelings.

I also tried to create an environment where the participants are encouraged to explore their feelings and express themselves freely without feeling judged or criticised. I encouraged the participants to share whatever came to her mind. It could be a dream, a metaphor, her thoughts or her feelings. I also presented my respect and admiration in the process of interview. Furthermore, I encouraged the participants to use their own languages (either Mandarin or Ho-gaun) to express themselves. Finally I used open-ended questions, silence, reflecting, paraphrasing, summarising and mirroring in the interview to collect the data (Watkins & Schneider, 1991)

7.5.2 Interview schedules and guidelines – In-depth and IPR interviews

1. Interview for Data 1 and Data 2

The semi-structured interview involved the participants' life spans and experiences of sexual abuse, the experience of being counselled and social context. The participants were free to describe their life span and life stages in different ways in the interview. The process of interviewing depended on the interaction between the participants and myself. This is just like that of a counsellor who can not pre-plan what she or he will

say to a client. Therefore, these questions simply reminded me of aspects relating to the participants' life spans, experience of abuse and the process of recovery.

2. IPR Method Interview for Data 3

There were nine participants who had joined the psychodrama therapy group. I interviewed them with Interpersonal Process Recall (IPR, Kagan, 1984; Elliott, 1986; Rennie, 1990). Each member listened to the cassette of a group process where the client was the main role figure in a psychodrama therapy session. The participant could stop the cassette whenever she felt that a moment of psychodrama therapy process has been meaningful to her. I, the researcher, would also be able to stop the cassette whenever I wanted interview the participant about something in more detail. This provides data in order to answer RESEARCH QUESTIONS 2 and 3.

Original IPR suggested that the interview should be done after the counselling session finished and within 24 hours. Elliott (1986) uses this method as a tool for psychotherapy process research in the context of the event paradigm. This paradigm focuses on the investigation of clinically significant and relatively homogeneous classes of change events, to provide a description of the stages or "pathways" by which clients carry out specific cognitive-affective tasks (Kincheloe, 1991). These events could include insight events and decisional conflict events. However, Punch (1986) pointed out that using structured data collection formats might fail to explore the richness of the data offered by IPR. Therefore, some researchers have started to apply IPR to their studies. They use free response formats and qualitative methods to analyse the data (Elliott, 1985).

One of the aims of my study is to look at what the *meaning* was for the participant some time after the counselling sessions. Therefore, I chose the IPR method to interview the participants after a period of time following the counselling sessions, but not immediately. The advantage of interviewing immediately after counselling sessions is that the clients' emotions and memories about the counselling sessions will be very clear. The advantage of interviewing the client after one year of being counselled is that the participants have more space to look back on how they related the experience of being counselled to their life. In other words, they are more objective - they can view the meaning of their experience of being counselled from their whole life experience. This study is seeking meaning rather than immediate reaction. Therefore, I chose this

kind of data collection.

All interviews were recorded with the participant's agreement and consisted of no demographic questions. I also provided therapy resources for the participants if the interview affected their emotions. The participants were in charge of the process of interviewing and had the right to decide how much they would share and how far they could go. I dealt with the participants' immediate emotional responses and made sure that they went out of the interview room calmly. I provided the participants with a list of safeguards.

7.6 Research Ethics issues in this study

7.6.1 Introduction to research ethics issues in this study

In this section, I will first outline the main aspects of literature on research ethics and pay particular attention to the issue of vulnerable clients. I will then examine specific demands made of fieldwork. Following the idea of Beauchamp *et al.* (1979), Watkins, (1991), Heppner (1992), and Mertens (1998), I developed specific ethical research practices to assess the ethical issues in this thesis.

There is some evidence in the literature which suggests that clients who come for help and who are psychologically vulnerable, experience loss of control and perceive an inability to manage their own lives in therapy relationships. They are also in search of some kind of solution for their discomfort (Heppner, 1992; Mertens, 1998). The participant in this research is not seeking an experimental treatment for the discomfort. I reminded the participants at the beginning of the interviews that there was a difference between a research project and a counselling session. My own clinical experiences of survivors of sexual abuse agreed with the characteristics described in the literature, such as a tendency to have low self-esteem, feel powerless, have difficulty refusing a requirement from others, over regard for authority figures, and feeling confused about personal boundaries. It will be argued in this section that this vulnerability occurs because the sexual abuse experience they have had attacks the most basic position regarding their sense of self. Thus, they come to the counselling to deal with these issues.

In contrast, the research relationship is more transient and much less personal. The participant often engages in the research to assist the researcher and make a contribution to science (Watkins, 1991). A major difference between the counselling relationship and research relationship has to do with who is the beneficiary. There is little question that in counselling it is the client, but that is less clear in psychological research (Watkins, 1991). Psychological research is maybe not for the participants' own benefit but will benefit others who are in a similar situation or condition to the participants. However, some similar issues occur in both relationships, for example, fidelity, autonomy, beneficence and non-maleficence.

A good therapeutic relationship is one of the most important factors in the counselling process. A counsellor is normally one of the important persons to the client because of the counsellor's understanding and acceptance of the client. At the same time, a counsellor could easily hurt a client when a counselling procedure goes wrong because the client trusts the counsellor. In the same way, it is possible to hurt a participant if the research procedures go wrong. This is because a researcher will build up a trusting relationship with the participants. McLeod (1994) referred to Wing (1991) who estimated that around 5% of the proposals received by research committees include research procedures that could be seriously harmful to clients. Thus, it is necessary to give careful consideration to ethical issues at all stages of the research process from planning and implementation to dissemination of results (McLeod, 1994).

I am applying qualitative research methodology in my study, and fieldwork is one of the major methods in qualitative research. Hunt (1989) defines fieldwork as follows: "fieldwork is a method of gathering in-depth data about the meaning structures, moral codes, and social behaviours of particular cultural groups and the individuals who compose their membership. It is characterised by intensive interaction between researcher and participants" (Hunt, 1989). In fieldwork, the researcher is her own research instrument (Johnson, 1978), and her reactions tell us something of crucial importance about the nature of the phenomenon she is studying (Punch, 1986, p.12). Thus, the research relationship is a fundamental factor in fieldwork. Entry and departure, distrust and confidence, elation and despondency, commitment and betrayal, friendship and desertion are as fundamental here as are academic discussions on the techniques of observation, making field notes, analysing the data, and writing the report (Punch, 1986). Normally, researchers need to immerse themselves in the participants' natural settings for a long time. Researchers need capably to build up a trusting relationship, and participants are more willing to contribute themselves and their time because of this relationship. However, it is important for a researcher to bear in mind that the aim of a trusting relationship is to help a researcher to understand the participant, but not to 'manipulate' the participants to get the data.

In my clinical experience, the clients were willing to commit themselves in the prior

study because they trusted the agency and me. They had sufficient patience to accept long interviews because we had a good relationship, and they also wished to explore their own counselling process. A good relationship is a very powerful tool either in a therapeutic setting or researcher situation. It is like a sharp knife. A professional can do something very helpful and something very hurtful at the same time. A researcher is the one who holds the sharp knife and has ethical responsibility for it. Therefore, an ethical research relationship is a crucial issue in fieldwork.

The characteristics of sexual abuse issues and characteristics of survivors has been reviewed in detail in **Chapter 3.** According to the characteristics of the issue of sexual abuse and discussion of ethical issues above (Beauchamp and Childress, 1979, p.307; Kitchener, 1984) I propose to examine the ethical issues from six aspects at the principle level of moral or ethical justification : informed consent, ensuring confidentiality, respect for autonomy, non-maleficence, beneficence and fidelity, (Beauchamp and Childress (1979, p.307) and Kitchener 1984)

These principles and rules serve as guidelines for appropriate behaviour in professional relationships and for rational analysis of dilemmas that arise in such relationships when principles or rules are in conflict (Heppner, 1992). It is very true that principles may possibly conflict with each other. For instance, the participants need to endure emotional discomfort to share their stories or their inner process in order to help this research and for other people to understand the area of a recovery process from the experience of sexual abuse. In this case, does this follow the principle of 'respect for autonomy' or taking advantage of them due to their wish to help people? Therefore, there does not seem to be a single answer in ethical issues in any qualitative research. It is also possible these principles are contradictory in some situations.

I will discuss the principles of 'informed consent' and 'ensuring confidentiality' in order to treat people with respect and courtesy. I point out the principle of 'respect for autonomy' in order to practise the belief that each individual is a person of intrinsic worth. I discuss the principle of 'non-maleficence' in order to ensure that the procedures are reasonable, non-exploitative, carefully considered and fairly administered. I point out the principle of 'beneficence' in order to maximise good outcomes for science, humanity, and the individual research participants and minimise or avoide unnecessary

risk, harm, or wrong (Mertens, 1998,p. 24). It seems quite clear that there are simply no easy answers to these situation ethics in fieldwork. I am going to discuss those principles below, how I can apply these principles into my study, and if possible deal with the contradictory ethical issues in my study.

7.6.2 Informed consent

Informed consent is not just simply asking a client if she would like to participate. In my study, I sought to develop a specific type of relationship with a potential participant. Thus, ethically I am bound to establish a clear and fair agreement with potential research participants that clarifies obligations, risks, and responsibilities prior to the study (Heppner, 1992, p.96). A number of researchers suggest three elements in the principle of consent in order to establish a research agreement. It is generally accepted that genuine informed consent depends on the fulfilment of three criteria: provision of adequate information, competence or capacity, and voluntariness (Turnbull, 1977; Heppner, 1992; McLeod, 1994). Turnbull (1977) suggests that capacity refers to the ability to process information and voluntariness is a legal age qualification and an ability issue. The participants were over age 18. Thus, they had a legal age qualification. The ability issue connects with 'competence' and 'provision of adequate information'. Turnbull (1977) also notes that two issues are important in information provision: the kind of information provided as well as the process of providing it. Thus, the information given must be complete and presented in an understandable manner (Heppner, 1992, P.96). I will argue these three elements in more detail below.

7.6.2.1 Competence

The competence of the person giving consent refers to the capacity the participant has to make an informed and rational decision on the matter in question (McLeod, 1994). However, in counselling research, there are many situations in which the competence of the client may be temporarily impaired. People seeking counselling may be in a state of crisis, or highly distressed or anxious, and may find it hard to assimilate the information contained in a consent form (McLeod, 1994). It is also reasonable to believe that if the counsellor asks a client to participate in research, it could be difficult for the client to refuse because there is a power difference between the client and the professional.

A counsellor is an authority figure in Chinese culture and from the clients' perception

gives benefit. Thus, in my study, I needed to consider whether the client was able to make a rational decision when she was invited, that participants did not lose any benefit from the counselling service. Therefore, I chose participants who had finished their counselling process before the in-depth interviews started. I also chose participants who felt they had gone through some recovery stages already.

7.6.2.2 Provision of adequate information

Consent refers to the process of giving subjects the opportunity to decide whether or not to participate in a particular research study (Heppner, 1992). One of the most frequently used strategies for dealing with ethical dilemmas is to rely on the fact that participants have been fully informed about research procedures, and the risks entailed, and therefore take personal responsibility for any negative consequences of participation (McLeod, 1994). In practice, it is very difficult to give a definition of what is meant by "fully informed" and to decide how much information should be provided to the participants. In Watkins's (1991) view, there is no way to know what information may be idiosyncratic to a particular individual and would be considered by that person as "relevant" to the consent decision (Watkins and Schneider, 1991).

I wrote an invitation letter to introduce my study project (**Appendix A,** in Chinese) which included: the aims of the study, research design, possible direction of questions, procedure, data analysis, potential risks, possible publication and presentation. I also gave participants time and space to consider it. Moreover, I was open to all questions and to discuss those questions with participants.

From a practical perspective, it is necessary to have the consent from research participants. A consent form provides as much relevant information as possible; the researcher should be sensitive, responsive, open to all questions, and allow participants time for decision making, and to present that information in a supportive, non-coercive manner.

In my study, I designed a form of agreement. I described the aim, the process, the possible risks for the participants, how the results of this study may be used in the future, and resources (for example, telephone number of a helpline) on the form. The participants were able to discuss their concerns with me . I changed the agreement form

according to the participants' concerns. The participants and I signed the agreement form. The participant kept one copy and I kept one.

7.6.2.3 Voluntariness

Proper informed consent requires that the consent is voluntary. In my clinical experience, it is important for the client to do the decision making. In regard to my research, when the participants are in more stable circumstances then they are better able to make the decision. It is also important for counsellors, agencies and researchers to ensure that the client still receives an equal quality counselling service even though they might reject the research project at any time.

Most survivors of sexual abuse may not really realise in the beginning they will have a painful process of recovery through the counselling sessions. Therefore, they may very easily agree to join the research project in the beginning. It is possible that they may be unable to continue the research project after they start to experience the strong impact of the recovery journey in counselling sessions. So, they must always have the opportunity of withdrawing.

In my own study, this issue of selecting participants was very important because clients might have withdrawn from my project. Fortunately, this did not happen. It was also necessary for me to provide counselling resources to participants or encourage the clients to have contact with the original counsellor whenever needed. I had an in-depth interview about their abusive experience and their recovery process. The interview could be full of heaviness and might have strong emotional impact. Thus, it was better to invite clients who have gone through some kind of recovery process with their therapists already. They had a better understanding about their experiences. They had also learned to manage the strong impact from the counselling sessions. Therefore, they had a better ability to deal with their emotions and stay in stable daily life after the interviews. The judgement of selecting the suitable participants was described in the last section of 'sampling'. It is important to bear in mind that "the notion of voluntariness does not end when a potential subject decides to participate in a study, but actually continues through to the completion of a study" (Heppner, 1992).

7.6.3 Ensuring confidentiality

Informed consent is a basic task to build up a trusting and confidential relationship with potential participants in prior discussion. Moreover, maintaining the anonymity or confidentiality of participants is now standard in counselling research. Anonymity exists when there are no identifiers whatsoever on project materials (for example interview tapes or notes, test results) that can link data with individual subjects (e.g. name, address, occupation) (Heppner, P.P., 1992; McLeod, 1994). It is important that research data along with biographical information are identified only by a neutral code number and that the data are stored in a secure place, or the original questionnaires along with participants' names are destroyed (Heppner, P.P., 1992; McLeod, 1994).

A researcher who uses these strategies hopes to protect the participants. However, it is extremely difficult to predict what uses one's research will be put to, though Willis (1977) states that we must not cause "undeserved" harm. For example, participants may not be aware at the time of the research that its findings may be published (Punch, 1986) or the research findings might upset the participants. Therefore, every effort should be made to allow participants appropriate control over this aspect of a study.

In my experience, clients are very enthusiastic when the agency or counsellors ask them to participate in a research project in Taiwan because of their trust that the agency or counsellors can keep the confidentiality. They may ask the researcher if they will be identified by other people (e.g., their family members) from the results. Moreover, I mentioned in the agreement that if I knew they would take action to hurt themselves or other people, I have the responsibility to report it in order to protect themselves or other people. I would break confidentiality in this case. In practice, I always asked the participants in a dangerous situation whom they would like me to contact. I also discussed with the participants what content they would like me to say to the person.

I also reminded participants beforehand that it was possible for them to feel upset or uncomfortable when they read about their experiences. However, it is a very normal response because it is like evidence of their experience to prove the truth of the experience. Thus, it is painful to admit that this really happened.

Punch (1986) pointed out that many institutions and public figures are almost impossible to hide. Thus, if they co-operate in research they may have to accept a considerable measure of exposure, particularly if the media picks up on the research (Punch, 1986). The research of sexual abuse is a very new topic in Taiwan and it is possible they may pick up on the research. Therefore, it was very important to inform the respondents of this possibility before they joined the research and to assure confidentiality. The media in Taiwan always puts pressure on researchers or professionals to share clients' stories, including the background, the contents of the abuse and the reaction of the victims, to make the stories 'exciting' to readers. It is a task for researchers and professionals in Taiwan to learn to handle the media and protect against possible harm to the clients.

Sometimes, research participants can become distressed at seeing things written about them that are dissonant with their conceptions of self (McLeod, 1994, p.100). Thus, it is valuable, whenever possible, to invite the participants to read a draft of the report before it is published. Therefore, participants can make up their own mind about whether sufficient anonymity has been achieved, and if necessary make suggestions for further amendments (McLeod, 1994, p.171). However, I could not write in two languages, (English and Chinese) due to limited time. However, if the thesis will be published in Chinese the participants have the right to read and give suggestions.

It is also important to require researchers to include a statement in the consent form, that indicates if the participants reveal information that signal danger to the participant or another person, confidentiality may need to be broken (Heppner, 1992). In the sensitive topic of sexual abuse, the clients may have suicidal tendencies. Thus, it is wise for the researchers to indicate this statement in the consent form. It is not unusual that the clients ask professionals or researchers to keep all the information confidential, but it is professional ethics to break the confidentiality when the participants try to on danger themselves or others.

7.6.4 Respect for Autonomy

This principle refers to allowing other individuals the right to choose and to determine

personal destiny (Watkins, p.245, 1991). As Beauchamp and Childress (1979) note, this principle involves both an attitude and actions on the part of professionals and ordinary citizens that enable others to act autonomously. Respect for autonomy is based on belief that each individual is a person of intrinsic worth. In order to respect the participants' autonomy the researcher needs to consider some elements connected with autonomy. Firstly, the researcher provides as much information as possible on the research. As Heppner (1992) points out, informed consent is one of the major issues rooted in the principle of autonomy. Secondly, the researcher needs to make sure the participants do not lose any benefit if they refuse to participate in the research. Thirdly, the participants should do the decision-making in a supportive non-coercive situation. Finally, the researcher needs to allow the participants to make the decision under mentally stable conditions.

In a study in the area of sexual abuse, if the researcher intends to interview survivors, it is helpful to talk to their therapists beforehand (if clients agree with this action). The aim is to protect clients from emotional damage due to the research procedure. If the researcher knows participants better from different aspects the researcher can provide a more suitable research procedure. For instance, if a participant has a particular taboo, the researcher can avoid it. If the taboo topic is part of the research questions the researcher may discuss it more gently with the participant and, of course, the participant has the right to reject it. The more information the researcher can have about the clients the better, for example: clients' psychological statures, clients' weaknesses and strengths, the most sensitive points/issues for the client, their ability to deal with emotion.. At the same time, the researcher can also get that information directly from participants.

If the researcher knows participants better it will help the researcher to understand how much confidence the participant has to exercise her right of autonomy. It is not fair to assume that everyone has the same ability to exercise her rights. Autonomy is a right but it does not mean everyone has the same ability to exercise it. The 'real' autonomy in the study of survivors is to understand how much confidence participants have to exercise this right. Therefore, researchers do not 'persuade' participants to agree to anything due to their lack of confidence in exercising their autonomy.

In my study, I explained to the participants that my questions might offend them. If this happened they were more than welcome to let me know, because I understand this

experience is an important issue to them. It was also my privilege to interview them. I had a very good understanding that the participants needed courage in order to share their experiences with me. Thus, the interview was very precious to me. I also explained to the participants that they had every right to keep silent to my questions if they felt the questions were not appropriate. However, I hoped that they could let me know the reasons for their silence. This was because this refusal was also a phenomenon relating to my interviews.

7.6.5 Non-maleficence

Reduced to its most elementary definition, non-maleficence means "do not harm" (Watkins, p.245, 1991). Diener and Crandall (1978, p.17) pointed out that "the most basic guideline for social scientists is that participants should not be harmed by participating in research. Counsellors should take all reasonable steps to ensure that the client suffers neither physical nor psychological harm during counselling (BAC Code of ethics, B2.2.1). In a similar way, it is the researcher's responsibility to plan and act thoughtfully and carefully in designing and executing research projects, because harm can occur intentionally or unintentionally (Heppner, 1992).

Professionals often have actual or perceived obligations to clients of diminished judgement; these obligations can take precedence over or at least be in conflict with respect for autonomy (Heppner, 1992). I provided the aim of the research, the possible risk of being interviewed, and the social resources. The participants have the right to empower themselves before they freely make decisions. They could discuss with their present therapists whether they would participate in my study. They could also discuss their concern with their therapists or me beforehand. They could ask any questions connected with my study and I answered them. I provided as much information as possible about the research. I was aware that there is a power difference between the participants and me as a researcher.

7.6.6 Beneficence

The principle of beneficence is more active than the principle of non-maleficence in the prior discussion. The principle of beneficence demands more of an individual than refraining from doing harm; this principle enjoins professionals and others to benefit

others (Heppner, 1992). The ethical researcher's goal is to conduct an investigation that creates new knowledge (the beneficence principle) while preserving the dignity and welfare of the participants (the non-maleficence and autonomy principles) (Heppner, 1992).

Lindsey (1984) also noted that the beneficence principle mandates the profession to do effective and significant research to maximally promote the welfare of our constituents. Likewise, White and White (1981) argued that it is our responsibility as a profession to provide all the knowledge and skill we can marshal to benefit our client (Heppner, 1992).

It is the researcher's responsibility to identify potential sources of risk and eliminate or minimise them to protect the potential subjects (Heppner, 1992). However, in practice, it was quite obvious in my study that there would have to be discomfort for the participant during my interview when they talked about their sexual abuse experience. Thus, the participant would know this possibility before the interview and they could make the decision. I had to 'soften' the interview process, with a respectful and empathetic attitude, to reduce the discomfort.

What is perceived as harmful in one culture may not be perceived as such in another culture. Thus, assessing harm may also involve cross-cultural sensitivity (Heppner, 1992). For example, sexual abuse is the greatest taboo in Chinese culture. Therefore, if the researcher asks about the type of sexual abuse or the content of the abusive experience this will make the participants feel very shameful in front of the researcher. In order to protect the clients, the researcher needs to help the participants to understand that the researcher respects her as a person no matter what happened in her life. The researcher also needs to modify the interview questions and make the interview less embarrassing to the participants. Most of the participants in my study were my clients, so they might trust me more. They knew that I respected them and their experience from the prior interaction of counselling. Thus, they might freely share their recovery process with me. They also had a better understanding that it was natural to feel upset or emotionally uncomfortable when we discussed their experience. Thus, they had prepared themselves for this possible situation.

7.6.7 Fidelity

The principle of fidelity is linked with the principles of confidentiality and non-maleficence in the prior discussion. The principle of fidelity implies faithfulness, keeping promises or agreements, and loyalty (Ramsey, 1970). This principle keeps participants' privacy and confidentiality. Although one may argue that all relationships have ethical responsibilities, counsellors and researchers need to be particularly attentive to their power, the potential for abusing that power, and the danger of creating dual relationships. When counsellors ask clients to participate in research, this can raise concern related to the appropriateness of the request and its effect on the trust level of the counselling relationships (Heppner, 1992). A trustful relationship does not just happen between participants and researcher. Particularly, doing research on a sensitive topic, a researcher needs to earn trust from participants. Most of my potential participants were my clients. On one hand, participants trusted me because they knew that I was faithful and reliable in our prior relationship. On the other hand, participants might be confused between the research relationship and the therapeutic relationship. I discussed the difference between these two kinds of relationships with the participants beforehand.

The final word, as Heppner (1992) points out, is that it is essential for researchers to be aware of their ethical responsibilities to the people who participate in the research, co-workers, the profession, and society as a whole.

In conclusion, this chapter has argued the most suitable research method in this study and described the procedure for the fieldwork. It also discussed research validity and reliability and ethical issues in this study. The next chapter will describe fourteen steps used to analyse the data and the background of the participants in this study.

CHAPTER 8 DATA ANALYSIS PREPARATION 165

8.1. INTRODUCTION TO PREPARATION FOR DATA ANALYSIS 165
8.1.1. The process of data analysis 165
8.1.2. Fourteen Steps for Analysing the Data in this Study 169
8.2. THE BACKGROUND OF THE PARTICIPANTS 173
8.2.1. The basic personal information of the participants 173

TABLE 8.2.1 BASIC INFORMATION OF THE PARTICIPANTS 173

8.2.2. The participants' experiences of being counselled 174

TABLE 8.2.2 THE EXPERIENCES OF BEING COUNSELLED 174

8.2.3. The participants' experience of sexual abuse 174

TABLE 8.2.3 THE EXPERIENCE OF ABUSE 176

Part 4 Main Study
Chapter 8 Data Analysis Preparation

8.1. Introduction to preparation for data analysis

The previous chapter described how I designed this study and collected data in order to explore what the recovery process is in the participants' perceptions and to compare the integrated model of the self, trauma and recovery developed from the literature review **(Chapter 6)**. I collected data by in-depth life-story interview with 13 female participants. I analysed each participant's interview data one by one. After individual analysis, I drew common themes and processes from these analyses. This chapter will focus on how I prepared the data for the data analysis detailed in the next chapter. This preparation explains how I analysed the empirical data and describes the 13 participants' basic background.

According to grounded theory (Strauss and Corbin, 1990) and other theorists' suggestions (McLeod, 1994; Tesch, 1990; Spradley, 1980; Miles & Huberman, 1994; Ely, Vinz et al., 1997), the researcher needs to read a whole interview through to get a sense of the whole in order to prepare the data for analysis. Then, the researcher determines the natural 'meaning units' in terms of the specific purpose of the study as expressed by the participants. In addition, the researcher attempts to read the transcriptions without prejudice and to thematise the statements from the participants' viewpoints as understood by the researcher. Finally, the researcher interrogates the meaning units and the essential themes of the entire interview and then ties them together into a descriptive statement (Kvale, 1996, p.194). I intend to summarise these suggestions in this section.

8.1.1. The process of data analysis

I summarise the suggestions from McLeod (1994), Tesch (1990), Spradley (1980), and Strauss and Corbin (1990) and develop 14 steps for the data analysis in this study.

- Firstly, McLeod suggests five stages for analysing qualitative data:

1. Immersion. The researcher intensively reads or listens to the material, assimilating as much of the explicit and implicit meaning as possible.

2. Categorisation. Systematically working through the data, assigning coding categories or identifying meaning within the various segments/units of the 'text'.

3. Phenomenological reduction. Questioning or interrogating the meaning or categories that have been developed. Researchers might ask themselves, "are there any other ways of looking at the data?"

4. Triangulation. The researcher sorts the data through the categories and decides which categories are recurring and important and which are less significant, invalid, or wrong.

5. Interpretation. The researcher makes sense of the data from a wider perspective and constructs a model, or uses an established theory to interpret the findings of the study.

- Secondly, Tesch (1990, p. 145-142) suggests eight steps to consider:

1. Get a sense of the whole. Read through all the transcriptions carefully. Perhaps write down some ideas as they come to mind. This is same as McLeod's suggestion.

2. Pick one document (one interview)--the most interesting, and shortest, the one on the top of the pile. Go through it, asking "what is this about?" Do not think about the "substance" of the information, but rather its underlying meaning. Write your thoughts in the margin. This step is similar to McLeod's second step.

3. When you have completed this task for several informants, make a list of all the topics and form them into columns titled 'major topics', 'unique topics', and 'leftovers'. This step is similar to McLeod's second step.

4. Now take this list and go back to your data. Abbreviate the topics and write the codes next to the appropriate segments of the text. Try out this preliminary organising scheme to see whether new categories and codes emerge. This step is similar to McLeod's step 4.

5. Find the most descriptive word for your topics and turn them into categories. Reduce your total list of categories by grouping topics that relate to each other. Draw lines between your categories to show interrelationships.

6. Make a final decision on the abbreviation for each category and put the codes into alphabetical order.

7. Assemble the data material belonging to each category in one place and analyse it.

8. If necessary, re-code your existing data (Creswell, 1994, p.155)

These steps are more detailed than McLeod's but do not include his third step (questioning the meaning that has been developed).

- Thirdly, in ethnographic research, Spradley (1980) emphasises the following

procedures:

1. Do "domain analysis", the research for a semantic relationship in the data, and develop a worksheet that will display these relationships.
2. Develop a "taxonomy" wherein the researcher displays these relationships in the domain in a branch diagram, a content outline, or a table.
3. Perform a "componential analysis," which shows differences among informants based on selected criteria.
4. Perform a "thematic" analysis that encompasses the earlier three types.

• Finally, grounded theory (Pidgeon and Henwood, 1996) is a systematic method to analyse qualitative data. Grounded theory is based on the following principles:

1. Transcription and scrutiny. This is a procedure of data preparation. The raw data must be assembled in some form of permanent record that allows ready access during analysis (Pidgeon and Henwood, 1996). For example, I transcribed the interviews. I also gave the date, the interviewee, and the topic to each discrete data set (from a single interview session). The interview sessions were to allocate a numerical reference to the segments of the text. Typically, this involves numbering pages, paragraphs or lines in the transcription (Pidgeon and Henwood, 1996).

2. Identification of irrelevant or contextual material

The task is to construct a second version of the data that will allow sorting and re-representation of the material as the interpretation develops (Pidgeon and Henwood, 1996). For example, I word-processed the original material, highlighting, cutting and pasting when similar themes occured. Pidegon suggests that this indexing or coding should proceed as soon as possible after the data collection begins.

The reason for coding is to develop and label those concepts in the text that the researcher considers to be of potential relevance to the phenomena being studied.

3. Identification and coding of meaning units.

During this phase, data is broken down into discrete parts, closely examined, compared for similarities and differences, and questions are asked about the phenomena as reflected in the data. Therefore, the researcher will analyse an observation, a sentence, or a paragraph and give each incident, idea, or event, a name or label that stands for or

represents a phenomenon. Strauss and Corbin (1990) suggested that the researcher should ask basic questions of the data, such as whom? when? what? how? how much? and why?

4. Assimilation of meaning units into conceptual categories

The task is to construct an indexing system. For, example, I started with the first paragraph of the transcription or notes and asked myself: 'What categories, concepts or labels do I need in order to account for what is of importance to me in this paragraph?'(Pidgeon and Henwood, 1996). The process of coding continues by checking whether further potentially significant aspects of the paragraph suggest new concepts, and this is repeated with subsequent paragraphs (Pidgeon and Henwood, 1996).

Pidgeon (1996, p.92) pointes out at this stage that the labels used in categorisation may be long winded, ungainly or fanciful, and they may be formulated at any conceptual level that seems to be appropriate.

5. Grouping of conceptual categories into super-ordinate categories

Pidgeon (1996) suggested, as coding continues, not only will the list of concepts (and hence files of cards) rapidly expand, but also concepts will begin to recur in subsequent paragraphs or transcripts. Pidgeon also pointed out that the purposes of any subsequent analysis is not to record *all* the instances where the 'event' occurs but to seek similarities and diversities, collecting a range of indicators that point to the multiple qualitative facets of a potentially significant concept (Pidgeon and Henwood, 1996, p.93). This task focuses on relationships between the categories. The researcher begins to formulate possible relationships and continues to search the data for verification or negation of the hypothesized relationships (Mertens, 1998, p.352). It is "constant interplay between proposing and checking" in Strauss and Corbin's term (1990, p.111).

6. Development of core categories (Pidgeon and Henwood, 1996)

The aim of this stage is to recount the interrelationships between the categories in the light of their wider theoretical relevance (Pidgeon and Henwood, 1996, p.99). This stage is also likely to involve attempts to integrate the emerging categories by creating links between them (Pidgeon and Henwood, 1996, p.98).

As a result, there are many ways to understand interview data (Spradley , 1980, Pidgeon and Henwood, 1996, Miles, 1994; Ely *et al.*, 1997). The steps are similar from one and the other interviewees' data to prepare the data ready to be analysed by the researcher. For example, in general the researcher reads the whole interview through to get a sense of the whole. Then, the researcher determines the natural 'meaning units' in terms of the specific purpose of the study as expressed by the participant. In addition, the researcher attempts to read the transcriptions without prejudice and to thematise the statements from the participants' viewpoints as understood by the researcher. Finally, the researcher interrogates the meaning units according to the main aim of the study. The researcher also ties the essential themes of the entire interview together into a descriptive statement (Kvale, 1996, p.194).

However, the techniques of analysis are tools, useful for some purposes, relevant for some types of researches, or suited for some researchers (Kvale, 1996, p.187). In other words, there is no best way or most suitable method of analysing interview data.

In the next section I integrate the above discussion into 14 steps in order to understand my data.

8.1.2. Fourteen Steps for Analysing the Data in this Study

1. Five people and I transcribed the interview cassettes. Three people typed the transcription in Chinese. Each participant's interview was about 60 to 90 pages in Chinese. This is a document procedure of data preparation

2. One of the experienced workers and I read the transcriptions to get a whole picture of the life stories (Data 1), their experiences of being counselled (Data 2), and the experiences of the psychodrama therapy group (Data 3). The researcher's purpose in handling the data set (from a single interview session) is to provide it with a label (for example, the date, the interviewee and the topic) and number each page, paragraph or line in the transcription. Moreover, I wrote down all the themes and key words in each paragraph in each person's transcription.

3. I typed these themes, keywords and page number on to other sheets in English. Each person has their own sheets. These data are called raw data. The reason for coding is to develop and label those concepts in the text that I have considered to be of

potential relevance to the phenomena being studied.

4. I identified the meaning units according to the questions of this study. In other words, if the units were significant in terms of my questions in this study, they would be coded as meaning units. I systematically worked through the data, and coded the various segments/units of the 'text'. I also wrote my thoughts in the margin. I asked basic questions of the data, such as who? when? what? how? how much? and why? Moreover, to construct an indexing system, I started with the first paragraph of the transcript. I would ask: 'what categories, concepts or labels do I need in order to account for what would be of importance to me in this paragraph?' I closely examined, compared for similarities and differences, and asked questions about the phenomena as reflected in the data. "When a label is thought of, it is recorded as the header on a file card" (Pidgeon, and Henwood, 1996).

The process of coding continues by checking whether further potentially significant aspects of the paragraph suggest new concepts, and this is repeated with subsequent paragraphs (Pidgeon and Henwood, 1996). At this stage, the labels used in categorization may be long winded, ungainly or fanciful, and they may be formulated at any conceptual level that seems to be appropriate (Pidgeon, and Henwood, 1996, p. 92). I read through different people's row data and produced possible categories for each person's row data. Each person might have different categories at this stage.

5. I compared each person's categories and produced the other categories into which each person's row data could be included. I kept these data individually. These data are called the 'individual pre-analysis data category'.

6. I took participants' 'individual pre-analysis data categories (key words and meaning units) out according to the same category across different participants. I did this one category at a time. As a result, each category includes all participants 'meaning units' connected to that category. It stills show which item belongs to which person and in which original text page. These data are called the 'pre-analysis data category'. There were 19 categories (**Appendix A-3**) in the beginning. I combined these categories through the process of my data analysis. Eventually, I reduced the

categories into three: the issues of the self, emotions and relationships.

7. I categorised the original Chinese transcriptions into these 19 categories. I also photocopied a few copies of these categorised Chinese transcriptions. I cut each person's transcription into different categories. It is possible that the same paragraph could belong to different categories. In each category, each interviewee's own text in this category was kept together. In other words, each category has 13 participants' files of this category. I can read all the participants' texts as well as an individual person's text in a category by doing this. Thus, it is necessary to photocopy several copies of each person's transcription.

8. I read different people's transcriptions in the same category and went through the 19 categories. At the same time, I read each person's 'individual pre-analysis data category' and 'pre-analysis data category' together or separately according to the needs of my data analysis. Moreover, I took research notes on whatever came to my mind when I read these texts and put these ideas into the process of data analysis.

9. I wrote down an analysis according to these transcriptions, the individual pre-data analysis category, the pre-analysis data category and my research notes.

10. I did descriptive analysis on individual participants in the theme of self because this theme is the most common across the 13 participants. After individual analysis, I drew out themes across the 13 participants again and presented a critical data analysis.

11. I did grouping of conceptual categories into super-ordinate categories. This task focused on the relationships between the categories. I began to formulate possible relationships and continued to search the data for verification or negation of the hypothesised relationships. The categories gradually merged together according to their similarity. Therefore, the categories have gradually become less. I wrote down analyses according to these transcriptions, and the pre-analysis data.

12. I recounted the interrelationships between the categories in light of their wider

theoretical relevance and tried to integrate the emerging categories by creating links between them. When the collection and coding of additional data could no longer contribute further insights, I tried to make the analysis more explicit by summarising why all the entries have been included under the same label.

13. After critical analysis, I compared my findings and my literature review (including the integrated model of the self, trauma and the recovery processes in **Chapter 6** developed from my literature review. Finally, I drew discussions, conclusions and suggestions from this study.

14. I discussed the data analysis with my two supervisors and discussed part of the data analysis with an experienced counsellor in Taiwan to check the possible biases in my data analysis. This increases my study validity and decreases the bias.

8.2. The background of the participants

8.2.1. The basic personal information of the participants

Table 8.2.1 shows the participants' background as follows:

Firstly, the participants' ages are 24 to 40 in group A and 27 to 35 in group B.

Secondly, in group A two of them are Hong-Kong Taiwanese, two of them are Mainland China Taiwanese, and the others are Taiwanese. In group B one of them is Hong-Kong Taiwanese and two are Taiwanese.

Thirdly, in group A two of them graduated from Junior High school and the others graduated from University in Taiwan. In group B The participants all graduated from University.

Fourth, two of them are married in group A and two in group B. Two of them are single with a boyfriend in group A. Four of them are single and without a boyfriend in Group A. One of them is single and without a boyfriend in group B. Two in Group A declared themselves as having lesbian tendencies. In other words, they described themselves as loving women rather than men or that they are scared of having sexual relations with men. In spite of this, they do not use the word 'lesbian' to describe themselves. In other words, they do not identify themselves as lesbian. Rather, they state that they have the tendency to become lesbian.

Table 8.2.1 Basic information of the participants

Interviewee	Age	Nationality	Education	Married status
No. 1	40	Mainland China Taiwanese	High school	Single and without boyfriend
No. 2	27	Hong-Kong Taiwanese	University	Married
No. 3	37	Taiwanese[1];	High school	Lesbian tendency
No. 4	29	Hong-Kong Taiwanese	University	Single with boyfriend
No. 5	40	Hong-Kong Taiwanese	University	Single and without boyfriend
No. 6	27	Taiwanese	University	Lesbian tendency
No. 7	28	Mainland China Taiwanese	University	Married
No. 8	35	Taiwanese	University	Married
No. 9	24	Taiwanese	University	Single with boyfriend
No. 10	33	Taiwanese	University	Single and without boyfriend
No. 11	39	Taiwanese	University	Married
No. 12	31	Taiwanese	University	Single and without boyfriend
No. 13	27	Taiwanese	College	Single and without boyfriend

[1] Taiwanese means that the family moved to Taiwan before 1945 and the mother tongue is Ho-gun. Mainland China Taiwanese means that the family moved to Taiwan after 1945 and the mother tongue is Mandarin. Hong-Kong Taiwanese means that they were born in Hong-Kong and moved to Taiwan later on. The mother tongue is Cantonese.

8.2.2. The participants' experiences of being counselled

Apart from the participants in group B, all participants had the experience of being counselled in an individual setting or in a group setting using different approaches. Nine of the participants had joined more than one type of group counselling. Seven of the participants had seen more than one counsellor or psychiatrist in an individual setting.

Table 8.2.2 The experiences of being counselled

	Experience of being counselled
No. 1	had seen more than one counsellor in an individual setting and joined more than one type of group counselling
No. 2	No
No. 3	had seen more than one counsellor in an individual setting and joined more than one type of group counselling
No. 4	had seen one counsellor in an individual setting and joined more than one type of group counselling
No. 5	had seen more than one counsellor in an individual setting and joined more than one type of group counselling
No. 6	had seen one counsellor in an individual setting and joined more than one type of group counselling
No. 7	had seen more than one counsellor in an individual setting and joined more than one type of group counselling
No. 8	No
No. 9	had seen more than one counsellor in an individual setting and joined more than one type of group counselling
No. 10	Individual and Group
No. 11	had seen more than one counsellor in an individual setting and joined more than one type of group counselling
No. 12	No
No. 13	had seen more than one counsellor in an individual setting

8.2.3. The participants' experience of sexual abuse

As is shown in **Table 8.2.3**, three in group A and one in group B were abused after the age of 6 . The rest of the participants were abused before the age of 6.

In most cases, the participants could not remember the frequency of the abuse. They only remembered the feeling that the abuse had happened very often or not often. Most participants said when they felt that the abuse happened often it could mean more than once a week. However, it is not necessarily the participant's perception that that higher frequency correlates with a more serious aftermath. I discussed this in more detail in **Chapter 9.**

The abuse occurred as an isolated accident for one participant in group A. The abuse happened for a few times or for than less a year for three participants in group A. In

addition, the abuse occurred for less than a year in one participant in group B. The others in groups A and B suffered from the abuse for more than two years. The frequency of the abuse is different for the participants, as shown in **Table 8.2.3.**

In Group B, one participant said the abuse did not happen very often but it lasted over a period of more than six years. Another participant in Group B said that the abuse happened often but it lasted less than half a year. The other participant in Group B said that the abuse happened often and it lasted for more than six years. The abusive behaviours were classified from fondling to sexual intercourse.

The abusers vary in my study. Three abusers were the victims' uncles in group A. Two abusers were strangers to the victims in group A. In group A, one participant was abused by her father, one by her male baby sitter, two by their older brothers, and one by her mother. In group B, one was abused by her male baby sitter and two by their older brothers.

Finally, The participants suffered from varied styles of abuse in my study. For instance, six of the ten participants in group A suffered not only sexual abuse but also physical and emotional abuse from their families. However, only one participant suffered from both sexual abuse and emotional abuse in group B.

Table 8.2.3 The experience of abuse

	Age of starting be abused	**Duration of the Abuse**	**The Abuser**	**The abuse style**
No. 1	Before age 1o	Often happened and more than 3 years	Father	Incest with sexual intercourse[1]; physical and emotional abuse
No. 2 (Group B)	Before age 6	Not very often and more than 6 years	Male baby sitter	Fondling[2] and dry intercourse[3]
No. 3	Before age 6	Often and more than 6 years	Brothers	Fondling and dry intercourse; object and digital penetration; physical abuse
No. 4	Before age 6	Often happened and more than 6 years	Male baby sitter	Fondling and dry intercourse
No. 5	Before age 6	Often happened and more than 6 years	Mother Family friends	Object and digital penetration; violence; physical[4] and emotional[5] abuse
No. 6	Before age 6	Often happened and more than three years	Uncle	Incest with sexual intercourse
No. 7	Before age 1o	Once	Stranger	Rape-sexual intercourse,
No. 8 (Group B)	Before age 6	A few times	Brothers	Fondling and dry intercourse; Emotional abuse
No. 9	Before age 6	Often happened and about three months	Brothers	Fondling and dry intercourse; physical and emotional abuse
No. 10	Before age 1o	3	Uncle	Incest with sexual intercourse
No. 11	Before age 6	Often happened and about half a year.	Uncle	Fondling and dry intercourse; physical and emotional abuse
No. 12 (Group B)	Before age 1o	Often happened and more than six years	Brothers	Incest with sexual intercourse; fondling and dry intercourse
No. 13	Before age 6	A few times	Stranger Neighbour	Fondling, indecent assault[6]; physical and emotional abuse

[1] If the sexual intercourse happened within the family it is stated as incest. If it happened outside the family, it is stated as rape.
[2] Fondling means the abuser touches and rubs the victims' private parts with his hands or penis in order to get excitement.
[3] The term 'dry intercourse' means wearing underwear to rub each other's private parts.
[4] Physical abuse means the participants claimed that they had always been beaten at home.
[5] Emotional abuse means the participants claimed that they had always been scolded at home or emotionally neglected.
[6] 'Indecent assault' means touching the victim's private parts and the victim runs away immediately.

CHAPTER 9 POSSIBLE ELEMENTS WHICH MAY HAVE AFFECTED THE SELF 177

9.1. MAIN FINDINGS 177
COMPARISON OF LITERATURE REVIEW AND MY FINDINGS CAN BE SEEN IN SECTION 9.4. 177
9.2. THE PROCESSES OF DEALING WITH THE ISSUE OF SELF-IMAGE 178

FIGURE 9.2: THE PROCESS OF DEALING WITH THE ISSUE OF SELF-IMAGE 180

9.3. HOW THE ELEMENTS AFFECTED THE PARTICIPANTS' SELF-IMAGE 183

TABLE 9.3 ELEMENTS WHICH HAVE AFFECTED THE PARTICIPANTS' SELF-IMAGE ... 183

9.3.1. Family's factors affecting the self-image (11 in 13 participants) *183*
9.3.1.1. Family's financial situation 184
9.3.1.2. Family's financial situation and the abuse 185
9.3.1.3. Parental behaviour 186
9.3.1.4. Participants' birth order in their family 186
9.3.2. The experience of sexual abuse affected the participants' self-image (11 out of 13 participants) *187*
9.3.3. School life and peer group relationships affected the participants' self-image (9 out of 13 participants) *189*
9.3.4. The society's view of sexuality affected the participants' self-image (7 out of 13 participants) *191*
9.3.5. Other people's view of the abuse affected the participants' self-image (7 out of 13 participants) *192*
9.3.6. The participants' nature affected the participants' self-image (7 in 13 participants) *193*
9.3.7. The participants' boyfriends or husbands affected the participants' self-image (5 out of 13 participants) *193*
9.3.8. Religion affected the participants' self-image (5 out of 13 participants) *194*
9.4. COMPARISON OF THE INTEGRATED MODEL OF THE SELF, TRAUMA AND RECOVERY WITH THE LITERATURE REVIEW AND DISCUSSION 197

TABLE 9.4: COMPARISON BETWEEN THE INTEGRATED MODEL AND MY FINDINGS ON WHAT FACTORS MAY INFLUENCE THE SELF 198

Chapter 9 Possible elements which may have affected the self

9.1. Main Findings

Data analysis suggests that there are eight elements that have affected the participants' self-image and their processes of recovery before they have the experience of being counselled.

1. The experiences of abuse (11 out of 13 participants).
2. Family situations (birth order, parental behaviour, financial, parents' relationship, and love from family). (11 out of 13 participants).
3. School life and peer group relationships (9 out of 13 participants).
4. Other people's (parents, sisters, husband, boyfriend) attitude when the participants told of their experience of sexual abuse (7 out of 13 participants).
5. Society's attitudes of women's sexuality and the issues of sexual abuse (7 out of 13 participant).
6. Participants' nature (personality, birth order, stuttering[1], human beings' developmental stages, aptitude for study) (7 out of 13 participants).
7. The participants' boyfriends or husbands (5 out of 13 participants).
8. Religion (5 out of 13 participants).

Comparison of literature review and my findings can be seen in **Section 9.4.**

[1] One participant (No. 13) perceived that her stuttering was part of her nature.

9.2. The Processes of Dealing with the Issue of Self-image

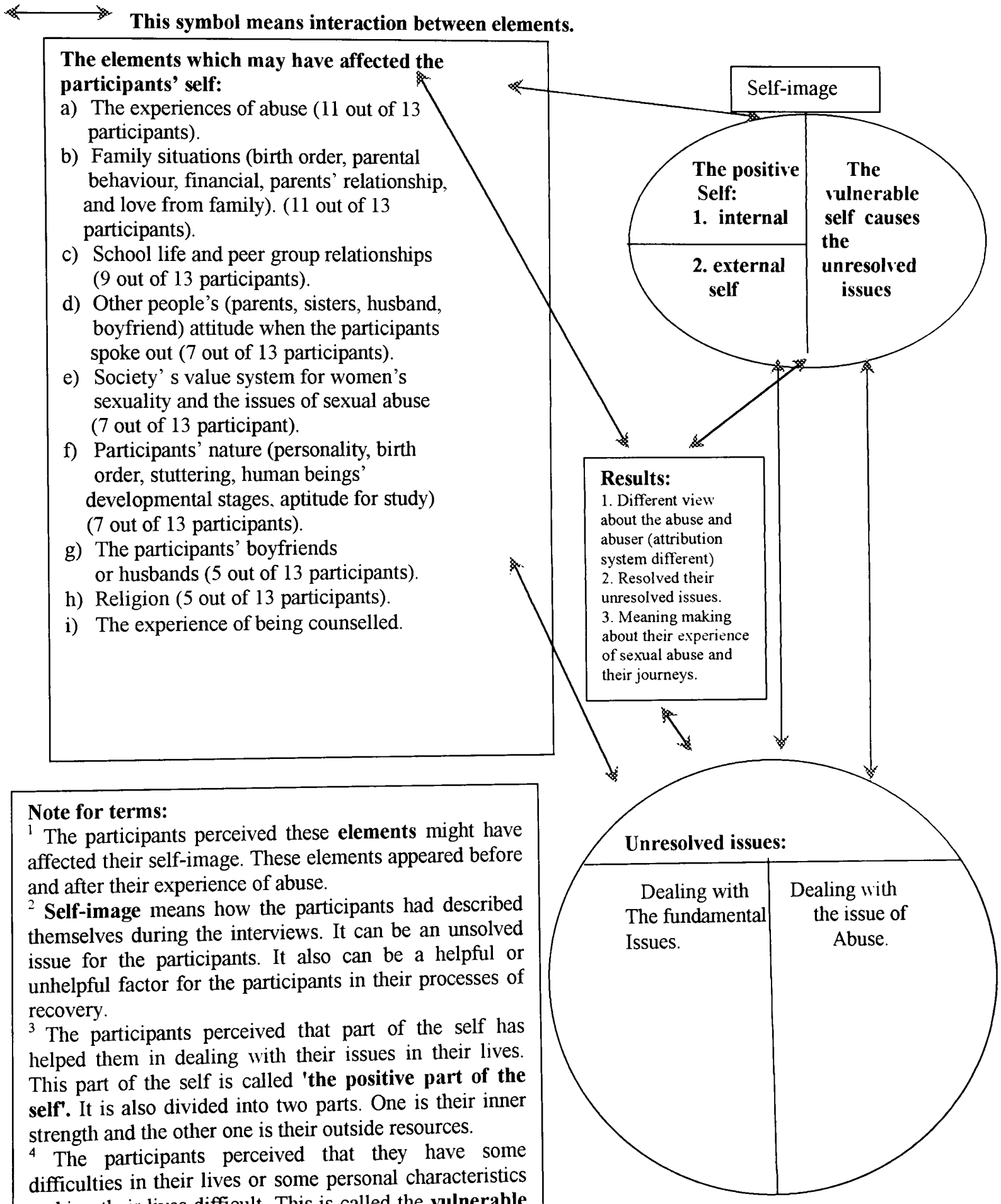
The research questions aim to explore how the participants understand their experience of sexual abuse and what the recovery process is. I develop an integrated model of the self, trauma and recovery based on the literature review (**Chapter 6**). I also explore the research questions from the clinical data according to the principles of grounded theory. According to my analysis, **Figure 9.2** is the possible path to understanding the participants' processes of recovery. I will present my analysis results according to this figure. I will offer descriptive data as fully as possible. I also evaluate the data based on the literature and the aim of my study. Finally, according to my data analysis, I will offer critical analysis on the integrated model from my literature review. I also will develop a possible map of the recovery process from the data analysis.

The issue of the self, particularly self-image, is a major theme for the participants in recovery, according to data analysis, although sexual abuse is not the only element to affect the self. The experience of sexual abuse is part of their life experiences and cannot be separated from other experiences in their lives. If they have a better self-image they have less negative effects of the sexual abuse. Therefore, these elements in this chapter not only affect the self-image but also have influence on how they understand their experience of sexual abuse and their recovery process (RESEARCH QUESTIONS 1 and 2).

According to the participants' narratives, eight **elements** (different participants have different elements) have affected the participants' self-image before they receive counselling. Those elements can have positive or negative influence on the **self-image**. If they cause the participants' negative self-images, these negative self-images become a possible **vulnerable part of self.** This vulnerable part of self may cause **unresolved issues** for the participant. There are two kinds of unresolved issues, according to the data analysis: the **fundamental issues** and the **issues linked with the abuse**. The former issues are about the participants' present difficulties but may not be the effects of sexual abuse. If the **elements** have positive influence on the participants**,** the individual may develop the **positive part of the self.** Both positive and vulnerable parts of the self might either help or disturb the process of solving issues. For instance, the positive part of a participant's self-image might help her build up her confidence. The vulnerable part

of the self might disturb this process. The vulnerable part of the self also stimulates the participant's motivation to change. Most of the participants have realised that their vulnerable part of the self was not necessarily bad, negative, or not helpful in their processes. Although they perceived their vulnerable parts of the self as bad or negative in the very beginning of their journeys, they changed this perception gradually because they developed meanings for their lives through their sufferings.

Figure 9.2: The process of dealing with the issue of self-image



Note for terms:

[1] The participants perceived these **elements** might have affected their self-image. These elements appeared before and after their experience of abuse.

[2] **Self-image** means how the participants had described themselves during the interviews. It can be an unsolved issue for the participants. It also can be a helpful or unhelpful factor for the participants in their processes of recovery.

[3] The participants perceived that part of the self has helped them in dealing with their issues in their lives. This part of the self is called **'the positive part of the self'.** It is also divided into two parts. One is their inner strength and the other one is their outside resources.

[4] The participants perceived that they have some difficulties in their lives or some personal characteristics making their lives difficult. This is called the **vulnerable part of the self.** However they realised later on that the vulnerable part of the self was not necessarily bad or negative in their lives.

[5] **Fundamental issues** are in terms of any unsolved issues in the participant's life except those that the participant regards as issues in her abuse experience.

[6] **'Issue of abuse'** means the participant's unsolved issue connected directly to the abuse. For example, the participant's feeling of responsibility for the abuse.

The narrative data shows two main factors in the strong part of self involved in the process of dealing with the participant's self-image: **internal self** and **external factors** as shown in **Figure 9.2**. The former is focused on the sense of self-awareness and their nice nature in building up a more positive self-image. The following statements show how the participants' internal (and external) strengths have helped in their unsolved issues.

I like to explore the issues of spirituality and philosophy. I also explore myself and seek what is 'I'. The experience of travelling increases my self-confidence. I have attended different groups to understand myself and to discover my strength. I understand myself better and have more positive self-image after my journey (No.6-3, p.11).

The source of my self -worth is from whether I am able to love myself. If I can love myself I have higher self-esteem. I have had this value system since I have believed that 'God values me as I am, I am a unique and precious individual in this world'. Moreover, the more I am able to be with myself the less I care how others value me (No. 4-3, pp. 6, 7).

Self-exploration and self-awareness have helped the participants to improve their self-image as described above and become the participants' inner strengths.

The external factors (or strengths) include the participants' travelling experiences, positive feedback from their jobs, new insight about the abuse or the self from counselling group members and friends, and their religions. The feedback from their friends and the group's members has stimulated the participants to view themselves from multi-aspects. The participants might find out new aspects about themselves from others' feedback. The following narratives describe how the participants' external strengths have helped their unresolved issues.

He is one of my best friends. I feel very comfortable with him. He listens to me and encourages me. He knows what strong points I have. I have realised that my self-esteem has increased since I have been with him (No. 6-4, p.7)

I have got positive feedback from different groups and members. This positive encouragement has helped me to develop my positive self-image. I have increased my self-awareness through different self-developmental groups and understood that each of us is bearing our own pain in our life. I felt less lonely and isolated and in my own pain (No. 1, p.11).

I can still remember my parents' love. Their love has built up my safety and trust. I believe that this is a very important foundation in my life (No.4-2, p.8). Therefore, the aftermath is not so great (No.4-2, p.4).

In **Appendix B** I will present each participant's narrative text as it connects to the **issue of self-image** . I will describe the 'meaningful units' and examine the relationship between these units in individual participants. The following sections are concerned with the **'elements'** having effects on the issue of self-image across 13 participants. I will discuss the process of dealing with the issue of self-image according to these meaningful units from **Chapters 9 to 14. Chapter 9** is about 'how the elements affected the participants' self-image'. **Chapter 10** is 'how the strong part of self affected the processes of recovery in self-image'. **Chapter 11** is 'how the participants understand their experiences of abuse and its impact'. Readers are able to understand the participants' process of recovery from their unresolved issues (the vulnerable part of self) through this analysis. **Chapter 12** is 'the results in the issue of self after the processes of recovery'. **Chapter 13** is 'the recovery processes in the issue of emotions' and its results. Finally, **Chapter 14** is 'the recovery processes in the issue of relationships' and its results.

9.3. How the Elements affected the participants' self-image

I have categorised the participants' narratives by how they have viewed themselves and how they have described their self-image. First, I address the issue of self-image in terms of the reasons why the participants had a negative[1] self-image or a positive self-image. There are elements from the participants' interviews which affect their self-image: the family's situation, parents' behaviour, place in the birth order, school life, the experience of abuse, and the society's attitudes to sexuality.

The participants gave different reasons for the effect on their self-image. Eight elements appeared to be significant in affecting most of the participants (Table 9.3):

Table 9.3 Elements[2] which have affected the participants' self-image

Elements which have affected the participants' self-image
a) Family situations (birth order, parental behaviour, financial, parents' relationship, and love from family). (11 out of 13 participants).
b) The experiences of abuse (11 out of 13 participants).
c) School life and peer group relationships (9 out of 13 participants).
d) Society' s value system for women's sexuality and the issues of sexual abuse (7 out of 13 participant).
e) Other people's (parents, sisters, husband, boyfriend) attitude when the participants spoke out (7 out of 13 participants).
f) Participants' nature (personality, birth order, stuttering, human beings' developmental stages, aptitude for study) (7 out of 13 participants).
g) The participants' boyfriends or husbands (5 out of 13 participants).
h) Religion (5 out of 13 participants).

9.3.1. Family's factors affecting the self-image (11 in 13 participants)

The relationship within their families is the most basic element affecting their self-image in these data. Family situations shaping the participants' self-image included parental behaviour, financial situations, the participants' parents' relationship and the atmosphere within the families to. Apart from participants No. 3 and 7, who did not point out directly that the family situation had influence on their self-image, the other participants suggested that the family situation was an important element. However, No. 3 mentioned that she needed to predict her mother's emotions because her mother was very moody. Participant No. 7 also mentioned that she lost her position in her family

[1] A negative self-image means that the participant perceived herself as bad, not good enough or inferior to others. A positive self-image means that the participant perceived herself as nice as others.
[2] Elements mean any possible factors that have affected the participants' self-image. These factors appeared in their narratives. These factors might appear before or after their experience of abuse.

because of her experience of abuse. Although she did not realise her parents' love after her experience of abuse, her mother still took her to see social workers. It implied that her mother was aware of the participant's difficulties in some way after the rape. The participant also mentioned that she believed that her father was not nice to her due to her experience of abuse rather than because of her father's unemployed situation at that time. This caused her self-image to become worse. Therefore, the family situation still had an influence on these two participants in forming their self-image at that time.

Parents' relationships were found to relate to a family's atmosphere. A loving atmosphere provided a feeling of security and confidence for children in these data. Participants No. 2, 4, and 6 pointed out that love from their families was the foundation of their lives. If the parents did not have good relationship or did not provide a feeling of caring, the participants felt shame of their family, isolated from their peer group (No.'s 1, 5, 11, and 13), and they (No.'s 1, 5, and 11) also felt inferior because of their family. Their parents' behavioural modelling and discipline were a part of family education for the participants, in their perceptions. The family education had a different influence in shaping their self-image. The participants worried about their abilities because they perceived that they did not have good enough modelling from their parents. They built up certain characteristics due to the expectations from their family education (No.'s 6 and 10). They felt inferior and lost their self-confidence due to their parents' negative comments about them (No.'s 1, 5, 6, 7, 9, and 13). Finally, the financial situation also could affect the participants' self-image and they tended to have lower self-esteem if they came from poor families (No.'s 1, 11). These data imply that at least six elements within a family shape a child's self-image:

the quality of the parents' relationship

the quality of the family's atmosphere,

the quality of modelling and discipline,

the parents' expectations of their children,

the quality of parents' comments towards their children,

the financial situation within a family.

9.3.1.1. Family's financial situation

If the family was poor, the parents might have argued more or been more violent. One

participant felt that she was a subordinate person compared with her friends because of her poor family and violence at home. This is because the participants (No.'s 1, 4, 9, and 11) listened to parents' arguments about the family's financial difficulties. Moreover, the participants perceived that their parents expressed their anxiety and anger to the children when they were under financial strain. The following narrative describes how the family's situation affected the participant's self-image.

I wondered why they got married if they wanted to fight with each other. (No1, p.2). I was very curious about other people's families and what happened in their families for them to have peaceful families. I was very upset whenever we sang the song of 'How sweet my family is' at school. That has been an impossible dream for me. They fought for money and for everything. I had very low self-esteem because of my family's situation. I was also full of fear because of the violence at home (No.1 p. 3). I despised myself because there were so much 'lost face'[1] stuff within my family and I had no one to turn to. I felt very lonely from the bottom of my heart. I always sat in the corner and watched other friends play at school. I was always alone (No1, p.6)

9.3.1.2. Family's financial situation and the abuse

The financial situation might also lead to a sexual abusive situation at home for two reasons. Firstly, the mother could not stop the father's abusive behaviour because she was dependent on the father both financially and emotionally. Secondly, it was also possible that parents were busy earning for living and therefore left their children alone with the abuser. As the participants said:

He (the abuser) helped my family a lot. My mother was sick but still worked and my father was unemployed at that moment. Therefore, my mother was not able to take care of us. He took care of us. His language was full of caring in my memory (No. 4-1, p.13, p.14).

It would happen during lunchtime. My brother would go to school. My mother would go to work and my father would go out for the whole day. My uncle lived with my family and took care of my younger brother and me (11-1, p.13)

[1] 'Lost face' means that is a shameful thing.

9.3.1.3. Parental behaviour

The other element is what kind of parental behaviour the participants perceived. If the participants did not feel they were receiving nurturing parental behaviour and their parents scolded the participants all the time, they tended to value themselves less. The participants also got negative messages from parents' language. These negative messages affected the participants' self-image. The participants' narratives are as follows:

My mother has always scolded me. I am the most obedient child at home but she just keeps telling me off. She admitted that she used me as the scapegoat for her anger. This affected my self-image (No1. p.7).

I have always been an uncultured person because I did not receive a good family education. (No. 11).

On the other hand, if the participants perceived that they received nurturing parental behaviour they self-reported as having less aftermath in their life when they compared themselves with other survivors.

I feel that I am very lucky when I compare myself with many people in the psychodrama therapy group. My parents love me so much. I have very good relationships with my siblings. This love cures most of my hurting experience from this abuse (No6-3, p.13)

9.3.1.4. Participants' birth order in their family

The birth order appeared to affect the participants' self-image because they might feel that they were less intelligent than older siblings. As one participant in this study said:

My oldest brother was very clever and very proud. I felt that he disregarded me. I seemed to be nothing to him. He and my father have affected my relationships with male friends. (No. 6-2, p.3)

As a result, a family's financial situation during childhood, parental behaviour, parents' relationships, and birth order can affect the participants' self -image.

9.3.2. The experience of sexual abuse affected the participants' self-image (11 out of 13 participants)

The experience of sexual abuse and its effects appear to have affected the participants' self-image.

The experience can also work together with society's value system and others' attitudes towards the experience. Due to their age, the participants could not understand what was going on between the abuser and themselves. They might have physical pleasure or pain. If they (No.'s 4, 9, and 12) had physical pleasure, they felt shame and guilt at the end. If they (No.'s 3, 5, 6, 7, 10 and 11) had physical pain, they felt frightened at that time. It was possible that they mixed these feelings in their hearts. Participants perceived that their feelings of shame, guilt and frustration had negative effects on their self-image. They felt inferior to others because of these feelings.

Apart from two participants (No.'s 1 and 7), the rest did not tell any one about their experience of abuse at that time, for varying reasons. For instance, they were frightened, they did not believe that anyone could help, the abuser was in their family, they wanted to protect their families or the abuser, or they perceived that the abuse was part of their daily life at that time. The character of secrecy also made the participants felt different from others. This secrecy isolated the participants from their peer group because they could not share their secret. The feeling of difference from others and isolation affected the participants' self-image.

The abusers controlled the time and the type of the abuse so the participants lost their sense of safety and security. They could be attacked unexpectedly and in situations out of their control. They did not think that they could reject the abuser or it was useless to reject the abuser. It also is possible that the participants could not reject due to the physical pleasure. Therefore, feelings of weakness, powerlessness, insecurity and hopelessness may have shaped the participants' self -image.

1. Others' language and attitude connected with the abuse that affected the participants' self-image

The abuser's language or attitude during the abuse affected the participant's self-image. The language or attitudes from the other people who knew of the abuse also affected the participant's self-image. The participant perceived what kind of girl she was in this society from the others' language and attitudes. Because of others' language and attitudes about her experience of abuse the victim would feel ashamed of herself or shamed for what had happened. This shame would affect the victim's self - image.

2. The secret character of the abuse affected the participants' self-image

The abuse was a secret because all the participants perceived that it was a shameful experience to tell. Because she had this experience, and because society had very negative attitudes about women who lost their virginity or had sex before marriage, a participant might believe she was not a nice girl. Therefore, the participants might have a negative self-image or low self-esteem:

> *I was so scared that my peer group would find out my secrets, my hurting and my sadness. It was too shameful to tell them (No. 1, p.6).*

3. The participants' body image affected their self-image

Finally, the participants' self-image could be affected by their body image and sexual desire[1] after the abuse stopped and throughout their developmental process. It is common that the participant felt that she was dirty or not pure. This means that the participant was not valuable because she did not have a 'pure' body. It is possible that these effects will cause many difficulties.

For instance, there are difficulties in forming close relationships in adulthood for many survivors. A participant might feel that she did not have any right to choose a good partner because she was not nice enough to deserve a nice partner (No.'s 3, 10 and 11). The participant might be not able to forgive herself for enjoying physical feeling during the abuse. Moreover, the participant might have blamed her own body because she had too many physical feelings about sex or she masturbated at a very early age after the

[1] Sexual desire is in terms of physical feelings about sex.

abuse stopped (No.'s 4 and 12). The self-blame affected the participants' self-image, as described below (more narrative in **Appendix B**):

He (the ex-boyfriend) rejected being close to me physically and totally with no reasons. He felt that the physical touching was too much for us. However, how could he have had physical touching with me before? I just could not understand. I still hoped and needed the physical touching with him after his rejection. I felt so shameful about my needs. This shame was similar to the shame about my abuse experience. Once again, I felt so shamed about myself, my body and my needs of physical touching. I needed to explain to him again and again that what I wanted was not just physical touching but also psychological closeness. This process was as if I needed physical touching rather than psychological closeness (No4-1, p4). Therefore, I was a lewd woman. I tended to believe that this was simply because my body needed the same physical touching as he (the abuser) had said-'I want it, I need physical touching and I cannot control this desire because I am 'that' kind of girl'. I believed this wrong message for many years (No. 4-1, p.4).

9.3.3. School life and peer group relationships affected the participants' self-image (9 out of 13 participants)

The data suggest that the participants' childhoods (particularly the experiences in school and their achievement) had affected their self-image. In general, if a participant had good experiences in school, e.g. good achievement or good relationships with her teachers, she would build up a positive self-image.

On the other hand, if she either did not do well or had difficulties at school she tended to withdraw from her peer group, have a negative self-image and feel very lonely. As one participant said (more narrative in **Appendix B**):

I disliked studying when I was in primary[1] school. I could not speak Mandarin well at that time. I did not do well at year one and two. My father was very angry and he beat me. He said that I was not a devoted child in my family. Moreover, I spoke Ho-Khan but not Mandarin at year three. The teacher could not understand what I said because he was from Mainland China. He was very angry. I disliked doing my homework and I

[1] Children go to primary school when they are 7for six years. Junior high school is from age 12 to 15.

fought with boys. Therefore, I was punished all the time. He beat me unexpectedly and asked me to kneel down in front of my class (No.13-1, pp.2, 3). He said that I was a street urchin. This hurt me a lot (No13-5, p.3)

However, it was not necessarily the case that a participant had a positive self-image if she did well at school. This was because the shame of the abusive secrecy had isolated the participant from her peer group. A participant stated:

I did very well from primary school and got many prizes but I was very lonely and isolated from my peer group. This was because I felt shameful of my abusive experience and my family's situation (No1, p.6).

School life included the participants' school achievement, their relationships with teachers and their peer groups. This factor had influence on eight participants' self-image. Two of them even thought they had good school achievements that they did not have the self-confidence to perceive because their families' negative messages put them down. These data implied that a family factor was more powerful than a school life factor in shaping a child's self-image. In general, if the participants had good school lives, they tended to have higher self-confidence (No.'s 6, and 8). Otherwise, the participants had low self-esteem because they did not do well at school, did not have good relationships with their peer groups or teachers (No.'s 5, 7, 11 and 13).

Participant No. 10 mentioned that she could not concentrate on her learning but did not know whether it was because of her experience of abuse. Participant No. 7 did not do well at school in order to get her parents to notice her and thus the pain of the abuse. Some participants (No.'s 1, 9, 10, and 12) could still do well at school even though they experienced abuse. Participant No 7 was able to do well but she did not want to. Some participants (No.'s 5, No 11, and 13) did not do well at school but they did not perceive that their experience of abuse caused their poor school performance. Therefore, these data did not support Finkelhor's (1989) assumption that the experience of abuse will affect the participant's school achievement.

High school is from the age of 15 to 18.

In a similar way, participant No. 1 pointed out that she isolated herself from her peer group due to her shame of the abuse and the attitude of her family. Another two participants (No.'s 7 and 13) isolated themselves from their peer group because they felt shame about their school performances rather than the abuse. Participant No. 5 did not have a good peer relationship. She perceived that this was because she moved house all the time rather than her experience of abuse. Participant No 8 perceived her difficulty in her peer group relationship arose because of her parents' negative modelling. Therefore, only one participant made the connection between her isolation and her experience of abuse. As a result, these data were not solid enough to confirm the relationship between the experience of abuse and peer group problems in childhood. However, five participants reported that they had interpersonal relationship difficulties later in their lives. In conclusion, it is possible that there is a connection between peer relationship, school achievement and the experience of abuse, but this was not explored in the interviews. It might also possible that the participants were not aware of this connection.

9.3.4. The society's view of sexuality affected the participants' self-image (7 out of 13 participants)

The society's attitudes of sexual abuse and the value of virginity appear to have affected the participants' self-image a lot in my study. Tawainese society has valued a virgin as a good woman. If a woman had sex before marriage, she described herself as a lewd woman in many participants' narratives. The participants sensed these ideas from the newspaper, stories, or parents. Some participants felt that they have known this by nature. No-one has taught them this value system but they knew it (No.'s 1, 4, 7, 9, 11, 12 and 13). As the participants described (more narrative in **Appendix B**):

> *I felt that what had happened between my father and me was my fault. I bore the responsibility for that. I mixed the effects of this abuse with my personality, my self-value and everything in my life. I felt that I was dirty, very bad, and not pure (No1, p.8)*

> *I had doubted whether I was a virgin or not. I had felt very shameful about this (No. 11-2, p.12). I had felt that I lost the right to seek a love affair because of this experience (No11-1, p.2).*

However, two of the participants from group B[1] did not appear to share these perceptions. They described the experience of sexual abuse as only a very small part of their lives and they still had many nice parts to their lives. In addition, they believed that the offenders were responsible for the abuse. Therefore, they could simply go ahead with their lives. They have not taken the experience into account when valuing themselves (No.'s 2 and 8).

Chinese society valued virginity for many centuries. Half (No.'s 1, 4, 7, 10, 11, and 12) of the participants felt shame and inferiority because they were not virgins. The feeling of powerlessness and hopelessness appeared again when they learnt of society's values because they could not change the value system within society. They (No.'s 1, 4, 7, 10, 11, and 12) also could not change the fact that they were not virgins by society's standard. They lost their virginity because of others rather than their own fault, so they have felt it unfair. A feeling of anger came after a feeling of unfairness because they could not ask for justice. Society expected women to protect their virginity and be responsible for it. Therefore, women were seen to be responsible if they lost their virginity. This value system implied that the participants were responsible for their abuse. Although they might cry out for justice later in their lives, this action still could not change the fact that they were not virgins and were still not good enough women according to society's value system. Therefore, a journey of recovery from the negative self-image not only ended in crying out for justice but a demand for the transformation of the value system to re-identify the worth of being a woman. The participants could value themselves again when they did not use society's value system to determine their worth. To sum up, in most cases, not only would sexual abuse affect a victim's self-image but also the value system of sexuality within the society.

9.3.5. Other people's view of the abuse affected the participants' self-image (7 out of 13 participants)

However, if their partner or key persons did not value them according to society's value system (whether they were virgins or not) they could recover their self-image better. Key persons included parents, sisters, boyfriends, and husbands. On the other hand, if the key persons could not support and understand the participants' pain, they could

[1] These participants did not have the experience of being counselled

become worse on their journey. In these data the key persons' support and understanding was even more important than society's value system in their recovery journey. These data implied that if a participant had support from a key person through her journey, society's negative message would have less effect on her. However, key persons are always a part of this society so it is important to change the negative message of sexual abuse within society.

9.3.6. The participants' nature[1] affected the participants' self-image (7 in 13 participants)

The participants' nature included personality, birth order, stuttering[1], human developmental stages, and inclination to study. The participants who did not have the experience of being counselled perceived their nature as both positive and negative. The negative part of their nature changed because of their loving husbands (No.'s 2 and 8) and Christian belief (No. 2). They tended not to explore why they had a negative part to their nature. After their journey of recovery the other six participants, who chose to be counselled, were able to view these as two parts existing at the same time in their lives. Three participants (No.'s 4, 10 and 11) considered that their unresolved issues might come from human nature, their own nature (e.g. a feeling of loneliness) or a task within a human being's developmental stages. The unresolved issues were not necessarily just from their experiences of abuse. They realised this after they went through their journey of recovery. They processed a feeling of mourning and were able to let the experience of abuse go. After this, they were more willing to learn a new method of coping. However, participant No. 3 had a very different experience. She felt that she could do nothing with her unsolved issues if she perceived these as her nature. Therefore, she was glad that there was a reason (e.g. the abuse) for her unsolved issues so she could do something to help herself to get better. As a result, these data suggested that if the participants were able to realise that they had both strong and weak parts of their nature, it meant that they could accept themselves better.

9.3.7. The participants' boyfriends or husbands affected the participants' self-image (5 out of 13 participants)

A participant's boyfriend or husband was always one of the most important key persons.

[1] 'Nature' means the participants' personality or characteristics. This is the participants' own term.

If the participant had a supportive partner, she had great support in her journey. Five participants (No.'s 2, 4, 7, 8, 9) either have a supportive husband or a boyfriend. These male partners not only have helped the participants to deal with the issues of virginity (No. 7) and sexuality (No.'s 2, 4, 7, and 5) but also have provided support to stabilise the participants' emotions (No.'s 9, 8, 3, 4 and 2). The participants (No.'s 7, 2, 4,) had more confidence in being women and increased their positive self -image because they were worth being loved by their partners. Moreover, the participants (No.'s 4 and 2) realised that they could get married as other 'normal' women (their own term, women without a experience of abuse) did and their physical responses were like those of 'normal' women. Although participants No.'s 1, 10 and 11 did not have a supportive husband they could overcome the harm of not being a virgin by their own strength. They transformed their value systems to determine their self-worth. They did not use the standard of virginity to value themselves. Therefore, these data suggested that it was possible to recover from the negative self-image if the virginity complex in society's value system caused low self-esteem. These data also pointed out that a supportive partner could provide at least four functions to the participants:

emotional support,

their partner's acceptance increased positive self- image,

helping them to relax and recovering their physical responses to sex,

helping them to feel like a 'normal' woman again.

9.3.8. Religion affected the participants' self-image (5 out of 13 participants)

Five participants have benefited from Christian religious beliefs. Two of them became Christians after three years of their journey (No.'s 1 and 11). One participant has practised Christianity in her daily life (No. 2). Participant No. 4 has increased her faith after two years of her journey. Although participant No. 3 did not practice Christianity on a regular basis, she had experienced a great emotion of relief, peace and equality with others in Christianity. She experienced these for the fist time in her life a few years ago. Participant No. 13 was a Buddhist but has become involved with Christianity recently. The Christian population is less than 3 per cent in Taiwan. Their counsellors were not necessarily Christians. Moreover, they became Christians either due to their families' beliefs or after their experience of being counselled. The issue of Christianity

[1] Participant No 13 perceived that her stuttering in her childhood was a part of her nature.

would not appear in their counselling sessions, unless they discussed this with their counsellors. Therefore, it was surprising that half of the participants have practised Christianity in some way rather than Buddhism. Some characteristics of Christianity may be relevant.

1. Providing company and comfort whenever the participants feel lonely.
2. Providing a spiritual place for the participants to rest and not to worry about their future.
3. Providing a chance for the participant to have new birth in their spirits.
4. Providing a feeling of peace and equality.
5. Providing a loyal love that their God will never betray or forsake them.

Participants experienced peace and psychological rest in Christianity. They perceived that their God was not far away in heaven and God is always a good friend to them and keeps company with them in their narratives. Therefore, they could face the time of loneliness. God was also seen as a good guide for the participants for their future, so they did not need to worry. They perceived that their God could make a way for them in their faith, as participants No. 2, 4, and 11 described. They also suggested that their God provided an unfailing love and brings hope. In the participants' belief their God never betrayed or forsook His (Her) children. Therefore, they could maintain hope in a hopeless situation. They pointed out that their God valued each human being equally so each person had his or her own worth in God's creation. The participants could have new spiritual birth in Christianity, as participant No. 11 described.

In Christianity, the believers believe that they can depend on God to provide what the followers need. In Buddhism, a person needs to depend on herself or himself to seek what she or he needs from their own inner world, or to ignore their needs. Therefore, Christianity offers support to the participants in their needs for dependence, security, being loved, and belonging. This does not appear in Buddhism's concepts.

Participant No. 7 is a Buddhist. Her religion did not provide any help in the initial stage of her journey. It even increased her feeling of self-blame due to Buddhism's theory of 'causation'[1]. In her perception this concept implied that she was responsible for her

[1] Causation is a Buddhist concept. It means that there is automatic repayment in a later life for whatever one does.

abuse. The abuse was the result of her previous life. However, her religion became more helpful in later stages. She believed that she was innocent and the abuse was only a tool to transform her spiritual life. The abuse drew her close to Buddhism so she could transform her spiritual life again.

Participant No. 5 went to a Christian school since kindergarten but she did not believe in Christ or other religions at all. This was because she prayed that the abuse would stop for a night but it never happened. She was so disappointed with God. Why did the other three participants benefit from Christianity? It might be because they did not have a concept of God until they were grown up. Therefore, they did not ask help from God when they were small so they did not experience disappointment about God. They asked for comfort and help at a spiritual level rather than for a specific thing in their recovery journey. Therefore, it allowed more space to have interaction at a spiritual level. In the case of participant No. 5, she asked for help for a specific thing - to stop the abuse. It was a yes or no answer immediately. Therefore, it was easier to be disappointed than in the former situation.

To sum up, how do the participants understand their experience of sexual abuse? Self-image is the most significant effect of the abuse that the participants focus on. They gradually realise many elements affected their self-image, not only the abuse. They perceived some elements have positive influence for increasing their self-esteem. They also realised that both the abuse itself and others' attitudes towards the abuse caused the effects of sexual abuse. Moreover, these elements also affect how they perceive their experience of sexual abuse and the process of recovery process because these elements have influence on the unique self. Therefore, this chapter provides part of an answer to RESEARCH QUESTIONS 1and 2.

9.4. Comparison of the integrated model of the self, trauma and recovery with the literature review and discussion

The integrated model of the self, trauma and recovery was developed from the literature review in **Chapter 6 (Figure 6.2)**. This integrated model includes 6 elements: the self, the sexual abuse, the consequence of the abuse, social context, the recovery process and the outcomes of the recovery process. It is assumed that a person lives in a society. This social world will affect the self. The experience of abuse may damage the abilities of the self. The contents of the self in the integrated model displace four abilities (ability of cognition, ability to deal with the inner world, ability to deal with the external world and psychological needs). It is important to acknowledge a person can still have these four abilities after the experience of sexual abuse. These abilities may be damaged or improved by various life experiences, but not just the experience of sexual abuse. As mentioned in previous sections, many elements influence self-image. These abilities become the **positive part of self (e.g. positive self-image)** to help the participants when dealing with their unresolved issues.

This section only compares what factors may influence the self between the integrated model and my findings in order to answer research question 1: how do they understand the abuse and the effect? Family functions, social context and the experience of sexual abuse are the most significant factors influencing the participants' self-function, self-image and how they perceive the experience of abuse (as mentioned in previous sections). **Table 9.4** shows the differences between the integrated model and my findings.

1. The right hand side of **Table 9.4** points out the more specific items in each factor from the data analysis that may influence self-image, and how the participants perceive the effects of abuse. These do not appear in the integrated model. This may be because my literature review focused on the meaning of the self rather than how the self has been formed. Therefore, the integrated model cannot present well what factors may affect the self. In my findings, the experience of sexual abuse is not the only factor influencing self-image and how they perceive the abuse. Although the integrated model asserts that a person lives in a society, this model does not specify what kind contents within the world will influence a person's inner self. In my findings, family, school life, partner, a person's nature and religion have affected a

person. As a result, the clinical data suggests that participants consider more specific factors to affect the experience of abuse and its impact (e.g. self-image).

Table 9.4: Comparison between the integrated model and my findings on what factors may influence the self.

Integrated model	**My findings**
Factor 1. Family functions	Factor 1. Family factors 1. Financial situation 2. Parental behaviour (family's function) 3. Birth order
Factor 2. The experience of sexual abuse 1. Myths of sexual abuse. 2. Characteristics of the abuse (in P. 120).	Factor 2. The experience of sexual abuse 1. Other people's view of the abuse 2. The secret character of the abuse 3. Body image
Factor 3. Social context 1. Support systems 2. Friends	Factor 3. Social context 1. School life 2. Peer relationships 3. Society's view of sexuality 4. Boyfriend or husband 5. Religions
	Factor 4. The participants' nature

2. The integrated model tends to pays attention to 'negative (experience of abuse)' elements that may affect a person after the abuse has happened. However, the data analysis suggests that the participants are aware of 'negative' elements as well as 'positive' elements (for example, religions, partner, school life and parents' love) in forming their self-image. These elements affected the participants formation of their self-image both before and after the abuse. Those positive elements have become the participants' inner strength and external support when they have gone throughout their journeys of recovery. The topic of inner strength and external support answers part of RESEARCH QUESTION 2.c: what factors may influence the process of recovery.

The data analyses of eight elements in this chapter have positive or negative influence on the participants' self. The unique self experiences the sexual abuse and carries out the process of recovery. Therefore, these eight elements have influence on how the self understands the experience of sexual abuse, its effects and the process of recovery (RESEARCH QUESTIONS 1and 2). The findings of this chapter will contribute to developing a diagram of understanding the process of recovery from sexual abuse in

Chapter 14, Section 14.12. The next chapter will focus on how the positive part of the self influences the process of recovery.

CHAPTER 10 THE FUNCTION OF POSITIVE SELF IN THE PROCESSES OF RECOVERY 199

10.1. MAIN FINDINGS 199
10.2. INTRODUCTION TO THE FUNCTION OF POSITIVE SELF IN THE PROCESSES OF RECOVERY 201
10.3. HOW THE STRONG PART OF SELF AFFECTED THE PROCESSES OF RECOVERY IN SELF-IMAGE .. 202
10.3.1. Internal self 202
10.3.1.1. The abilities of the self to deal with the internal world 202
10.3.1.1.1. Self-awareness leads the process of recovery (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, 12, and 13). 202
10.3.1.1.2. Self-acceptance leads to more stable emotions 203
10.3.1.1.3. The participants' nature : 204
10.3.1.1.4. Their beliefs and dreams give them strength throughout their recovery journeys 205
10.3.1.2. The ability to explore and express their emotions as part of the recovery process 206
10.3.1.3. Increasing rational thoughts and changing cognition as part of the recovery process 206
10.3.1.4. Helpful behaviour in the process of recovery 208
10.3.1.5. Conclusion to how the internal self changes and helps the process of recovery 209
10.3.2. External Self 209
10.3.2.1. Other life experiences in their lives help the process of recovery 210
10.3.2.2. Reading and self-education helps the process of recovery 211
10.3.2.3. Conclusion to the functions of the external self in the process of recovery 211
10.4. COMPARISON WITH THE INTEGRATED MODEL OF THE SELF FROM THE LITERATURE REVIEW AND DISCUSSION 213
10.4.1. Comparison of my findings with the integrated model of the self from the literature review on the ability of cognition and discussion 213
10.4.2. Comparison of my findings with the integrated model of the self from the literature review on the ability of dealing with the external world 214
10.4.3. Comparison of my findings with the integrated model of the self from the literature review on the ability of dealing with the inner world 215
10.4.4. Comparison of my findings with the integrated model of the self from the literature review on psychological needs 216

Chapter 10 The function of positive self in the processes of recovery

10.1. Main findings

My data analysis suggests that the strong part of the self has influence and interaction with the processes of recovery. It appears in two dimensions. One is the internal self and the other one is the external self.

1. Internal Self:

(1) Self: The participants self-awareness and nature (their term) have positive influence on their processes of dealing with the impact.

(2) Rational thoughts and cognition:

(a) Positive thinking (No.'s 2, 3, 4, 5, 7, 10, 11, 12 and 13). Taking responsibility for her life (No.'s 3, 5, 11, and 12).

(b) The belief that she is not responsible for the abuse (No.'s 1, 2, 4, 6, 10, 11, 12 and 13).

(c) Getting a sense that the effects of the abuse have limited impact (No.'s 3, 4, 6, 7, 10, 11, and 12). Admitting the fact of the abuse (No.'s 3 and 5)

(d) Developing their own value system as opposed to adopting society's value system (No.'s 1, 4, 6, 7, 9, 10, 11, 1 and 13). Different views on unresolved issues or the abuse (No.'s 9, and 10). Making meaning from the abuse (No.'s 1, 4, 5, 7, 9, 11, 12 and 13).

(e) Beliefs and dreams (No.'s 1, 11, 12 and 13).

(3) Emotions: They have learned to respect their emotions, needs and inner voices (No.'s 2, 3, 4, 7, 9, 10,11, 12, and 13). (More detail in **Chapter 13**).

(4) Behaviour: Changing their coping methods, it is not because the methods are not good (No.'s 3, 4, 5, 6, 7, 9, 10, 11 and 13) but because the methods are not suitable at present time.

2. External Self (More detail in **Chapter 14)**

(1) Friends and teachers: Acceptance from friends. Friends sharing similar experiences (No.'s 1, 4, 5, 6, 10, 12 and 13).

(2) The experience of being counselled: (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, and 13)

(3) Family's support:

(a) The family's and husband's love. Boyfriend's love. Changing her status because of marriage (No.'s 2, 4, 7, 8, 9, and 11).

(b) Support from her younger sister (No.'s 3, 5 and 6).

(c) Experiences with the participant's children (No. 11).

(4) Self-education: Reading, listening to talks (No.'s 4, 5, 9, 10, 11, 12 and 13).

(5) Different life experiences

(a) Working experience (No.'s 1, 6,10, 12 and 13).

(b) Religion -acceptance (No.'s 1, 2, 3, 4, and 11).

(c) Travelling experience (No.'s 1, and 6)

(d) Confrontation with the abuser or parents in adulthood (No.'s 4 and 7)

10.2. Introduction to the function of positive self in the processes of recovery

The analysis in Chapter 9 suggests that the participants perceive eight elements having influence on the self - so they do not understand themselves only through the experience of abuse.

This chapter will focus on how the strong part of self interacts in the process of recovery in order to answer RESEARCH QUESTION 2.a and 2.c: what is the recovery process and what factors may influence the process? The participants perceive that it means to admit, to solve or to manage their unresolved issues. It also means to develop a new understanding or an adult view so as to review their experience of sexual abuse and its impact. The self includes the **'strong part of self'** and **'vulnerable part of self'** according to the data analysis. The strong part of self can be divided into two: internal self (for example, self-awareness) and external self (for example, the family's support). This strength will help the participants to deal with their vulnerable part of self and unresolved issues. Here I analyse the common themes across the 13 participants. Finally, I will compare this path with the integrated model, which was developed from my literature review in **Chapter 6**.

All the participants' narratives are in **Appendix B.**

10.3. How the strong part of self affected the processes of recovery in self-image

In terms of the 'strong part of self', the participants perceived this part had a positive influence in their lives. After I analysed the data, I categorised this part into two sub-parts: internal and external self.

10.3.1. Internal self

10.3.1.1. The abilities of the self to deal with the internal world

10.3.1.1.1. Self-awareness leads the process of recovery (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, 12, and 13).

The participants acknowledged different kinds of difficulties in their lives and dealt with them in order to explore their inner world because they had strong motivations to change (No.'s 2, 4, 5, 7, 9, 11, and 13). This action has helped them to improve their self-awareness in different aspects of their lives. They have become aware of their self-blame, irrational thoughts (expectations), and negative feelings. They have continued to explore how their inner worlds have been formed. They have learned to respect, accept and change their thoughts and feelings throughout their self-exploration. They have increased their abilities of self-acceptance and self-confidence because of the processes of self-awareness.

For example, participant No. 3 perceives that her self-awareness helps her to admit the abuse so her perspectives towards the abuse and the self changes.

Firstly, she has realised she cannot bear others' pain, as others are not able to take her pain away. Therefore, she has learned to give herself, as well as others, space to face the inner self and to build up self-confidence from the inner self rather than from others' admiration (participant No. 3, paragraph 1 in **Appendix B).**

Secondly, she was aware of her irrational expectations from her mother after she read her psychodrama therapy transcriptions because she was not able to deal with the impact of the abuse and she wished her mother to save her from this in the psychodrama therapy session. She imagined that if her mother accepted her experiences of incest she would be set free from the impact. She became more independent emotionally from her mother after she realised her attachment to her mother.

Finally, she is also to put down the burden about her worry for her niece after she realised that she tried to tangle other family members with her psychologically (paragraph 2). She perceived that she felt pity for her niece because she felt pity for her inner child, but she was not able to express her sadness from her inner self. This was

because she did not want to admit the fact of the incest (paragraphs 3 and 4). She has learned that she can feel her own emotions and has a sense of her past, present and future after she has admitted the fact of the incest. Many participants' (No.'s 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13) experiences pointed out that self-awareness was a turning point in their recovery journey. Therefore, if a participant is aware of what it is in her inner dynamic that causes her behaviour, she will change gradually.

Participant No. 4 also perceives that her self-awareness helps her to explore the meaning of sex and to admire her ability of loving people. Therefore she has less guilt about her need for intimacy.

Moreover, participant. No 7 perceives that her self-awareness helps her to realise her tendency of self-blame, so she is able to learn to love herself (paragraphs 5, 6, and 7).

Finally, participant No. 11 perceives that her self-awareness helps her to consider where her fear is coming from so she is able to learn fear management.

The fear and anxiety were not to go away as quickly as the shame in this participant's journey. This participant used a metaphor to describe the relationship between her fear, anxiety and herself (paragraph 8). She said that there is a deep trap that is full of fear in her mind and she has entered this trap from time to time unconsciously. Therefore, she always spends her energy running around inside the trap. She also realised that she viewed any powerless situation with from an understanding of being 5 years old (the age of being abused) (paragraph 8).

10.3.1.1.2. Self-acceptance leads to more stable emotions

Self-acceptance helps many participants in this study (No.'s 1, 3, 4, 7, 10, 11, 12 and 13) to go through their journey. Self-acceptance is to accept the situations, difficulties or unsolved issues that they have now. Participants (No.'s 1, 3, 4, 5, 7, 10, 11, and 12) may be able to deal with them so they are more at peace with themselves and their unsolved situations. As participant No. 5 states, she has the energy to create her future rather than to struggle with her unsolved issues alone (paragraph 9). She had spent time asking why these abuses had happened to her, as other participants (No.'s 4, 7, 9, and 11) did. She had realised that she could neither get any answers nor solve her difficulties. Thus, she started to think about what she wanted in her life. She has thought about what she can do to help herself to have a better present life rather than to ask 'why did this happen to

me' as described in paragraphs 10, and 11. Participant No. 1, 4, and 12 have similar process in this issue.

However, it does not mean that the process of paying attention to the past is meaningless. Rather, it seems to be a necessary stage for many participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, and 13) in this study to review their past with an adult's sight and to mourn the loss of their childhood. As described by participant No 5 (paragraph 12) she has released her inner tension bit by bit throughout different psychodrama therapy sessions. Her mind did not only focus on the past but also paid attention to her present situation. Therefore, she could do something else afterwards. Thus, the psychological therapy has been an important process for allowing many participants (No.'s 1, 3, 4, 5, 6, 7, 10, 11, and 13) in this study to release their inner emotions.

10.3.1.1.3. The participants' nature :

Some participants (No.'s 1, 2, 3, 6, 8 and 10) believe that part of their nature has influence on their process.

For instance, participant No. 1 perceives that her nature encourages her to have wider life experiences so her self-confidence is improving. The characteristics include curiosity, resoluteness and diligence in the pursuit of knowledge. Therefore, her travelling experience, her working experience and her experience in self-developmental groups have increased her self-confidence.

Participant No. 2 perceives that her characteristic of not analysing why but thinking about a strategy has helped her to take action to resolve her difficulties.

This participant has some difficulties with sexual intimacy with her husband. However, she does not make any connection between her experience of abuse and these difficulties. She believes if she practices with her husband, she is able to get better (her husband is very supportive). Therefore, there is no need to make any connection or to explore why she has these difficulties.

Moreover, participant No. 8 perceives that her nature of assertiveness helps her to reject her brother's offensive behaviour (paragraphs 13, 14); her nature of confidence and self-encouragement enables her to maintain hope in a helpless situation (paragraph 15); her nature of viewing the positive side enables her to have a good relationship with her husband (paragraphs 16, 17); and her nature of not being too sensitive enables her to feel easier [to go out ofnot sure what you mean?] her unhappy situations (paragraph 18).

Finally, some participants (No.'s 1, 3, and 6) perceive that their determination keeps them exploring their inner self continually, although the processes are not easy. They have better self-understanding as the result of their self-exploration. Their self-image improves because of self-awareness. Their feelings and thoughts of their abuse have changed after the processes.

10.3.1.1.4. Their beliefs and dreams give them strength throughout their recovery journeys

Participants' (No.'s 1, 5, 8, 11, 12, and 13) beliefs and dreams can provide inner strength in their journeys. For instance, participant No. 12 believes that suffering will have meanings in life. Therefore, she can seek her life's meanings through suffering. She can have more strength to bear her suffering.

Participant No. 13's dreams have provided comfort, encouragement and an understanding of herself, as described in paragraphs 19 and 20. Two metaphors have offered participant No. 13 a new insight about her process of recovery. The metaphor of an elephant reminded her whether she would like to stay in the same situation or go further in the process of recovery (paragraph 21). The metaphor of armour stimulated her to consider her defence mechanism and how she could change it (paragraph 22 in **Appendix B).**

In my data analysis, the participants who have experiences of being counselled and increasing self-awareness appear the most important and helpful factors to the participants' internal self throughout their journeys of recovery. For the other three participants who do not have the experiences of being counselled, two of them perceive that their nature protects them from further harm and impact. One of them (No. 12) explores her inner world and her experience of abuse on her own. Therefore, she also perceives that self-awareness is an important factor in her journey.

To sum up, the ability of self-awareness is a key element in the process of recovery, to support the literature review in **Chapter 2.** Self-awareness is a starting point for the participants to understand the abuse and to provide part of the answer for RESEARCH QUESTION 1.a: how do they understand the abuse? Self-acceptance and positive parts of a nature satisfy the needs of safety, self-esteem, self-identity and self-actualisation, as

mentioned in **Chapter 2.** They also provide part of the answer for RESEARCH QUESTION 2.c: what are the helpful factors in the process of recovery?

10.3.1.2. The ability to explore and express their emotions as part of the recovery process

Most of the participants (being counselled) have learned to face their emotions. I will offer more details in **Chapter 14 (The recovery processes in the issue of emotions).**

Emotions are always unresolved issues for the participants. They tend to have very complicated feelings towards their experiences of abuse and their relationships with their families. However, their emotions can become helpful factors throughout their journeys after they acknowledge and deal with them.

This ability helps the participants to understand their internal world better. The more they can understand their emotions the more they can empathise with others' emotions. The participants can deal with their internal and external world by using these abilities of feeling emotions and empathy, as discussed in **Chapter 2**. The process of exploring their emotions also offers part of an answer for RESEARCH QUESTION 2: what is the recovery process?

10.3.1.3. Increasing rational thoughts and changing cognition as part of the recovery process

Self-awareness includes their awareness of their feelings, thoughts and the relationship between these two parts. The change in their thoughts has caused their emotions to change, or the other way around. Their thoughts have changed gradually during their journeys.

Their new understanding about their experiences, their inner world, and society have become helpful to the internal self throughout their processes of recovery. At the same time, part of unresolved issues has been resolved due to the cognition changing. Most significant concepts have changed in their processes as follows (RESEARCH QUESTION 2.a):

1. Positive thinking (No.'s 2, 3, 4, 5, 7, 10, 11, 12 and 13). Taking responsibility for her own life (No.'s 3, 5, 11 and 12).
2. The belief that she is not responsible for the abuse (No.'s 1, 2, 4, 6, 10, 11, 12 and 13). I describe this in more detail in **Chapter 9.3** (How the elements affected the participants' self-image).

3. Getting a sense that the impacts of the abuse are limited (No.'s 3, 4, 6, 7, 10, 11 and 12). Admitting the fact of the abuse (No.'s 3 and 5).

4. Developing their own value systems as opposed to the society's value system (No.'s 1, 4, 6, 7, 9, 10, 11, 1 and 13). I describe this in more detail in **Chapter 9.3.** Different views on unresolved issues or the abuse (No.'s 9 and 10). Making meaning from her abuse (No.'s 1, 4, 5, 7, 9, 11, 12 and 13). I will discuss this further in Chapter 12 (The results after the processes of recovery in the issue of self).

5. Beliefs and dreams (No.'s 1, 11, 12 and 13).

The following are some examples of different concepts changing:

(1) Attribution system change helps the recovery process

For instance, participant No. 3 perceives that the change in her attribution system toward the abuse helps her to realise that the impact of her abuse has a limitation in her life, so this experience cannot destroy her whole life. Therefore, she still has hope about her life and she can do something to help herself. If she thought that the incest was part of her nature and a mark in her life, she could do nothing. Rather, she said that she could do something to help herself if the incest was an unfortunate incident in her childhood (paragraph 23). Moreover, when this participant realised that her experience was only a small part in her life history, she was able to review the other nice experiences in her life. This also brings a sense of hope into her life (paragraph 23). Eventually, she has learned to love herself with actions and be comfortable with herself (paragraphs 23 and 24). Therefore, these data show how a survivor makes sense of her experience of abuse and how this has affected her journey of recovery.

(2) Admitting the fact of their experience of abuse helps them to make new meaning of the abuse

Many participants (No.'s 1, 3, 4, 5, 7, 8, 9, 11, 12 and 13) in this study found that they found it very difficult to admit the fact of abuse due to the shame and the myths of this secret issue within society and families. These participants needed to admit the fact of their abuse in order to deal with the issues of shame, guilt and responsibility for their abuse. The most common language from the participants was ' I know that the abuse was not my fault, I do not need to allow the value system of sexual abuse from society to hurt me because society does not know the truth of my experiences'. Participants (No.'s 5, 7, 11, 3) have tried to transcend their experiences of abuse and make a new sense or meaning after they admitted this fact of being sexually abused. Moreover, they

could allow their eyes not only to fix on the past but also on their future (paragraph 25 of No. 5).

(3) Different views of the abuse

Some participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, 12 and 13) develop their own value systems to understand their experience of abuse throughout their recovery process. For example, participant No. 10 has developed and stood on her own value systems rather than following those of society. She has learned to explore her inner self rather than to express her emotions immediately, as described in paragraph 26. Therefore, she is able to develop a mature and adult perspective on her experience of abuse. She perceives that her learning is a rational thinking process (paragraph 27).

(4) Overcoming the value system of sexuality in society as part of the recovery process

Some participants (No.'s 1, 4, 5, 6, 7, 9, 11, 12 and 13) have realised that society tends to blame the victims for the abuse. Therefore, victims tended to feel they were responsible for the abuse and feel ashamed. However, they realised that the abuse was not their fault. For example, participant No. 11 easily becomes nervous and always has fear in her daily life, although these situations are getting better (paragraphs 29 to 39). She had had fear before her junior school. It was like water overwhelming her, but she had great shame after she knew that she was not a virgin (paragraph 30). The society valued a virgin and it implied that any woman should use her life to protect her virginity. The participant did not do so. It seemed that she was not a good woman because she was not a virgin and she did not fight with the abuser to keep her virginity (paragraph 40).

To sum up, the ability of cognition helps the participants have rational thoughts. They are able to understand the abuse from different aspects and have a more flexible view about the abuse. Therefore, the ability of cognition has an important role in the process of recovery, which supports the discussion in **Chapter 2.**

10.3.1.4. Helpful behaviour in the process of recovery

The data indicates that some behaviour is very helpful in their journeys, in answer to RESEARCH QUESTION 2.c. For instance, they read self-help books, write diaries, join different societies to have different life experiences. Finally, they are willing to

change their coping methods (No.s 3, 4, 5, 6, 7, 9, 10, 11, and 13). This is not because their methods are not good. Rather, they realise that they are able to develop more suitable coping methods for their current lives. For instance, they reduce self-blaming and allow themselves to share their feelings and experiences of abuse with good friends.

10.3.1.5. Conclusion to how the internal self changes and helps the process of recovery

Comparison between the findings in this chapter and the integrated model in **Chapter 6**, suggests that self-awareness, self-acceptance, the participants' nature, and their belief systems help them to deal with their internal conflicts. The abilities in **Section 10.3.1.3** (rational thoughts and cognition) include cognitive ability and the ability to deal with their external world. For instance, the ability to have perspective (the ability to deal with the external world in **Section 2.3.4**) in the integrated model enables the participants to have different views of the abuse **(Section 10.3.1.3)**. The ability of cognition and the ability to consider sexuality issues (belonging to the ability to deal with the external world in the integrated model) enable the participants to review their value system of sexuality, as discussed in **Section 10.3.1.3**. As a result, it is a natural process that the participants apply various abilities together to deal with their unresolved issues. In other words, although the integrated model of the self (**Chapter 2**) includes five parts (the ability of cognition, the ability to deal with the external world, the ability to deal with the internal world, psychological needs and development of the self), the participants use the 'whole' self to deal with their difficulties or to build up their strength.

To sum up, the findings in **Section 10.3.1** answer RESEARCH QUESTION 2.a and 2.c: what is the recovery process? What factors can affect the process? The ability of self-awareness, cognitive ability and the positive part of their nature help the participants to explore and to understand how they perceive the abuse and themselves. This process helps them to view themselves and the abuse differently.

10.3.2. External Self

According to the data analysis, helpful factors in external self includes support from their friends and families, their experiences of being counselled, working experiences, travelling experiences, reading and religion.

I analyse this in more detail in **Chapter 14 (Recovery processes in the issue of relationships).**

10.3.2.1. Other life experiences in their lives help the process of recovery

Other life experiences include reading (No.'s 4, 5, 9, 10, 11, 12 and 13), working experiences (No.'s 1, 6,10, 12 and 13), religions (No.'s 1, 2, 3, 4 and 11), travelling experience (No.'s 1 and 6) and confrontation with the abuser or parents in adulthood (No.'s 4 and 7).

Religion is an important key for many participants in this study. The difference of the function of religion between participant No. 2 and others is that this interviewee's family has practiced Christianity since she was little. Therefore, this participant perceives that she experiences love from the church and people in the church. She also believes that God loves her and this world (paragraphs 41 to 44). She perceives that this world has more positive than negative things. Her religion has been one of her resources since childhood. The others (No.'s 1, 3, 7, and 11) practice their religions because they wish to get rid of the pain of their abuse. They have experienced how their religions have helped them to go through their unresolved issues. Their religions may become one of their resources because they wish to apply the power of their religions to overcome their unresolved issues.

Religion also provides a hope in a hopeless situation for these participants. Hope is an important key for many participants in this study. Some participants have a feeling of hope after they have been through their journey and develop a more positive meaning from their experience. This positive meaning provides a hope for their lives and encourages the participants to go on with their life journeys. These participants may have their own religions or may not have any religion in practice. Some other participants develop more faith in their religion after they have been through their recovery journey. They develop a more positive meaning to make sense of their abuse from a higher spiritual level. Participant No. 2 had practised her religion since she was little and her experience of abuse did not destroy her faith. Rather, she always has hope for her future and does not feel lonely in hopeless situations because she has 'someone' to turn to. Many participants in this study felt very lonely in their lives because there was no one that they could turn to. As a result, it is expected from these data that love from a key person and more positive childhood experiences can reduce negative impacts from the experience of abuse.

Apart from their religions, a stable life offers the participants (No.'s 1, 5, 7, 10) an opportunity to explore themselves. For example, participant No. 10 has learned to love herself and express her needs to others. She suggests that she is a friendly person so she has much support from her friends. She is proud of herself because she has educated herself very well and has helped herself on her journey. Therefore, her work provides her with a stable life style so she has time and strength to develop her inner self, as described in paragraph 45.

10.3.2.2.Reading and self-education helps the process of recovery

Many participants (No.'s 1, 4, 5, 9, 10, 11, 12 and 13) had read books about sex education, sexual abuse and applied psychology before they had been counselled and found them helpful for their process of recovery, as participant No. 10 described in paragraphs 46 and 47 **(Appendix B)**.

Finally, their experiences of being counselled have reinforced their knowledge, thus becoming their beliefs or concepts. Participant No. 10 is very proud of herself because she can educate herself so well in the issue of her sexual abuse (paragraphs 47 and 48 **Appendix B)**.

The data suggests that a recovery process does not only start or happen in a counselling setting. The process of recovery is like opening a tin. Different experiences are like different tin openers. Any unresolved issue in a participant's life is like a tin waiting for her to open it. A participant uses different tin openers to open her tins. If a participant is able to produce good tin openers, and her environment also helps her to produce them, she will develop a better ability to open her tins. She will have an opportunity to deal with the stuff that it is inside the tin. The data analysis in these sections answers RESEARCH QUESTION 2.a and 2.c.

10.3.2.3. Conclusion to the functions of the external self in the process of recovery

In Chapters 3 and 5, I argue five factors that may affect the process of recovery. They are: the therapeutic alliance (Section 5.3.1), social support systems (Chapter 3), family factors (Chapter 3), sexual abuse characteristics (Chapter 3), and personality (Chapter 3). The participants perceive the functions of counselling rather than the function of a therapeutic alliance. There are three reasons for this difference. Firstly, in my clinical experience, the survivors in Taiwan tend to trust counsellors/therapists very quickly

because counsellors are positive authority figures within society. Therefore, the therapeutic relationship is made less aware of by clients. Secondly, it may simply be that the participants are not aware of it, although it may have important functions. Finally, it may be because the literature emphasises the therapeutic relationship more than clients' own strong motivation to change. For instance, some participants (No.'s 1, 4, 5, and 11) perceive that their strong will to work on their unresolved issues has an important role in their process of recovery.

The literature reviewed in Chapter 3 also fails to note that survivors' husbands or boyfriends play an important role throughout their journeys. Moreover, the literature does not point out that the participants' other experiences in their lives influence their process of recovery. The findings in **Section 10.3.2** answer RESEARCH QUESTION 2.a and 2.c: what factors affect the process of recovery? **Chapter 14** will discuss in more detail some significant factors in the participants' external world (the issue of relations) in their process of recovery.

10.4. Comparison with the integrated model of the self from the literature review and discussion

10.4.1. Comparison of my findings with the integrated model of the self from the literature review on the ability of cognition and discussion

Human beings take in information from the environment, store it and use it in calculations, and formulate their own behavioural responses based on memories and social calculations (Baumeister, 1999, p. 119). For social cognition, the self as an important and autonomous player that both actively intervenes in the processing of information, and is itself a knowledge structure resulting from information processing (Baumeister, 1999, p.119).

However, people generally select, interpret, and recall information to be consistent with their prior beliefs (Baumeister, 1999, for reviews). Therefore, if a person's prior beliefs are positive, cognitive biases that favour conservatism generally will maintain positive illusions more specifically. In other words, if a person's beliefs about one's self and the environment are positive, cognitive drift also maintains positive self-conceptions.

Therefore, it is understandable how the participants perceive themselves and their environment before the abuse has affected their recovery processes. Participants No. 2 and 8 do not receive psychotherapy and do not perceive having much negative impact on them. Participant No. 2 states that she receives a lot of love from her family and her environment (church), so she still perceives her environment positively. Participant No. 8 perceives that she has higher self-confidence, so the experience of abuse does not affect her. On the other hand, participants No. 1, 7 and 11 describe the experience of abuse as making their low self-esteem even worse.

The more negative messages around the survivors' outside world (environment), the easier it is for them to internalise these negative messages. In my findings, the experience of abuse, society's value systems toward sexual abuse, and parents' negative reactions are part of the negative messages in the survivors' environment. Family functioning, school life and peer relationships also play important roles in affecting how the participants perceive themselves and the outside world. The degree of seriousness of the negative effects of sexual abuse on survivors depends on how many negative message survivors internalised. People tend to interpret information to be consistent

with their prior beliefs, as mentioned previously. Therefore, it is also not surprising that survivors need a long time to change how they perceive themselves, the experience of abuse and its impact if they internalise so many negative messages.

In my findings, the participants start to change when they acknowledge how they select, and interpret information to be consistent with their prior beliefs. They call this self-awareness. They are able to make alternative explanations, assumptions and judgements about their experience of abuse and its impact. For example, they are willing and able to learn positive thinking. Moreover, they change their attribution systems (attribution theory focuses on how people make attributions about events) about the experience of abuse and the unresolved issues in their lives. They realise they are not their experience of abuse. In other words, they become more objective about their experience of abuse and themselves. Participants' narratives provide more specific contents of the cognitive aspect in the issue of the recovery process, as mentioned in **section 10.3.1.3 (Rational thoughts and cognition)**.

10.4.2. Comparison of my findings with the integrated model of the self from the literature review on the ability of dealing with the external world

1. Participants did not perceive the three abilities: ability to consider sexuality issues, ability to establish mature relations with others and boundaries, and ability to make self-protective judgements (as discussed in **Chapter 2)** as their natural abilities. They tended to feel very nervous about the issues of sexuality and boundaries (No.'s 1, 3, 5, 6, 9, 10, 11 and 13). Therefore, they have learned to explore their anxiety of these issues.
2. They perceived the ability of flexibility **(Chapter 2)** as a result after their recovery journeys. In other words, the participants perceive that they have alternative choices and perceptions about their difficulties and the experience of sexual abuse.
3. Participant No. 3 was aware that her ability of empathy (as mentioned in **Chapter 2**) with others was very weak, so she had difficulty communicating with them. Most of participants were aware that their ability of empathy had helped them to understand other survivors. This process of understanding helped them to understand themselves and to accept themselves as victims. Therefore, they were able to stop blaming themselves for the abuse. Moreover, this ability also helps the participants to understand their experience of abuse and the abuser. The participants are able to come to the issue of forgiveness because of this ability.

4. Some participants were proud of their nature of 'determination' to go through their journeys. This is kind of will power (as mentioned in **Chapter 2**). In addition, the participants increase their self-confidence and other inner strengths because of the process of recovery.

10.4.3. Comparison of my findings with the integrated model of the self from the literature review on the ability of dealing with the inner world

Development of the ability to deal with the inner world (Chapter 2)
1. Ability of externalisation
2. Ability to regulate self-loathing, ability to strive for personal growth
3. Ability of reflexivity, ability to introspect
4. Ability of awareness (including emotional awareness)
5. Ability to be alone without being lonely
6. Ability to use defence mechanisms to tolerate strong effects and calm oneself
7. Ability of internalisation
8. Ability to feel and express feelings

1. They were willing to discover their ability to feel (item 8), to face and to respect their emotions.
2. They were aware how they internalised (item 7) negative messages about themselves and their experience of abuse from society and other people. They also have developed the ability to internalise positive messages from friends, therapy group members, and counsellors.
3. They were aware which kind of defence mechanisms (item 6) they had used and were able to decide whether they would change them or not. They have become more flexible in their defence mechanisms and use them at a conscious level.
4. They were able to be alone (item 5), and a few of them enjoyed being alone. They also realised that the issue of loneliness is a universal issue rather than a consequence of the sexual abuse.
5. The whole process of their journeys depended on their ability for self-awareness (item 4). They suggested that this ability was a major, helpful factor throughout their journeys.
6. The ability of reflexivity (item 3) connected with the ability of self-awareness.
7. Participants have learned the abilities of self-loathing (item 2) and externalisation (item 1) throughout their journeys. The participants are able to externalise negative messages from society, family or themselves when they develop more internal strength (e.g. self-acceptance, self-esteem, self-confidence and so on)

The first step for participants No. 1, 3, 4, 5 was to become aware that they did not have any feelings. They started to consider why they did not have feelings and to learn to notice and to express their feelings gradually. They (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, and 12) were also aware that they internalised many negative messages about their self-image from their family, and learned to internalise positive messages from others. The more confidence they had the more they were able to externalise these old negative messages. They were able to develop their own value system to analyse themselves and their life experiences. They perceive this process as part of the recovery process (RESEARCH 2.a).

10.4.4. Comparison of my findings with the integrated model of the self from the literature review on psychological needs

Psychological needs (Chapter 2)
1. Need for transcendence /self-actualisation
2. Need for power/frame of reference
3. Need for affection/intimacy (including sexual intimacy)
4. Need for identity (including sexual identity)
5. Need for esteem/industry (including sexuality)
6. Need for independence/autonomy
7. Need for safety
8. Need for dependency/trust

There are three points drawn from this comparison:

1. The participants were aware of their need for dependency/trust, safety, esteem, intimacy, identity and power. This was because their unresolved issues connected with these needs. They were aware that they increased their confidence to fulfil these needs after their journeys of recovery. This will be discussed in **Chapter 12 (Results after the recovery processes).** The individual's self does not feel satisfied in these psychological needs and causes different effects or difficulties for individuals. Although the dissatisfaction may become the vulnerable self, as mentioned in Chapter 9, this dissatisfaction also motivates individuals to change.

2. They perceived that independence (item 6) was a necessary task in their lives, rather than a need. In other words, they realised that they were not able to be dependent on someone else, therefore, they had to learn to be more independent.

3. They were not aware of the need for transcendence (item 1) but perceived this need

as a result of their processes of recovery.

Apart from the above differences, the integrated model of the self did not emphasise the ability of taking actions and the external support that are helpful factors in the process of recovery, as shown by the data analysis.

To sum up, this chapter analyses how the participants change their perspectives on themselves and the abuse by using their internal abilities, the ability of cognition, support from the external world and their own actions as part of their process of recovery (RESEARCH QUESTION 2.a). The findings of this chapter will contribute to develop a diagram of understanding the process of recovery from sexual abuse in **Chapter 14, Section 14.12**.The next chapter will focus on how the participants explain their vulnerable part of the self, the abuse, and their unresolved issues. It also looks at the different explanations for the effects of the abuse between two groups of the participants: one which has counselling and the other which does not. This is as an answer to RESEARCH QUESTION 3.

CHAPTER 11 THE VULNERABLE PART OF SELF IN RECOVERY PROCESSES IN THE ISSUE OF SELF-IMAGE 218

11.1. MAIN FINDINGS 218
11.2. INTRODUCTION TO THE WEAK PART OF SELF IN THE RECOVERY PROCESSES IN THE ISSUE OF SELF 220
11.3. HOW THE PARTICIPANTS UNDERSTAND THEIR EXPERIENCES OF ABUSE 221
11.3.1. Family dynamics caused the abuse (No.'s 8, 9, and 12) 221
11.3.2. Satisfaction of emotional needs for the abusers 221
11.3.3. Curiosity about sex and without correct sex education in the family 221
11.3.4. It was not a physically painful experience so she did not need to speak out or run away. 222
THE PARTICIPANTS ATTRIBUTE SECTIONS 11.3.1 TO 11.3.4 TO EXPLAINING HOW THE ABUSE HAPPENED IN THEIR FAMILIES, WHICH ANSWERS RESEARCH QUESTION 1.A: HOW THEY UNDERSTAND THEIR ABUSE 222
11.4. HOW THE PARTICIPANTS WHO DID NOT RECEIVE COUNSELLING UNDERSTOOD THE EFFECTS OF THEIR ABUSE 223
11.4.1. The processes of coping with their unresolved issues 223
11.4.2. What coping methods the survivors can learn for the unresolved issues from those who do not receive psychotherapy 224
11.5. HOW THE PARTICIPANTS WHO HAVE RECEIVED COUNSELLING UNDERSTOOD THE EFFECTS OF THEIR ABUSE 226
11.5.1. How the participants understood their isolation: Isolated from peer group and dissociated from themselves 226
11.5.2. How the participants understood their inability to distinguish the past and the present; the child self and adult self; and its effects 226
11.5.2.1. Unresolved issues 1: Participants' relationship with their mothers and the ability of empathy 227
11.5.2.2. Unresolved issues 2: Distinguishing the past and the present 228
11.5.2.3. Unresolved issues 3: Relationship with parents 228
11.5.2.4. Unresolved issues 4: Feeling of powerlessness 229
11.5.2.5. Unresolved issues 5: High expectation of her future partner 229
11.5.3. How the participants understood their feeling of guilt 230
11.5.4. How the participants understood their fear of the abuse memories 231
11.6. COMPARISON WITH THE INTEGRATED MODEL FROM LITERATURE REVIEWS AND DISCUSSION 232

Chapter 11 The Vulnerable Part of Self in Recovery Processes in the Issue of self-image

11.1. Main Findings

1. How the participants understand their abuse: This answers research question 1.

There are four reasons given in their explanations to answer why the abuse happened:

(1) Family dynamics

(2) Satisfaction of the abuser's emotional needs

(3) Curiosity about sex and without correct sex education in the family

(4) It was not a physically painful experience so she did not need to speak out or run away.

2. How the participants who did not receive counselling services understood the effects: This answers research question 3.

(1) The participant continually perceived that she was in a loving environment.

(2) The participant continually perceived that she was good (positive self-image).

(3) The participant acknowledged and valued that she had wider life experiences.

(4) The participant focused on how she could overcome her difficulties and took action to practice.

(5) The participant did not connect and explore the relationship between the experience of abuse and her negative emotions and difficulties.

3. How the participants who have received counselling understood the effects: This answers research question 1.

(1) Family, the abuse and school life → (caused) feelings of shame, dirtiness, being different from others → (caused) isolation from peer group and dissociation from themselves → (caused) feelings of inferiority, and numbness.

(2) The abuse → (caused) life being stopped in the past → (caused) inner self did not grow up (inner child) → (caused) using child's view to cope with adult life → (caused) difficulty distinguishing the past and the present→ (caused) different difficulties in different participants→ (caused) feelings of powerlessness and fear again because they were not aware of their adult abilities→ (caused) these feelings being extended to their

adulthood → (caused) seeking someone to help but having fear at the same time (difficulty trusting)→ (caused) might meet wrong or right person, might have very high expectation of future partner, or might have irrational expectations from their mother.

(3) The abuse→ (caused) having nice feelings in their bodies + needing attention (and love)→ (caused) actively or passively asking→ (caused) feeling responsible for the abuse→ (caused) a feeling of guilt→ (caused) different methods for coping with this feeling (No.'s 4, 9, 10 and 12)

(4) The frightening memories of the abuse→(caused) a feeling of being damaged →(caused) subconscious physical reaction to protect themselves (e.g. keeping one of her arms empty), being over worried about health (somatic) → (caused) going to different hospitals for check-ups, and being afraid of being close to male friends→ (caused) not presenting any feminine characteristic.

11.2. Introduction to the weak part of self in the recovery processes in the issue of self

In Chapter 10, the participants' self-awareness, self-acceptance, their belief systems, positive emotions, thoughts, and behaviours are helpful factors in their processes of recovery. I also analysed what their processes were in previous chapters.

As mentioned in **Chapter 9, Figure 9.2,** the positive and vulnerable parts of self interact with each other. The term 'vunerable' means that participants have perceived this part of the self causes their unresolved issues in the past or present. According to the data, I divided this weak part into two sub-categories. One is that the unresolved issues connect with the experiences of abuse. The other is that the unresolved issues only connect with other life experiences in the participants' perceptions.

This Chapter will focus on how the participants understand the abuse and the effects. This process of analysis will provide understanding to how the vulnerable part of self has been formed by the experience of sexual abuse. The narrative paragraphs can be found in **Appendix B**.

11.3. How the participants understand their experiences of abuse

Most participants had tried to understand why the abuser did 'that kind of behaviour' (their own term, it means the abuse) to them and why this abuse happened to them but not others. Only three of them (No.'s 8, 9 and 12) developed their own explanation about their abuse. Others just could not understand why, and they gave up seeking the answer. Four reasons in their explanations give answers as to why the abuse happened:

11.3.1. Family dynamics caused the abuse (No.'s 8, 9, and 12)

Participants No. 8 and 9 perceived that their parents ignored their brothers. They could not have satisfaction in the family. Therefore, they attacked their sisters to punish the parents. Participant No. 12 perceived that her family allowed the abuser to do whatever he wanted. Everything in the house seemed to belong to him. Everyone served him in different ways because he was the only boy child in the family. Participant No. 12 suggested that her family's dynamics implied that her brother might view her as part of his property. Therefore, it was not surprising that her brother took her to satisfy his needs. Moreover, it was natural for him to feel curious about sex at that age and used his sister as his 'guinea pig'.

11.3.2. Satisfaction of emotional needs for the abusers

Participants No. 8 and 9 perceived that their brothers used the abuse to repair the hurt of their parents' neglect. Participant No. 8 does not blame her brother (the abuser) and perceives that he is a victim, too. Participant No. 9 believes that her brothers (the abusers) are responsible for the abuse. This was because they are older than she is and they knew what they did was not right.

11.3.3. Curiosity about sex and without correct sex education in the family

Participants No.'s 8, 9 and 12 perceived that their brothers' curiosity about sex had stimulated them to take their younger sisters as 'guinea pigs' to explore sex issues. Their parents did not offer correct sex education for their brothers and did not teach them about body boundaries. This contributed to the abuse happening. Participant No 12 also said that her mother did not wear her top after showering. Therefore, she wondered how much influence this had on her brother's curiosity about sex. He may have tried to explore it throughout the abuse.

11.3.4. It was not a physically painful experience so she did not need to speak out or run away.

Participant No 12 mentioned that her brother was very gentle and slow in the abuse process. She did not feel any physical pain or any feeling of fear. Therefore, she did not need to run away. If she did, she was not successful. Moreover, she acknowledged that she was only a child so where could she run to? She was only a child so she did not know how to speak out. Therefore, the abuse continued. I analysed why the participants did not tell and why they told of their abuse in **Chapter 14 (Recovery processes in the issue of Relationships)**.

The participants attribute **Sections 11.3.1** to **11.3.4** to explaining how the abuse happened in their families, which answers RESEARCH QUESTION 1.a: how they understand their abuse.

11.4. How the participants who did not receive counselling understood the effects of their abuse

I analyse the experiences of recovery of participants No. 2, 8 and 12 in order to answer RESEARCH QUESTIONS 2.a and 3.b. Participants No. 2, 8 and 12 do not have the experience of being counselled. Participants No. 2 and 8 have similar ideas on how they understand their effects. Participant No 12's processes of understanding her effects are similar to the other participants who have experiences of being counselled. This may be because participant No. 12 works in the mental health area. Therefore, she has more understanding about psychology and has chances to explore herself in her professional area. I will discuss participant No. 12 and others in the next section.

11.4.1. The processes of coping with their unresolved issues

Participants No. 2 and 8 did not experience guilt because of the abuse. They did not explore why they had some difficulties with sexual and emotional issues. They did not connect their difficulties and negative emotions with their experience of abuse. They focused on how they could overcome their difficulties. They perceived that they are 'simple (their own term)' people so did not want to make their difficulties even more complicated. They allowed themselves to have negative emotions without knowing why. Participant No 8 also mentioned that she was not a very sensitive person so she did not feel hurt by her experience of abuse. Both of them described themselves in more positive ways (positive self-image) than other participants in this study. Participant No 2 perceived that she has received much love from her environment and people around her. She also believes that most things in this world are still beautiful, although one unhappy event (the abuse) had happened in her life (paragraph 1 in **Appendix B)**.

Both of them acknowledged that many life events have happened, not just the abuse. Therefore, they have enjoyed their other life experiences. Abuse was only one of their life experiences. Participant No 10 (having been counselled) also presented similar ideas. She believed that other life experiences were as important as the experience of abuse in shaping her thoughts and emotions.

As a result, the following reasons will answer why the participants (No.'s 2, and 8) have not perceived (or experienced) severe damage in their lives.

1. The participant continually perceived that she was in a loving environment.
2. The participant continually perceived that she was good (positive self-image).
3. The participant acknowledged and valued that she had had wider life experiences.
4. The participant focused on how she could overcome her difficulties and took action to practice.
5. The participant did not connect and explore the relationship between the experience of abuse and her negative emotions and difficulties.

11.4.2. What coping methods the survivors can learn for the unresolved issues from those who do not receive psychotherapy

According to the analysis in the previous section, survivors can learn four ways of coping from participants No. 2 and 8.

Firstly, survivors are encouraged to seek a supportive environment and have more positive input. As mentioned in **Chapter 10.4.1,** people internalise more positive information about themselves when they are in a supportive environment.

Secondly, survivors are encouraged to transform their negative self-image as well as to create a more positive self-image. Although the process to improve one's self-image is not easy, it is very possible, according to these participants' experiences.

Thirdly, survivors are encouraged to create positive life experiences and value these experiences. For example, participant No 12 described that she not only pays attention to dealing with the experience of abuse, but also puts her energy into learning new life experiences. Therefore, the old images and experiences were able to be replaced and repaired.

Finally, survivors are encouraged to take action to have various skills training based on their need to overcome their unresolved issues. For participants who received counselling, they have achieved these four coping methods throughout their experiences of being counselled as well as their life experiences.

However, it is dangerous to suggest that a survivor should not connect with their experience of abuse as participants No. 2 and 8 did not for two reasons:

1. The data from two participants are not enough to make generalisations.

2. Although **Chapter 9, Figure 9.2** generalises the path of recovery from these data, individuals have very different conditions in their processes. For example, the elements affecting their self-image, the helpful factors in their strong part of self, the unresolved issues in their vulnerable part of self are all different in different participants. They have different perceptions about their experience of abuse and the effects because each individual is unique, as argued in **Chapter 2**. Therefore, some survivors may be able to resolve their difficulties without making any connection between their unresolved issues and their experience of abuse. However, not all survivors will benefit from it. According to the data from the participants who have received counselling (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11 and 13), they have perceived that self-awareness of the relationship between their unresolved issues and the experience of abuse has helped them to deal with their difficulties (**Chapter 10.3.1**).

11.5. How the participants who have received counselling understood the effects of their abuse

It is very difficult to generalise how these participants understand (or perceive) their effects because their effects are different from one another, as argued in **Chapter 2**. Although they have some similar effects, they perceive that how the effects have been formed are very different, simply because they are different individuals and from different families. Participants understand the effects of abuse with different explanations according to their own perceptions. This section focuses on how the participants who have received counselling understood the effects of the abuse in order to answer RESEARCH QUESTIONS 2.a and 3. All narrative paragraphs are in **Appendix B**.

11.5.1. How the participants understood their isolation: Isolated from peer group and dissociated from themselves

Family, the abuse and school life → (caused) feelings of shame, dirtiness, being different from others→ (caused) isolation from their peer group and dissociation from themselves →(caused) feelings of inferiority, and numbness.

For instance, a feeling of being dirty has affected participant No 3 in many ways. She has perceived that she is not good enough to have friendships, as described in paragraph 2. Therefore, she has isolated herself and not been able to go out to work. She also said that she has felt shame about her inner self. Although she tended to disassociate from her feelings in her social life, she gets in touch with her feelings in her private life. This is the first step of self-awareness.

11.5.2. How the participants understood their inability to distinguish the past and the present; the child self and adult self; and its effects

The abuse → (caused) life stopped in the past → (caused) inner self did not grow up (inner child) → (caused) using child's view to cope with adult life → (caused) difficulty distinguishing the past and the present→ (caused) different difficulties in different participants→ (caused) feelings of powerlessness and fear again because they were not aware of their adult abilities→ (caused) the feelings being extended into their adulthood → (caused) seeking someone to help but having fear at the same time (difficulty trusting) →(caused) might meet wrong or right person, might have very high

expectation of future partner, or might have irrational expectations from their mother. This dynamic caused five unresolved issues for the participants. I analyse them in **Sections 11.5.2.1** to **11.5.2.5.**

11.5.2.1. Unresolved issues 1: Participants' relationship with their mothers and the ability of empathy

It is very possible for human beings to say one thing but to feel something totally different. Therefore, an ability to empathise with others' unspoken feelings and emotions helps people to understand others more fully. For example, participant No. 3 could not empathise with her mother's unspoken feelings toward her experience of abuse, so she only took her non-supportive language (as described in paragraph 3 and 4). She became very upset and lost her vigour because of this language. If she could empathise with her mother's powerlessness and fear, she might have decreased her expectation of her mother's support. In a similar way, if she could empathise with her mother's sadness about her experience, she might feel a bit better because it meant that her mother cared about her experience, even though her mother said that she (the participant) was responsible for the abuse.

Participant No. 3 perceived that the other reason why she had high expectations of her mother was because it meant that she loved her mother. She was afraid that if she did not have high expectations of her mother, she might lose her relationship with her mother, as described in paragraph 5. This made it very difficult for her to decrease her expectations of her mother, since she needed her mother's love very much. It may also imply that this participant wished her mother 'to save' her from her powerless situation, because she perceived her mother to be a powerful figure and in charge of everything. It was also possible that she felt so disappointed because her powerful figure mother did not rescue her (paragraph 4).

It is natural for children to go to their mothers when they meet situations of powerlessness. A child also perceives her mother as a powerful person. Some participants (No.'s 1, 3, 5, 11, 7, 9, and 11) wanted to have support from their mothers because they may still perceive them as powerful people from the perspective of the hurting inner child rather than from their present adult view. Unfortunately, some parents or family members are more vulnerable than the participants are (No.'s 3, 11,

and 5). They are not, as in the survivors' imagination, able to 'save' them from their vulnerable situations. Therefore, they may become angry with the survivors or blame survivors in order to overcome their feeling of powerlessness. For example, participant No 3's mother said that she was responsible for her own abuse. Therefore, it will be helpful for victims to understand that people (including their families) tend to blame victims due to their own powerlessness.

11.5.2.2. Unresolved issues 2: Distinguishing the past and the present

Participants No. 3, 5, 7, and 11 had difficulty distinguishing the past and the present. For instance, participant No. 3 totally attached herself to her mother, as she describes in paragraph 5. Therefore, any non-supportive reactions from her mother could hurt her very easily. Participant No. 3 was aware that she tangled her mother, family members and past experiences together (paragraph 6). It is expected by the participant that the more she can separate from her mother and past experiences the more she can live in the present (paragraph 6).

Moreover, participants No. 7 and 11almost could not distinguish their adult self and inner child self (the child who had been hurt) at the beginning of their counselling (paragraph 7). The more awareness they had about the adult part of the self, the more ability they had to be independent because the inner child did not need to depend on others but on the adult self (paragraph 7).

11.5.2.3. Unresolved issues 3: Relationship with parents

Participants No. 1, 3, 4, 5, 8, 9, 11 and 13 had difficulty with their parents. For instance, participant No. 7 did not want to do well at school in order to punish her parents' attitude toward her experience of rape. She used her behavioural problem to remind her parents that she was not yet recovered and needed their attention and love. She guessed if she did very well at school her parents would think that she had already recovered from the rape (paragraph 8).

For participant No. 10, the child part still wished her mother to comfort her regarding her abuse. In contrast, her mature adult part decided that she did not want to tell her parents about this abuse. This was because she assessed that her parents were not able to take the fact of abuse, as described in paragraph 9 (No. 10).

11.5.2.4. Unresolved issues 4: Feeling of powerlessness

Some participants (No.'s 1, 3, 4, 5, 7, 10 and 11) suffered from a feeling of powerlessness because the abuse caused this feeling. For instance, participant No. 7 gave up in the first year of her University course because she did not know how to communicate with others. She went back to the University in the second year and became involved with a man. She spent all her time with him because she did not have the confidence to make friends and to have another social life. However, he was a very violent and dominant man. She knew that he was not the right man for her but she could not leave him because she needed to depend on him due to her feelings of vulnerability and weakness. She wanted to have a man to hold and love her. She wanted a man to treat her as if she was a little girl. This man could treat her as a little girl so she depended on him totally because she did not feel that her parents loved her since the rape had happened. She needed a 'strong' man to save her from powerlessness and hopelessness.

11.5.2.5. Unresolved issues 5: High expectation of her future partner

Participants No. 7, 9, and 10 hoped their partners might repair their wounds by their love and acceptance. For instance, participant No. 10 was aware that she had a very high expectation of her future partner, as described in paragraph 10. She believed that if a man could accept her experience of abuse, this affair might repair the vacant part of her life. Why does she wish this? A few possible reasons from the data may explain this phenomenon.

Firstly, her family's expectation shaped her as an independent person but her need of dependency or intimacy was not be satisfied. Dependence is a basic need for any child or adult. A human being cannot be totally independent in this world. We all need to be both dependent and independent. She perceived that her parents did not satisfy her need for dependency. This need did not disappear, even when she became an adult. Therefore, it is sensible that the more she desires dependency the higher expectations she has.

Secondly, although the abuser provided a degree of caring and intimacy, he hurt her at the same time. As a result, she wished another 'strong' person to help her in her powerless and hopeless situation. She might have these feelings toward her experience

of abuse in the beginning, but these feelings could become part of her character because the abuse was a long-term phenomenon. As a result, her feelings of powerlessness and hopelessness might be extended to her life in general. It was as if a part of her did not grow up, so this child part still needed a strong person to help her to overcome the feeling of powerlessness. Therefore, she still needs a 'strong' person to comfort her and help her, as described in paragraphs 10 and 1 (No. 10). The strong person may also give her vigour to keep her life going (paragraph 12). Participant No. 11 also has a similar situation. She extends her fear of being hurt into her daily life. Moreover, participant No. 10 wanted to keep harmony in her family and protected the abuser (paragraphs 13 and 14). As a result, it is possible that she wished to have a mature partner's support and comfort for her sadness and powerlessness rather than to seek comfort and support from her parents, as described in paragraph 15 (No. 10).

To sum up, **Section 11.5.2** analyses how the participants understood why they could not distinguish the past and the present. They had five unresolved issues (**Sections 11.5.2.1** to **11.5.2.5**) because of this dynamic.

11.5.3. How the participants understood their feeling of guilt

The abuse→ (caused) having nice feelings in their bodies + needing attention (and love)→ (caused) actively or passively asking→ (caused) feeling responsible for the abuse→ (caused) a feeling of guilt→ (caused) different methods to cope with this feeling (No.'s 4, 9, 10 and 12).

Participants No. 4, 9 and 12 have felt very guilty about feeling physical pleasure because of the abuse. Participants No 4 and 9 had asked for the abuse after the first time it occurred. Participant No 12 did not reject the abuse. Participant No 10 asked once for the abuse because she was very lonely and needed attention. They have blamed themselves for their physical pleasure and actively asking for the abuse.

Participant No 4 interpreted the meaning of her actively asking was the need to be loved and to love. She also realised that her physical pleasure was a 'normal' reaction. Therefore, she was able to forgive herself.

Participant No 9 still struggles with either forgiving or blaming herself in her interview.

Participant No 10 knew that she needed love and attention when she asked for it. She has accepted that a child needs love and attention. Therefore, she was able to forgive

herself.

Participant No 12 gradually accepted that she liked the physical pleasure and it was normal. She argued that she liked the physical pleasure but it did not mean that she liked the abuser doing it. She could have physical pleasure through masturbation and she was in control. The abuser controlled her and she had to please the abuser during the abuse. Therefore, she could separate the abuse and her physical pleasure so she was able to forgive herself.

11.5.4. How the participants understood their fear of the abuse memories

The fear of the abuse memories→(caused) a feeling of being damaged →(caused) subconscious physical reaction to protect themselves (e.g. keeping an arm empty), being over-worried about health (somatic)→ (caused) going to different hospitals to have check-ups, and being afraid of being close to male friends→ (caused) did not present any feminine characteristics.

Participants No. 3, 5, 6, 9,10 and 11 have experienced a feeling of fear but they cannot remember what actually happened in the abuse. I analyse the feeling of fear in more detail in **Chapter 13 (The recovery processes in the issue of emotions).**

To sum up, **Section 11.5** analyses how the participants understood the effects of sexual abuse in order to answer RESEARCH QUESTIONS 1.a and 3.

11.6. Comparison with the integrated model from literature reviews and discussion

This chapter focuses on how the participants understand and interpret the effects of sexual abuse. The consequences of sexual abuse in **Chapter 3** and the integrated model of the self, trauma and recovery in **Figure 6.2** in **Chapter 6** do not present this process of interpretation about the effects of sexual abuse.

I organised three categories of effects according the data analysis of the participants' narratives. They are the issues of *'self'* (**Chapters 9 to 12**), *'emotions'* (**Chapter 13**) and *'relationships'* (**Chapter 14**). The integrated model (**Chapter 6**) includes six effects of sexual abuse: sexual, cognitive, physical, spiritual, social and emotional effects. The sexual, cognitive, physical and spiritual effects in the integrated model are described in the category of 'self' in my study. The integrated model is concerned with the issue of 'social' effects and I use the term of 'relationships' because this is one of the major issues in the participants' narratives.

Although many effects were listed in **Chapter 3 (The nature of sexual abuse)** normally, the participants only described a few major effects in their lives during the interviews. Very often, after a few years of their journeys in dealing with their experience of abuse, they changed their attribution systems to explain why the unresolved issue existed. For example, participant No. 4 though that the abuse caused her depression in the initial stage of her journey of dealing with her depression. She changed this attribution after her journey and now considers that her nature (her term) and family dynamic cause her depressive tendencies. Moreover, the experience of abuse might co-operate with her nature and family dynamic to cause her depression.

The participants did not present their lives as full of 'problems (or that they were full of 'symptoms'). Therefore, it can be very dangerous for counsellors/researchers to use a 'sexual abuse survivor's symptoms checklist'. The checklist is a 'product' in a 'counsellor centre' rather the guidelines of a client centre. In other words, this action of using a 'symptoms checklist' may suggest that clients have problems or are abnormal. Moreover, my analysis suggests that the participants' difficulties were not all caused by their experience of abuse. The participants perceived that many other elements in their lives had caused (or contributed to) their unresolved issues. Some of their unresolved

issues may be nothing to do with their experience of abuse. As a result, if therapists or researchers use a checklist, it seems to suggest that their experience of abuse has caused all their unresolved issues. This is not necessarily true.

On the issue of sexual effects, most of the participants described their difficulties in their feelings, thoughts and attitudes towards sexuality. They seldom complained that they did not have satisfaction in sexual activities. This finding is different from the literature review in **Chapter 3.** This may be because only four participants had regular sex with their husbands. Therefore, the difficulties did not appear on the surface. Only participant No 1 did not have good feelings during sexual intercourse with her husband in her initial stage of recovery. However, she has felt much better after three years of her journey. She describes that she has learned to enjoy her present life and roles in her own family throughout her journey of dealing with her unresolved issues.

To sum up, this chapter analysed how the participants understood why the abuse happened and the effects of the abuse in order to answer RESEARCH QUESTIONS 1.a and 3. I will analyse the results after the recovery processes in the issue of the self. Although the issue of 'emotions' and 'relationships' are part of the self, I will analyse these two issues in more detail in **Chapters 13** and **14**. The findings of this chapter will contribute to developing a diagram of understanding the process of recovery from sexual abuse in **Chapter 14, Section 14.12**.

CHAPTER 12 THE RESULTS AFTER THE RECOVERY PROCESSES IN THE ISSUE OF THE INNER SELF 234

12.1. MAIN FINDINGS 234
12.2. INTRODUCTION TO THE RESULTS AFTER THE RECOVERY PROCESSES IN THE ISSUE OF SELF ... 235
12.3. THE RESULTS IN THE ISSUE OF THE SELF AFTER THE PROCESSES OF RECOVERY 236
12.3.1. In creasing the understanding of human beings and suffering 236
12.3.2. The participants explore the meaning of the experience of abuse and the recovery process 237
12.3.3. Increasing positive self-image, self-confidence and self-acceptance 238
12.3.4. Increasing their self-awareness after the recovery process 239
12.3.5. The feeling of a sense of whole person 239
12.3.6. Enhancing their self-identity 239
12.3.7. Being able to be alone 240
12.3.8. Living in present 240
12.4. COGNITION AND BEHAVIOUR CHANGES AFTER THE PROCESS OF RECOVERY 242
12.4.1. Increasing the ability of problem solving 242
12.4.2. Developing own value system 243

Chapter 12 The Results after the Recovery Processes in the Issue of the Inner Self

12.1. Main Findings

1. The results after their processes of recovery in self-image include two aspects:

(1)About self: Their self-awareness is increasing. For example, they are aware that their physical reaction in a similar situation is similar to the situation of abuse. Moreover, they are aware why they (No.'s 9, 11 and 13) always need go to hospitals. In addition, they have more confidence and self-acceptance. They are able to live in the present and enjoy their current lives. They have developed better abilities for coping with their resolved issues. For example, they are able to be alone. They are able to sense a feeling of being a whole person. They have also realised that the experience of sexual abuse is not the single factor causing all their unresolved issues in their lives. They develop positive meanings for their suffering. My findings suggest that the negative 'physical effects' and 'cognitive effects' (the terms used in the literature review in **Chapter 3**) are decreasing after their journeys of recovery. However, it is not necessarily because of the 'professional intervention' as suggested in the integrated model. Various factors co-operate to make the change possible. For example, the participants' strong motivation and willingness to transform the negative effects on them.

(2)About cognition and behaviour: They are aware that they tend to process information into a negative direction to be consistent with their prior beliefs. After they have this awareness, they are able to change their processing directions and coping methods in dealing with their unresolved issues. For example, they encourage themselves rather than self-blame. They develop a mature view (or an adult view) to review their experience of abuse and its impact. They perceive that they are able to develop their own value system to analyse their experience of abuse, rather than judge themselves by society's attitudes (e.g. the virginity complex).

12.2. Introduction to the results after the recovery processes in the issue of self

I evaluated the data from **Chapters 9** to **11** about how different elements have affected the participants' self, how the strong part of self and weak part of self influences the recovery process, and how they understand the experience of sexual abuse and its effects. This chapter will focus on the results after their process of recovery in the issue of the self. The results emerged from interviewees' data and included five aspects: the change of self, cognition (and behaviour), emotions, sexuality and relationships. The issues of **'Emotions', 'Sexuality'** and **'Relationships'** will be analysed in more detail in **Chapters 13** and **14.** This chapter will only discuss the change to the inner self and cognition. The narrative paragraphs are in **Appendix B.** The findings of this chapter will answer part of RESEARCH QUESTION 2.e: what is the result after a recovery process?

12.3. The results in the issue of the self after the processes of recovery

There are eight results in the issue of the self and two results in the issue of cognition, according to my data analysis.

The issue of the inner self:

- Increasing the understanding of human beings and sufferings.
- The participants explore the meanings of the abuse and the recovery process.
- Increasing their positive self-image.
- Increasing self-awareness.
- Feeling a sense of whole person.
- Increasing self-identify.
- Being able to be alone.
- Being able to live in the present.

The issue of cognition:

- Increasing the ability of problem solving.
- Developing own value system.

I analyse these results in the following sections.

12.3.1. In creasing the understanding of human beings and suffering

The participants develop a deeper understanding about human beings and psychological pain. The participants believe that suffering has positive meaning in life (No.'s 1, 4, 5, 6, 7, 9, 10,11 and 12). They have perceived that the experience of abuse is a life task and training for them. They believe that each person has their own life tasks. They also suggest that suffering is a 'fact' in a human being's life (No.'s 5, 7, 9, 10, 11 and 13). Moreover, they have admitted that life has both positive and negative sides (No.'s 1, 5, 7, 11 and 12).

Participant No. 5 has learned that she is able to be in charge and take responsibility for her own life, as described in paragraph 1. She is proud of herself that she was able to create a new future, although she had been abused in different ways. She can also view the concept of being fortunate and unfortunate in a higher spiritual meaning in a human being's life (paragraph 2). She has a new insight that each life; even a dog's, has these two parts. Therefore, she accepts that a human being's life includes both fortunate and unfortunate events. As a result, she realised that each person has tasks, and needs to develop these issues by herself. Moreover, tasks in a person's life are not only for

survivors of sexual abuse but also for others, as described in paragraph 1(Participants No. 1, 4, 6, 9, 10, 11, 12 and 13 have similar conclusions at this point).

Participant No. 10 is at peace with herself after opening her tin (her own term to indicate how she deals with her experience of sexual abuse (paragraph 3)) and still maintains her confidence about having a nice life in this living world (paragraph 4). She also transforms the stuff inside the tin. She has a great understanding about a human being's value (paragraph 5) and becomes more flexible in her thoughts (paragraph 6). Finally, she realises that each person in this world is equal to each other because each one needs to go through his or her own trial and has his or her own life tasks.

Participant No. 11 has a deeper understanding about a human being's life. She described that pain was the most fundamental element in life. The meaning of self-development was to go through painful experiences in life, as described in paragraph 7.

Participant No. 11 is able to help others because of her experience of abuse and recovery journey. She no longer has to view herself as a victim and enjoys her present life. She does not want to accuse anyone of the abuse but will try to help this society to understand the issue of child sexual abuse, as described in paragraph 8.

12.3.2. The participants explore the meaning of the experience of abuse and the recovery process

The data shows that one of the significant characteristics of recovery in the later stages might be to develop a higher spiritual understanding of a human being's life in this universe. For example, some participants (No.'s 1, 4, 5, 6, 7, 9, 10, 11 and 12) proclaim that they have a deeper understanding about the meaning of being human and the nature of pain . The participants 'accept' what happened and develop potential abilities from their pain. For example, participant No. 5 'admits' that a human being's life is ever changing, but she can still keep hope and create happiness for herself (paragraph 9).

Participant No. 7 developed different meanings about human beings' worth and her experience of abuse. This was a similar process to other participants in this study. These data point out that a survivor's relationship with change in her environment is an element in a process of recovery: for instance, the relationship with the inner self, with family, husband (or boyfriend), and with this world. The other element in a process of recovery is when a survivor develops a new meaning for her experience or a new way to

review her experience of abuse.

Participants No. 10 and 11 perceive that both the experience of abuse and other life experiences influence their self-image. For instance, participant No 10 said that apart from a few effects, her other life experiences have shaped most of her 'I' (as described in paragraph 10). She realises that she has her own life tasks, as others have. This equality of a truth in human beings' lives has given her hope that she is able to have a nice life as other people have (paragraph 11). In the same way, her journey in dealing with her experience of abuse has helped her to affirm human beings' value in this universe. The more she can affirm the value of herself, the less her experience of abuse can destroy her, as described in paragraph 10 (No. 10).

12.3.3. Increasing positive self-image, self-confidence and self-acceptance

The participants are able to love themselves (No.'s 1, 3, 4, 5, 6, 7, 9, 11, 12 and 13). They still have confidence that they will have nice lives (No.'s 1, 5, 6, 8,10, 11 and 12). Participants (No.'s 1, 4 and 13) have developed a more positive self-image and confidence in the later stages of recovery. They have also developed a healthy meaning for the body's reactions towards physical intimacy. Therefore, they relieved themselves from the irrational responsibility of the abuse. They have started to be proud of themselves and about what they have been through in this journey. They found a deep meaning for themselves in this journey. Moreover, this meaning making process has built up their confidence and a positive self-image. Therefore, they have learned to admire and to love themselves through this journey. They have also learned positive thinking[1] (their own term) in their daily lives and about body image through the journey. They consider more about the meaning of the self and human beings rather than the abuse after they increase their ability to love themselves.

For instance, participant No. 7 has found out her 'real' self in her experiences of being counselled (paragraphs 12, 13) and has learned to respect her feelings of sadness and to express her feelings, as described in paragraphs 12 and 14. She gives herself time to get ready to do new things rather than to follow others' requirements. She also accepts that she 'cannot' do something, but it does not mean that she is not good enough (paragraph 19). She has learned to love herself rather than to punish herself; for example, she can

[1] 'Positive thinking' means a feeling of hope.

remind herself to stop scolding herself (paragraph 15). She uses more positive language about herself; for example, she is as nice as others are. She also allows herself to be patient with herself (paragraphs 15, and 16, No. 7).

12.3.4. Increasing their self-awareness after the recovery process

The participants are able to touch their inner beings and to express themselves. They increase their self-awareness. They perceive that they find a 'real self' (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, 12, and 13).

For example, participant No. 3 is able to touch her inner being and to express herself, as described in paragraph 17. She perceives that she was able to accept herself more after she started to explore her inner self and to express herself. She felt that she lost her childhood but she was able to experience her naivety once again because of the expression of her inner self.

12.3.5. The feeling of a sense of whole person

The participants are able to sense a feeling of being a whole person. They identify themselves as members of this world rather than feeling they are nobody (No.'s 1, 3 and 11).

For instance, participant No. 3 is able to sense a feeling of being awhole person with herself, as described in paragraph 18. She experiences that she has a history consisting of past, present and future life. She perceives that she did not have a present and future before because she seemed to live in the past, but she could not accept her past. Therefore, her inner self went to pieces. The more she accepts her past the more she experiences the wholeness of her inner self.

12.3.6. Enhancing their self-identity

Some participants (No.'s 1, 4, 5, 7, 10, and 11) enhance their self-identity after their process of recovery. For instance, participant No. 4 changes her identity as a survivor of sexual abuse to a 'person' in this world. She is proud of what she has gone through in her process. She was not proud of herself later on because she did not identify herself as a survivor any more. On one hand, she felt sad. On the other, she perceives that she has

gone to a higher level of recovery to create a new self-value system. Therefore, her self-image is not dependent on what kind of role she plays but who she is as a person in this world (paragraphs 19 and 20).

Participant No. 7 is able to perceive her life as a whole rather than focusing only on the experience of abuse (paragraphs 21 and 22). She gradually gets a sense of being similar to others in this world rather than a strange person different from others. This implies that she re-united herself with this world rather than withdrew from it (paragraph 23).

12.3.7. Being able to be alone

Some participants (No.'s 4, 6, and 9) increased their abilities to be alone throughout their recovery processes by different methods. Religion has played an important role in the most difficult stage in participant No. 4's journey. The most difficult point was that she has had to face her loneliness and helplessness. She has started to believe that her God is with her always. Therefore she is able to be with herself. As a result, she gradually increased the ability to be with herself and also believes that her God loves her as she is. Participants No. 6 and 9 are able to listen to their own inner voice and to communicate with themselves after they dealt with their experience of abuse (in paragraph 24, No. 9).

12.3.8. Living in present

The participants perceive that they have settled down mentally and physically (No.'s 1, 3, 5, 11, and 13) after their recovery process. They are able to distinguish the past and the present, and to have psychological boundaries with others. They have realised that the present is as important as the past (No.'s 1, 3, 5, 11 and 12) and learned to 'stay' and 'enjoy' their present happiness and roles (No.'s 9 and 11).

For instance, participant No. 3 perceives that she is able to distinguish her past and the present, as described in paragraph 25. She has more reality when she is able to distinguish the present and the past because she finds the beauty and reality of the present. She is able to love herself better because she has more confidence (paragraph 26). She is able to distinguish whether her sadness is for others or for herself.

Participant No. 11 has realised that she extended her memories of abuse to her whole

life. In reality, her memories can not destroy her daily life 24 hours a day if she is able to manage her memories, as described in paragraph 27. Therefore, she has learned to divide a part of her time for dealing with her memories of abuse and her sad inner child (paragraph 28). She is able to live in the present and plays her present roles better during the rest of her time. As a result, she is able to distinguish the present and the past and enjoys her present roles. She is able to experience her life is flowing rather than 'stuck' in the past (paragraph 29).

To sum up, these findings answer RESEARCH QUESTION 2.e about the results of the recovery process.

12.4. Cognition and Behaviour changes after the process of recovery

Many participants have developed positive thinking and language towards themselves (No.'s 4, 5, 6, 7, 10, 11, 12 and 13). Some participants have realised that they do not need to ask questions about the abuse because there is no answer. They may never know why the abusers did the offensive behaviours (No.'s 1, 4, 6 and13) so they spend their energy creating new lives.

Most of the participants have developed an adult view to understand the abuse and other daily life events. Therefore, the participants view the unresolved issues in different ways (No.'s 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, and 13) so they develop various problem solving skills and value systems.

12.4.1. Increasing the ability of problem solving

The participants perceive that their abilities of problem solving increase as part of the recovery process. The data suggests that behaviour change was a key element for many participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11 and 13). 'Give yourself new experiences' was a common sentence from participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, 12 and 13).

For example, participant No. 2 takes care of her own children rather than leaving them with a baby sitter, as described in paragraph 30, because her abuser was her baby sitter. She has not developed a meaning about her experience of abuse to help herself to make sense of it. This is very different from the others in this study. This may be because she perceives that she has not experienced a painful effect of the abuse as other participants did. Therefore, she does not think that she needs to explore the abuse. It is also possible that she has more secure feelings due to her positive childhood experiences. She receives love from family and church, but some participants did not have these. Therefore, she perceives that she does not suffer from the pain of low self-esteem, shame or guilt.

The other example, participant No. 5 had obsessive behaviour (needing to clean the house and floor) and anancastia (fear that someone may hurt her). The cognitive behaviour approach in her psychiatry treatment helped her to relax herself, to be aware of her stress sources, to list her stressful situations, and to allow herself to put this unsolved stress aside. She has learned to be aware of her inner strength and limitations and has learned to wait for a good moment to deal her stress, as described in paragraphs 31 and 32.

Participant No 5 did have chances to interact with friends because her mother did not allow her to do so. So, she did not know how to trust a person. Social skills training have helped her interpersonal relationships (paragraph 33) and she has learned to communicate with authority figures.

12.4.2. Developing own value system

The participants perceive that they develop their own value system as part of the recovery process. The participants (No.'s 1, 4, 5, 9, 10, 11 and 13) have developed their own value systems for understanding the abuse throughout their process of recovery. They tended to blame themselves for the abuse but gradually they viewed the abuse from a more objective perspective. For instance, participant No. 9 has developed her own value systems to understand her experience of abuse (paragraphs 34, 35, and 36) and feels more powerful in her life because she is in charge of her coping methods.

For participant No. 11, she felt guilty because she did not fight with the abuser in order to protect her virginity. This implied that she was not a good woman because she did not protect her virginity but survived instead. However, she realises that she was only five at that time and she was not able to act against the abuser. She also realised that she actually chose the most important thing - to survive. Therefore, she is able to have children, have good times with them, and has a chance to go through her journey of recovery because she is alive (paragraphs 37 and 38). To be alive is more important than virginity and her experience of abuse.

Participant No 11 also felt shame because she was not a virgin. This society values it greatly, as described in paragraph 39. She became angry about this value system after going through her journey. Her feeling towards this value system changes from shame to anger. It suggests that she has more self-confidence and inner strength so she is able to express anger.

Finally, participant No. 11 has admitted that she has different difficulties in her daily life. Her self-awareness also has helped her to understand these difficulties. She started to change after she became aware of them and has explored them in order to develop her own value system. For instance, she had difficulty trusting people, but she is willing to learn to trust her God (paragraphs 40, 41 and 42).

Participant No. 13 has also perceived that her self-awareness has been the most helpful factor in the process of recovery in the issue of self-image. This is because she has discovered her nice nature and has developed an adult view on her flashbacks so she is able to overcome her fear of them. Moreover, she has reviewed herself from many aspects in order to explore her own value system and has found her 'real self' (her own term). In addition, through her 'therapeutic process (her own term) she has realised that she was not responsible for the abuse'. In other words, she did not have this experience because she was a bad person. She utilises this task to increase her inner strength. This inner strength increases the power of her positive self-image, as described in paragraphs 43 and 44 in **Appendix B**.

To sum up, this chapter analyses the results of recovery process in the issue of the inner self and changes in cognition and coping methods. The findings of this chapter will contribute to developing a diagram of understanding the process of recovery from sexual abuse in **Chapter 14, Section 14.12.** Emotions, sexuality and relationships changes will be discussed in **Chapters 13** and **14.**

CHAPTER 13 DATA ANALYSIS –THE RECOVERY PROCESSES IN THE ISSUE OF EMOTIONS 245

13.1. MAIN FINDINGS 245
13.2. INTRODUCTION TO THE ISSUE OF EMOTIONS 247
13.3. THE ISSUE OF FEAR AND ANXIETY 248
13.3.1. The content of fear 248
13.3.2. The process of recovery from fear 249
13.3.3. Comparison with the literature review on the issue of fear and anxiety 250
13.4. THE ISSUE OF FORGIVENESS 253
13.4.1. Development of the capacity for forgiveness 253
13.4.2. Dynamics of forgiveness 254
13.4.2.1. Recognition of situations requiring forgiveness 254
13.4.2.2. Intention and decision to forgive 255
13.4.2.3. Forgiveness as memorial activity 255
13.4.2.4. Forgiveness as forgiveness of oneself 256
13.4.3. Main findings on the issue of forgiveness in my study 257
13.4.4. The reasons to forgive 257
13.4.5. How they forgive themselves 259
13.4.5.1. Participants realised that if they asked to be abused it was due to a need to feel loved 259
13.4.5.2. Participants realised that they were powerless victims 259
13.4.5.3. Participants reviewed the reasons for the abuse from an adult perspective 259
13.4.5.4. The whole process of recovery helps the participants to forgive themselves and let the abuse go 259
13.4.6. How they can forgive their God 260
13.4.7. How can they forgive their parents? New insights help them to forgive 261
13.4.8. How they can forgive their abusers 262
13.4.8.1. First Level of Forgiveness 262
13.4.8.2. Second Level of Forgiveness - cause and effects 263
13.4.8.3. Third Level of Forgiveness - Self Transformation 263
13.4.8.3.1. Dealing with negative emotion. 263
13.4.8.3.2. Forgiving oneself. 264
13.4.8.3.3. Accepting the experience of abuse 264
13.4.8.3.4. Empowering themselves in their present life 264
13.4.8.3.5. Accepting imperfect humanity 265
13.4.8.3.6. The power of empathy 265
13.4.8.3.7. The power of comparison 265
13.4.8.3.8. The power of objective views 265
13.4.8.3.9. The power of cognitive processes 266
13.4.8.4. Final Level of Forgiveness 266
13.5. THE ISSUE OF ANGER 267
13.5.1. Dealing with the complicated feelings between anger, fear and love 267
13.5.2. Coping processes in the issue of anger 269
13.6. THE ISSUE OF SADNESS 270
13.6.1. The unchangeable history and recovery from their sadness 270
13.6.2. The changeable issues 272
13.6.3. Comparison with the literature review on the issue of sadness or depression 272
13.7. THE ISSUE OF LONELINESS 274
13.7.1. Coping methods in the issue of loneliness 274
13.8. THE ISSUE OF SECURITY 277
13.8.1. Coping methods in the issue of security 278
13.9. THE ISSUE OF SEXUALITY 280
13.9.1. Coping methods in the issue of sexuality 280

TABLE 13.9.1 : THE DIFFERENT PARTICIPANTS CATEGORISED BY SEXUAL ISSUES ... 281

13.9.2. Comparison with the literature review on the issue of sexuality 282
13.9.3. The results of the recovery process in the issues of sexuality and gender 283
13.9.4. The results after the processes of recovery in the issue of emotions 285
13.10. RECOVERY PROCESS AND THE ISSUE OF CONFRONTATION AND TELLING OF THE ABUSE IN THE ADULTHOOD 287
13.10.1.1. Is it right to tell? 287
13.10.1.2. Why did the participants disclose the abuse in their adulthood? 287

13.11. CONCLUSION TO THE RECOVERY PROCESSES OF EMOTIONS AND COMPARISON WITH THE INTEGRATED MODEL 290

Chapter 13 Data Analysis –The Recovery Processes in the Issue of Emotions

13.1. Main Findings

Chapters 9 to **12** discussed the major theme of 'Self'. The analysis was based on the participants' narrative interviews. The results included both descriptive and critical analyses. I analysed: how different elements have affected the participants' selves throughout their lives to answer RESEARCH QUESTIONS 1 and 2.c (**Chapter 9**); how the participants' perceived their strong and weak[1] part of self having negative or positive influence in their processes of recovery to answer RESEARCH QUESTIONS 2.a and 2.b; how they understand their effects to answer RESEARCH QUESTIONS 1.a and 3 (**Chapters 10** and **11**); and the results of the recovery process to answer RESEARCH QUESTION 2.e (**Chapter 12**). Finally, I compared my findings with the integrated model that had been developed from the literature review in **Chapter 6**.

The theme of self is a huge topic and includes all aspects of a whole human being. Therefore, I draw out the issues of **'Emotions'** and **'Relationships'** in this and the next chapter, in order to analyse these issues in more detail. I draw out these two issues according to the major themes in the participants' narratives. I will describe how I map this chapter in the next section in order to answer RESEARCH QUESTION 2. The main findings in this chapter are:

Firstly, the participants have inner processes in their self-awareness, recognition of emotions, and changing value systems. The participants are aware of their own effects and emotions connected with the experience of abuse, and the fact that others' are incapable of supporting them in their processes. Sometimes, the participants seem to live in past space and time, and they increase a sense of reality through their processes (RESEARCH QUESTION 2.a).

Secondly, they are able to increase their inner strength due to this process and increase their ability of rational thinking. They also realise that many of their tasks are part of

[1] The participants use of the terms 'strong' and 'weak' were not meant to mean good or bad. The 'strong' part of self indicated that it might have positive influence throughout their lives. The 'weak' part of self indicated that they might cause the participants' unresolved issues. The 'weak' part of self encouraged the participants to go through their self-growth journeys. It could become part of the 'strong' self after their

human nature and not necessarily due to the abuse; for instance, the issue of loneliness. The inner processes are emotional and cognitive. Secondly, the participants develop new behaviours (RESEARCH QUESTION 2.e).

Thirdly, the participants seek different support and resources from the outside world. They create their support system, for instance friends, sisters, boyfriends, husbands, or group members. They seek counselling help and have chances to witness others' processes in order to reflect on their own processes. A few participants have reconciliation with their families so their families become a support system for them. The participants also seek help from their religions or a higher spiritual guide in their lives (RESEARCH QUESTION 2.c).

Finally, the results of the recovery process in the issue of emotions and sexuality (RESEARCH QUESTION 2.e):

(1)About emotions: They are aware of their emotions and respect their feelings. They have the confidence to manage their feelings rather than to get mad. They are able to express their emotions and their psychological needs in healthier ways. Their emotions become stable and have peace with themselves. They have perceived that they are able to transform their negative emotions.

(2)About sexuality: They perceive that they have a more positive attitude about sexuality and gender. They do not worry about the issue of virginity. My findings suggest that the negative 'sexual effects' (the term used in the literature review in **Chapter 3)** are decreasing after their journeys of recovery.

The literature reviews **(Chapters 4, 5,** and **6)** do not provide a specific process for each individual emotion's recovery process. Each tends to have a different process in dealing with different issues, because survivors have different perceptions about their unresolved issues **(Chapter 11).** A survivor may also find it possible to deal with several issues at once. Therefore, the process of recovery can become very complicated and it is difficult to find a universal process for each individual. Although I will develop a diagram of a overview of the recovery process in **Chapter 14**, it is worth analysing in more detail how the participants deal with different issues before concluding with an over view of the recovery process.

---

journeys.

13.2. Introduction to the issue of emotions

I mentioned in **Chapter 10.3 (How the strong part of the self affected the process of recovery in self-image)** that the participants tended to have very complicated feelings towards their experience of abuse and recovery processes. I analysed how the participants understand their feelings of guilt and fear in **Chapter 11.**

This chapter will analyse six major feelings in the participants' interviews and how they have coped with the emotions: anger, fear, isolation and loneliness, forgiveness, security and sadness. This finding answers RESEARCH QUESTIONS 1.a and 2.a.

Chapters 9.3.4 and **9.3.5** presented details of how society's value system has affected the participants' self-image and caused the participants' feelings of shame, so this is not repeated here. Chapter 13 also presents the issue of sexuality and the participants' coping methods. Finally, I will discuss the results of the recovery process and compare them with the findings of the integrated model.

The participants perceived that these unstable and negative emotions affected their daily life, self-image and interpersonal relationships. This chapter will include sub-sections as follows: the issue of fear, the issue of forgiveness, the issue of anger, the issue of sadness, the issue of loneliness, the issue of security, the issue of sexuality, the results of the recovery process in the issue of emotions, the recovery process and the issue of confrontation in the process of recovery and conclusion.

13.3. The issue of fear and anxiety

The feeling of fear was very common in the participants' narratives, but the contents of the fear were varied, as presented in **Table 13.3 (Appendix C)**. Ten of the participants (No.'s 1, 3, 5, 6, 7, 9, 10, 11, 12, and 13) reported a feeling of fear connected to the abuse. The feeling of fear will be linked with the feeling of anxiety because when they feel fear they become very anxious. The feeling of fear and anxiety is part of the effects of the abuse, so I analyse how the participants have realised the fear and how they recover from it in order to answer RESEARCH QUESTION 1.a and 2.a.

13.3.1. The content of fear

Firstly, the fear might directly connect to the abuse. For example, they (No.'s 1, 5, 10 and 11) were afraid of the abuser and the abuse. They (No.'s 1, 10, and 12) were also afraid that someone might find out their secrets. Moreover, they (No.'s 3, 9, 10, 11, and 13) were afraid that they might be assaulted again by someone else. The fear might overwhelm them if they experienced flashback or if they perceived that they might in a dangerous situation. For instance, if anyone noticed the participants' (No.'s 10, and 13) body figures or used sexual language, the participants were full of fear.

Secondly, the fear was an aftermath of the abuse. This kind of fear was from two sources. One was internal and the other external. The internal was connected to the inner self. For instance, the participants (No.'s 3 and 13) were afraid of their own emotions and feelings because they were not familiar with the emotions. The participants (No.'s 9, 10 and 11) did not feel safe if they showed female characteristics, wore nice clothes or became attractive women. No. 4 was afraid of taking the initiative in making physical contact with her partner. In addition to this, the participants (No.'s 9 and 11) were afraid of being sick and went to hospital very often. They were aware their fear was the aftermath of the abuse. Finally, some participants (No.'s 1, 3 and 4) were afraid of the issue of sex, dreams or pregnancy. No.'s 7 and 13 were afraid of their own speaking voice.

The other part of the fear was from the external factors. The participants (No.'s 1, 3, 6, 7, 9, 10, 11, and 13) were afraid of people in general, men, penises, and authority figures. They also feel unsafe when people looked at them, whether they knew the

people or not. Participants No. 10 and 13 were afraid of the feeling of being forsaken.

Finally, the participants (No.'s 3, 5, 10, and 11) had fear in general in their daily life, both in their childhood and adulthood. They had this kind of fear without any particular reasons, or they were not aware of the reasons.

13.3.2. The process of recovery from fear

Four strategies are analysed from the participants' narratives in order to deal with their feeling of fear, as an answer to RESEARCH QUESTION 2.a:

1. They are aware of their feeling of fear gradually rather than having been overwhelmed by the feeling, as described in paragraphs 1, and 2 (**Appendix C**). Participant No. 11's metaphor is able to describe this situation. She said that the fear was like a trap. She just jumped in and did not realise it. She was running around the trap and could not find a way out. She shared that the first step for her was to acknowledge that she was in a trap.

2. They start to think what their fear is and where the fear is from, as described in paragraphs 3 to 7 (**Appendix C**). They are also more aware of their old coping methods. For example, participant No. 11 tried to calm down when she felt she was in her trap and think what her trap was about. She distinguishes whether the fear belongs to her present time, the time of abuse, or connection of these two.

3. Their rational thoughts and new experiences in adulthood keep their adult selves awake to help their fearful 'child selves' as described in paragraphs 8 to13 (**Appendix C**). For instance, participants No. 10 and 11 keep encouraging themselves to think of some methods to cope with the fear. For participant No. 10 when she has a date with a male friend, she has tried to suggest something interesting for herself rather than to ask the male friend's interests. Thus she is able to feel more relaxed. Participant No. 4 was afraid that she was a lewd woman, but her boyfriend has supported her and encourages her to explore her feelings toward her own body. Therefore, she is able to overcome the fear of being a lewd woman.

4. They realise that some of the content of fear does not simply go away. Therefore,

their adult selves need to develop an ability of self-comforting and self-encouragement in the time of feeling fear, as described in paragraphs 14 and 15 (**Appendix C**).

5. Religions help the participants to face their fear, as Participant No. 1 described (paragraph 16 in **Appendix C**).

6. Self-confidence helps the participants to face their fear and anxiety, as described in paragraphs 17 to 19 (**Appendix C**). It is possible that the participants' confidence about themselves will help them to overcome their feeling of fear.

7. The experience of being counselled helps the participants to deal with their fear and anxiety in different aspects of their lives. Some participants realised and dealt with their fear of their therapy sessions (in paragraphs 20 and 21, **Appendix C**).

To sum up, self-awareness, understanding of fear, rational thoughts, new life experiences, the ability to self-comfort, improving self-confidence, and the experience of being counselled are all helpful in dealing with fear. (RESEARCH QUESTION 2.a).

13.3.3. Comparison with the literature review on the issue of fear and anxiety

Murphy *et al* (1988) reported significantly higher anxiety scores on the SCL-90 among child and adolescent victims of sexual abuse (n=86) than among non-abused victims (n=184). Briere (1984, 1987, 1993, and 1995) reported that victims of child sexual abuse were significantly more likely than non-victims to have fear of men, anxiety attacks, and problems with anger.

In my study, only two people did not report a feeling of fear in their interviews. The other eleven people presented their fear as being connected with their experience of abuse through their lives. Although they have had similar feelings of fear, the content of the fear can be very different. Fear of men and anxiety attacks are only two of such examples in the participants' narratives.

Sedney and Brooks (1984) found that anxiety was significantly associated with a history of intra-familial but not extra-familial childhood sexual abuse victims, compared with

non-abused controls. However, in my study, the extra-familial childhood sexual abuse survivors (No.'s 4, 6 and 13) still had fear and anxiety in their lives connected with their experience of abuse. Therefore, it may have been other factors which caused the anxiety difference between victims and non-victims. This needs further research.

Gorcey *et al* (1986) reported higher level of anxiety and significantly higher scores on the Fear Survey Interview among victims of child sexual abuse (n=41) compared with non-abused controls (n=56). Stein *et al* (1988) reported a current prevalence of anxiety disorders of 28% among victims of child sexual abuse (n=51), compared with 9 % of non-abused women (n=1,307). In my study, 11 of the participants have experienced fear in their lives. They might or might not know why and what they have fear and anxiety of at the very beginning of their exploration of their experience of abuse. They are more aware of their fear and anxiety after their journey. They may make connections between their fear, anxiety and the experience of abuse. They are able to learn to manage their fear and anxiety because of their self-awareness.

Beitchman *et al* (1992), in their review of seven studies, found three which showed a positive relation between a history of child sexual abuse and adult anxiety symptoms. They also reported that the use of force or threat of force had been common among the victims of child sexual abuse (Briere, 1984; Herman & Schatzow, 1987; Murphy *et al*, 1988). However, in my study, only one participant experienced the use force or the threat of force during the abuse. This may be due to the definition of force. Six of the participants (No.'s 1, 3, 6, 9, 11, and 13) 'perceived' that they experienced force, although the abuser did not use any force or threat of force. They perceived that an adult figure and the abuse action itself brought a feeling of force and threat.

Roesler and McKenzie (1994) pointed out that the use of force was the single most significant individual sexual abuse variable when they measured depression, self-esteem, PTSD and sexual dysfunction in 188 sexually abused individuals. However, Beitchman et al (1992) also noted:

> *While anxiety symptoms among adult women appear to be associated with a history of CSA, it is not clear that this effect is independent of force or the threat of force at the time of the sexual abuse (p. 106).*

In my study, some of the participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, and 11) perceive their anxiety and fear in the present due to their experience of abuse. They have realised that they act like children again when they face some situations. They have realised that they cannot distinguish well between the present and the past. They have also realised that they have extended their fear and anxiety from the experience of abuse to their daily lives and become the victim children again at those moments. Participant No. 1 said that her father was a very violent person in daily life. Although her father did not use force in the abuse, she was too frightened to reject him because of this violent image. Therefore, it is possible that both '*independent of force* (really use force*)* and *the threat of force* (threaten victims with force*) at the time of the sexual abuse'* cause the anxiety and fear.

13.4. The issue of forgiveness

The issue of forgiveness did not appear as a significant issue when I did my literature review. This issue stands up as an important issue in the process of recovery from the data analysis. Therefore, I am adding a literature review about the issue of forgiveness in this section in order to reflect my findings and answer RESEARCH QUESTION 2: what is the recovery process in the issue of forgiveness.

13.4.1. Development of the capacity for forgiveness

The life of every infant is replete with both gratification and frustrations. The normal infant responds to frustrations with a desire for retaliation. In other words, the infant would like to respond to the source of frustration by punishing the inflicting party (Studzinski, 1986). Infants project their own aggressive feelings onto others and consequently begin to fear that they will be treated in the same punishing way that they wish others to be treated (Klein, 1975). Therefore, Studzinski (1986) suggests, on the most primitive level, that humans desire not forgiveness, but retaliation. In other words, to forgive is to move beyond the principle of retaliation.

A child will begin to sense that their mother is a whole person, in which it can find both good and bad. The child will increase the ability to tolerate the ambivalence of conflicting feelings of love and hate directed toward the same object (Klein, 1975). This ability to acknowledge both good and bad within the same person will help an individual to realise that she has also good and bad within herself. This recognition serves two functions in connecting with the issue of forgiveness in adulthood. Firstly, if an individual is able to recognise and accept that there is a 'bad side' (or weak part) within her, this acknowledgement will help this individual to accept the offender's weakness (or bad side). If an individual is able to forgive her/his own weakness, this individual may be able to forgive others' weakness.

Secondly, in a similar process, an individual is able to realise that even an offender still has a good part within her/him. To be able to see an offender as a whole person is one of the conditions for a victim to forgive an offender. Therefore, empathy is related to the issue of forgiveness. The ability to feel with another has its roots in infancy, and in a mature personality it represents a transformation of one's narcissism in a socially

beneficial direction. Empathy provides the emotional foundation for the later cognitive capacity for taking a social perspective, to look at situations from the other person's vantage point (Kohut, 1959).

A young person may come to see punishment as a means of achieving forgiveness. The need for punishment is a special form of the need for absolution. Pruyser (1974) points out that the pain of punishment is accepted, or even provoked, in the hope that after the punishment the greater pain of guilty feelings will cease. The practice of genuine forgiveness becomes a possibility with the young person's acquisition of what Piaget has described as an autonomous moral attitude. This means that relationships are based on mutual respect and reciprocity (Piaget and Inhelder, 1969). The desire that leads to seeking or offering forgiveness is a desire for healing the relationship (Studzinski, 1986).

13.4.2. Dynamics of forgiveness

Studzinski (1986) suggests that there are four elements within the dynamics of forgiveness, as discussed in the following sections. The author points out that an individual has to admit the fact of her or his own sufferings or psychological pain. The individual also needs to make a decision to forgive her or his offender. The individual needs to have courage and willingness to face the hurtful memories once again. This process allows the individual to name her/his emotions and thoughts about the memories. This process also encourages the individual to express her/ his emotions in healthy ways and develop alternative views for understanding her/his suffering. This journey of revisiting provides a chance for an individual to relieve feelings of self-blame, if the individual has these feelings. Therefore, the individual is able to forgive herself/himself before forgiving others.

13.4.2.1.Recognition of situations requiring forgiveness

To forgive requires, in the first instance, an honest acknowledgement that one has suffered or is in pain because of the action of another. The target for forgiveness is often those we blame or hold responsible for our personal misfortune, past or present. The choice presented to the sufferer is between harbouring resentment or allowing the healing of forgiveness to take place (Walters, 1984).

Forgiveness is addressed to those whom we have not excused because we understand that they are in some way responsible for the injury we experienced. Often we have to face the pain of our disappointed expectations of people (Studzinski, 1986). This is very true in my findings; participants (No.'s 1, 3, 4, 5, 7. 9, 10, 11 and 13) have felt very hurt because of their disappointed expectations of the abuser and their parents.

13.4.2.2. Intention and decision to forgive

Studzinski (1986) suggests that forgiveness does not happen unless we intend it to. An initial stage in coming to a decision to forgive is simply the willingness to admit that one has not forgiven someone but wants to forgive them and will try to. The decision to forgive should be specifically addressed to the situation that requires it. A decision to forgive may be facilitated by an awareness of the destructive consequences of not forgiving. It is true in my findings. Participants have to experience that they can transform the negative consequences and feel that they are in control of the negative outcomes. The confidence to be in control rather than be overwhelmed by negative outcomes will help them to let go.

Studzinski (1986) suggests that to fail to forgive is to allow oneself to be haunted by a painful memory that can serve as a centre of resentment and anger in the heart of the sufferer. However, my findings suggest that it is the other way round. The participants have to allow themselves to be 'haunted' by their painful memories in order to go through the negative emotions that they connect with the memories. Therefore, the process of forgiveness can take place.

13.4.2.3. Forgiveness as memorial activity

To forgive is to remember the past in order to digest it and to make it a part of one's history. An important step in the process of forgiveness is remembering in some detail the experience of injury and one's response to it, and seeking to understand reasons for the emotional impact of the experience.

What the forgiver does in remembering past injuries is releasing or letting go of negative feelings. This letting go of negative emotions is possible because in forgiveness one sees the other as more than a person who has been guilty of an injury.

The forgiver disengages the offender from the behaviour and sees the real worth of the other as a human person who, like oneself, lives in an imperfect world fraught with stress and conflicts.

13.4.2.4. Forgiveness as forgiveness of oneself

Studzinski (1986) points out that some people are impeded in forgiving another by their reluctance to forgive themselves for in some way allowing the injury done by the other. They hang onto the belief that this injury should never have happened to them. They feel angry or guilty toward themselves for not preventing the injury. What the offender has done is to expose a weakness or limitation of the victim. Therefore, a task for the forgiver is an acceptance of the self with its limitations and vulnerabilities and a recognition that living in the world does not exempt anyone from the possibility of hurt. It is very true in my findings. Participants (No.'s 1, 3, 4, 9, 10, 11 and 12) felt angry with themselves and guilty about not stopping the abuse. They also felt that they were responsible for the abuse. Some participants (No.'s 1, 3, 5 and 11) felt very hurt by having to accept that this world is not perfect.

Therefore, forgiveness also provides an opportunity for sufferers to review the illusions which guide their lives. Childhood expectations and idealisations of the way people should behave may have been inapproproiately transferred to adulthood situations where they do not apply. The sufferers/victims need to consider how those expectations may have set the stage for the deep injury they have felt. They are able to learn more flexible and rational expectations toward their external world and themselves. Finally they are able to accept responsibility for their own outlook on their lives and human relationships (Studzinski, 1986).

For instance, participant No. 3 realised that she had inappropriate expectations of her mother. She expected her mother would 'heal' all her problems by accepting her negative emotions. However, she has realised that whether her mother supports her or not, she is still responsible for her own difficulties. In other words, she is the only one who can help herself overcome unresolved issues.

Participants No. 1, 4, 5, 6, 7, 9, 10, 11 and 12 have a similar understanding that they are responsible for their own lives and unresolved issues. They have less blame for the

abuser or family for their own unresolved issues. As a result, it is important for survivors to accept their powerlessness to change or stop the history of sexual abuse. They must also experience their own power to transform the history of sexual abuse and create a new future.

13.4.3. Main findings on the issue of forgiveness in my study

Some of the participants (No.'s 1, 4, 5, 6, 7, 8, 9, 10, 11, and 12) faced the issues of forgiveness. The forgiveness included three aspects: forgiving oneself for involvement in the situation of abuse and their physical response of sex; forgiving their parents for failing to protect them; forgiving the abuser for offending against them. The participants (No.'s 2, 4, and 12) forgave themselves after they gave up judging themselves by their physical response of sexual excitement. In other words, they believed that their delighted physical feelings were a normal response and it was not because they were lewd. Moreover, they realised that the abuser was older than they were and the abuser's power was greater than theirs was. Therefore, they were not able to stop the abuse and were innocent victims in the abuse.

13.4.4. The reasons to forgive

Participants (No.'s 1, 4, 9, 11 and 13) perceive that if they can forgive the abuser, their burden of the history of abuse can be lighter. This is because they let the abuse go. They do not need to carry this history forever. Moreover, participants (No.'s 1, 3, 7, 9 and 11) want to forgive the abuser, their parents or significant others in order to have relationship reconciliation, as mentioned in the literature review above. However, some participants (No.'s 3, 4, 5, 6, and 12) prefer not to have any relationship with the abuser, even though they also have the intention of forgiving the abuser. The data suggest that the main aim for participants when dealing with the issue of forgiveness is to relieve their negative emotions about the experience of abuse. Relationship reconciliation is not the main aim for every survivor.

The reasons participants were able to forgive are as follows (narratives are as listed in **Table 13.4 Appendix C)**:

1. Although they (No.'s 10, and 12) did not confront the abuser, they were sure, due to their understanding of them, that the abuser would feel very guilty. They also believed that the abuser would feel guilty because the survivors could not be married.

2. Some participants (No.'s 1, and 13) thought the abuser was approaching the end of their life, but the participants still had their future. They also guessed that the abusers might have experienced abuse themselves, so causing the offensive behaviour. Thus the abusers might also be victims, and this helped the participants to forgive them.

3. Some participants (No.'s 1, 6, and 9) witnessed that the abusers did not have good present. This suggested that the abusers were always experiencing their punishment. For example, participant No. 1 witnessed the abuser's apologetic behaviour. The abuser became a Buddhist, and a vegetarian, and recited the Sutras (the Buddhist scriptures). The participant perceived this behaviour as the abuser's repentance. Therefore, the participant was willing to think about whether she wanted to forgive the abuser.

4. Some of the participants (No.'s 1, 2, 4, and 10) realised and accepted that the abusers hurt them and cared for them at the same time. Although the participants felt that it was hard to accept that a person could love and hurt them at the same time, it was a truth in their experiences. Therefore, they admitted this fact and this admission helped them to forgive.

5. One of the participants repeated sex games with her brother a few times. She felt very guilty although she did this only due to curiosity. This experience helped her to understand the abuser and to forgive him. She guessed that the abuser might not realise what he had done was wrong and hurting.

These data indicate that the issue of forgiveness can help the participants to reduce their anger, but can not resolve the effects of the abuse on the participants. For example, they suffered from interpersonal relationship problems, low self-esteem, or feelings of insecurity. In other words, if a survivor has forgiven a person very quickly (or in the initial stage of her recovery journey) due to society's expectation (a good person always forgives others), it is only a starting point in dealing with the effects of the abuse. Forgiveness could not resolve all the participants' difficulties in their current life. It is possible that this pattern of forgiveness might change over time in a survivor's recovery journey (No. 9). On the other hand, if a survivor deals with the effects of the abuse first, and then considers the issue of forgiveness, this forgiveness tends to be more stable

(No.'s 4, and 13).

13.4.5. How they forgive themselves

The participants are able to forgive themselves as part of recovery process (in answer to RESEARCH QUESTION 2.a) because they are able to reduce the feeling of guilt and shame and increase their self-confidence. According to 13.4.1 and 13.4.2, forgiving oneself is the foundation of forgiving others, therefore forgiving oneself is an important issue. There are four elements in helping the participants to forgive themselves, if the issue of self-forgiveness is necessary for them.

13.4.5.1. Participants realised that if they asked to be abused it was due to a need to feel loved

Participants No. 4 and 10 realised that they needed love and attention from the abuser so they went to the abuser. They accepted that it was natural for them to have a need of being loved. Therefore, they were able to forgive themselves.

13.4.5.2. Participants realised that they were powerless victims

Participant No.'s 10, 11 and 12 realised that they were powerless victims when they revisited their experience of abuse. They accepted that they were too young to stop or to tell of the abuse. Therefore, they did not need to blame themselves for not stopping the abuse or telling their significant others at that time. They admitted feeling powerless.

13.4.5.3.Participants reviewed the reasons for the abuse from an adult perspective

Participants (No.'s 4, 10, 11, and 12) reviewed and tried to understand why the abuse had happened to them. They were able to understand their experience of sexual abuse from an adult and objective perspective. Their new understanding allowed them to make new judgements about their own experiences. This process strengthened them to forgive themselves.

13.4.5.4. The whole process of recovery helps the participants to forgive themselves and let the abuse go

Participants (No.'s 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13) perceived that their process of dealing with their experience of abuse transformed their lives. This self-growth process has helped them to let go and to create a future life so they are able to forgive.

13.4.6. How they can forgive their God

Participant No. 5 went to a Christian school during her childhood. She asked God to stop the abuse but nothing happened, so she did not believe in God any more. Therefore, there is no forgiveness issue between God and herself. Participant No. 11 perceived that she was a lost child of God, and her God sought her back. Therefore, she did not blame her God for the abuse. She believed that many factors caused the abuse, so it was not necessarily God's fault. Moreover, she perceived that her God gave her the most important thing - her life. She has survived the abuse so she is able to create a life and enjoy her relationship with her children. Therefore, she was able to forgive her God.

Participant No. 2 did not blame God for what had happened because she still experienced love from her parents and her environment. Therefore, she viewed this world as having more nice people than bad people (her terms) in it.

Participant No. 4 perceived that the abuser had free will to abuse people. Therefore, he was responsible for his own behaviour and God will eventually judge him. The judgement belonged to God, and was not her business. Her God also strengthened her to cope with loneliness. She linked her loneliness and need for physical intimacy together. Therefore, she had a strong need for physical intimacy whenever she felt lonely. She also linked her need of physical intimacy with her experience of abuse. Therefore, she blamed herself for the abuse because she needed physical intimacy to cope with loneliness. Once she had more ability to cope with her loneliness, the need for physical intimacy decreased. She also acknowledges that it was natural for her to have a need for physical intimacy. As a result, she has less guilt about this need and a better ability to be alone because she believes that her God was with her all the time.

Although she blamed her God for the abuse and the need for physical intimacy at the beginning of her recovery journey, the God figure was a helper throughout the journey. Therefore, she was able to forgive her God in their adulthood.

The literature (Sgroi, 1989; Sanderson, 1995) suggests that survivors of sexual abuse will go through a stage of forgiving God when they deal with the issue of forgiveness. It is true for some of my participants, but not all of them. The literature (Sgroi, 1989; Sanderson, 1995) also suggests that the experience of sexual abuse will have a negative

influence on survivors' faith. It is true for participant No. 5 not for participants No. 1, 2, 3, 4, 11 and 13.

There are two possible ways to explain this phenomenon:
Firstly, participants No. 1, 3, 11 and 13 practice their faith in adulthood, so they do not have disappointed childhood experiences of their faith as participant No. 5 does. Therefore, they are able to have faith in their God.

Secondly, participants No. 1, 2, 3, 4, 11 and 13 ask God for help with a direction in life and emotional transformation. This requirement allows more space and time for them to co-operate with their faith and find positive meanings for their experience of abuse. On the other hand, participants No. 5 asked for help in childhood and asked for something concrete– to stop the abuse. It is not possible for a child to create a positive meaning when the abuse does not stop as she wishes. There is also a very little room for a child to transform her suffering by her faith/religion when she asks for a concrete result. Therefore, it is not surprising that childhood disappointment about God had a negative influence on her faith during adulthood.
To sum up, to forgive their God is part of recovery process (to answer RESEARCH QUESTION 2.a) so they are able to develop a deeper spiritual meaning for their negative experiences.

13.4.7. How can they forgive their parents? New insights help them to forgive

The participants perceive forgiving their parents as part of their recovery process (RESEARCH QUESTION 2.a) because they are able to let the feeling of anger, disappointment or hatred go. Some of the participants (No.'s 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12) forgave their mothers (or parents) for failing to protect them from the abuse. New insights helped them to forgive their mother (or parents) as follows (the narratives of the participants are listed in **Table 13.4**[1] **(Appendix C):**

1. Once they realised their parents' limitations they believed that their parents did not have the ability to deal with the situations connected with the abuse. They realised that their parents (or mothers) were not capable of supporting them at that time, or in

[1] I organised the participants' narratives into one table in order for the reader to see different interviewees' narratives on the same issue.

the present, because of their parents' background, education, personality, relationship with the abuser, and age (too old to learn new things).

2. Their parents were apologetic to them in different forms. Therefore, they were able to forgive their parents. Their parents might apologise directly or in writing. They might show their caring more or stop blaming the participants to indicate an apology.

3. Some of the participants (No.'s 2, 4, and 6) were able to forgive their parents because they experienced so much parental love. Although their parents failed to recognise the abuse when it was happening, their parents loved them throughout their lives. Therefore, they felt that their parents were still 'good enough' parents.

13.4.8. How they can forgive their abusers

The participants perceive that to forgive the abusers is part of their recovery process (RESEARCH QUESTION 2.a) because they are able to feel free from negative feelings toward the abuser. Some of the participants (No.'s 1, 4, 5, 6, 9, 10, 11, and 13) thought about forgiveness toward the abuser during their journeys. Some of the participants have already forgiven the abuser, but others might still be thinking about the issue. These latter participants sometimes feel that they could forgive the abuser, but not at other times. Therefore, these data imply that forgiveness is a process rather than having a specific starting point.

According to the narrative analysis, there are four levels of forgiveness that appear in the participants' processes of recovery in this issue.

13.4.8.1. First Level of Forgiveness

The participants did not consider, or want to think about the abuser. The abuser and the experience of abuse is as if outside their life histories. Some participants (No.'s 2, 6, 7, and 11) told themselves that the experience of abuse was bad luck. Moreover, participant No. 11 told herself that it might be natural for her to have the experience because women were weak. The participants tried to normalise their experience of abuse so there was no need to blame anybody. Therefore, they did not come to terms with forgiveness.

13.4.8.2. Second Level of Forgiveness - cause and effects

Some participants (No.'s 7 and 11) thought that they might owe the abuser something from their previous lives so they had repay the abusers back by being abused. However, this explanation did not help the participants deal with the feeling of injustice.

Many participants (No.'s 1, 5, 6, 7, 9, 10, 11, 12, and 13) believed that the abuser would be punished for what they had done to them. For instance, the abuser might have a difficult life at present. Participant No. 11 sees the abuser's death as his punishment, so she has a feeling of justice being done. Participant No.'s 1, 5, and 13 perceive that the abusers are at the end of their lives, so they can let the feeling of injustice go and forgive the abusers.

Participant No. 11 witnessed the abuser change over time because she still lives with the abuser (her father). The abuser shows his repentant behaviour through his religious faith, his attitude toward the participant in daily life and his goodness to the participant. Therefore, participant No. 11 considers forgiving him.

After the experience of abuse, participant No. 10 had tried to touch her brother's private parts because of her curiosity. She felt very guilty about what she did. She is able to empathise with the abuser's (her uncle) inner dynamics and emotions. Therefore, she does not feel much anger toward the abuser and is able to forgive him.

13.4.8.3. Third Level of Forgiveness - Self Transformation

Participants transform their negative emotions about the experience of abuse, themselves, the abuser and significant others. **13.4.8.3.1** to **13.4.8.3.9** analyses how the participants transform negative emotions so they can increase their ability to forgive the abuser.

13.4.8.3.1. Dealing with negative emotion.

Participants need to deal with their negative emotions about the experience of abuse and the abuser. Anger is the most significant emotion that connects with the issue of forgiveness. If participants are able face the feeling of anger and express it in healthy ways, they are able to more forward and deal with the issue of forgiveness. Participants No. 3, 5, 9, and 13 cannot face (or accept) the feeling of anger so they have difficulty

dealing with the issue of forgiveness. This finding supports the literature's findings as mentioned in **Section 13.4.2.**

However, participants No. 10 and 12 do not have anger toward the abuser, for various reasons. Participant No. 10 had touched her brother's private parts, so she felt very guilty. She understood how her uncle (the abuser) might feel. A feeling of guilt was a punishment already, so she did not have anger toward her uncle. After participant No. 12 reviewed her family dynamics, she viewed her brother (the abuser) as a victim in the family too. Therefore, she did not have anger toward him. As a result, expressing anger is not necessary for every survivor before they can deal with the issue of forgiveness.

13.4.8.3.2. Forgiving oneself.

Participants are able to forgive themselves before they can forgive the abuser. Participant No. 12 forgives herself for enjoying the physical pleasure. She has also forgiven herself for not being able to stop the abuse. Participant No. 4 forgives herself for needing the abuser's attention and physical intimacy. This self-forgiving process helps them also to forgive the abuser. This finding supports that of the literature (as mentioned in **Section 13.4.2).** However, not every participant has an issue of self-forgiveness. Therefore, self-forgiveness is not a necessary step for every survivor when they consider whether they want to forgive the abuser or not.

13.4.8.3.3. Accepting the experience of abuse

Participants admit, accept and remember the history of sexual abuse as part of their life histories. They have less strong negative emotions toward the experience so they feel more comfortable about their experience of abuse. In other words, the history of abuse has lost its power to overwhelm the participants' emotions and lives. This finding supports the literature (as mentioned in **Section 13.4.2).**

13.4.8.3.4. Empowering themselves in their present life

Participants have stable lives at present, and direct their energy forward improving their current lives. Therefore, they feel it is easier to let the negative experience go. In other words, participants have a feeling of control in their own lives, so they do not need the abuser to say sorry to them.

13.4.8.3.5. Accepting imperfect humanity

Participants realised that they themselves are not perfect people so they can forgive others for not being perfect. This finding supports the literature (**Section 13.4.1**). For instance, participant No. 11 realised that she could not protect her children 24 hours a day. If one day her children were hurt by someone, she felt that she had already done her best. Therefore, she was able to empathise with her mother's limited ability to protect her.

13.4.8.3.6. The power of empathy

Participants are able to empathise with the abusers' or significant others' weaknesses and limitations. For instance, participants No. 1, 4, 5, 6, 9, 10, 11, 12, and 13 have tried to understand the abusers' weaknesses, their childhood, inner dynamics, and feelings of helplessness and guilt. The ability of empathy is a necessary ability for humans to forgive people, as the literature indicates (**Section 13.4.1**).

13.4.8.3.7. The power of comparison

Participants (No.'s 1, 4, 6, 10. 11, 12, and 13) feel themselves to be luckier than other survivors in some ways. For instance, participant No. 12 thinks that she is lucky because the abuser is not a father figure. Participant No. 13 feels that she is lucky because the offensive behaviour did not include penetration. Participants No. 1 and 12 feel that they are lucky because they have stable jobs and lifestyles. Therefore they have enough energy to deal with their unresolved issues.

13.4.8.3.8. The power of objective views

Participants No. 4, 8, 9, 10, 11, and 12 have considered why the abuse happened to them (or in their families). They have also thought about why the abuse continued at that time and how they responded to the abuse. They become more objective when viewing the abuse, the abuser and themselves. In other words, they are able to separate themselves from the abuser and the experience of abuse. They have more ability to see the abuser and themselves as whole persons. The abuser is not just an abuser, because the abuser has positive points as well as weakness . They are not just survivors of sexual abuse, because they can be strong and in charge their own lives.

13.4.8.3.9. The power of cognitive processes

Participants (No.'s 1, 4, 5, 10, 11, 12 and 13) realise that truth in the world is how you 'perceive' things through your cognitive processes, rather than the thing 'it is'. The perception will affect your emotions, but perception is not necessarily 'fact'. In other words, they realise if they have alternative explanations for their experience of abuse, they will have different emotions toward the experience of abuse and the abusers. .

To sum up, the third level of forgiveness will take place gradually when the participants transform the effects of the abuse. Therefore, the issue of forgiveness is a process, not just a rational decision, although a decision to forgive is the first step.

13.4.8.4. Final Level of Forgiveness

The highest level of forgiveness always takes place at a later stage of the recovery process. Participants are able to forgive the abuser after they make positive meanings from the experience of abuse. They can separate themselves from the abuser emotionally. In other words, they have much fewer negative feelings toward their experience of abuse and the abuser. Therefore, they can forgive the abuser.

They are able to admit that suffering is part of the human phenomenon. They experience that they are capable of taking their sufferings as life tasks. Their lives can be transformed after they overcome these tasks.

To sum up, the participants' process of forgiving the abuser is part of the recovery process, which partially answers RESEARCH QUESTION 2.a. If they can forgive the abuser they are better able to relieve their negative emotions about the abuse and the abuser. Therefore, they tended to decide to forgive when their recovery process had passed by. They also realised that to forgive the abuser was a process rather than a decision only.

13.5. The issue of anger

The participants perceive that dealing with the issue of their anger is part of the recovery process (RESEARCH QUESTION 2.a) because they cannot have peace of mind if they have a strong feeling of anger. Anger is one of the most significant emotions in the participants' narratives. Their emotions may be similar to each other, but the content of the anger can be very different. **Table 13.5 (Appendix C)** shows the content of anger in different participants.

The data analysis revealed six aspects of the participants' anger.

1. Participants (No.'s 1, 3, 4, 7, 9, and 11) felt angry with their parents (or mothers) because they failed to protect them or to provide good enough care at that time. They also felt angry due to their mothers' or parents' reaction to their experience of abuse. The narrative list in the **Table 13.5 (Appendix C)** and in paragraph 23 (**Appendix C**) describes this situation.

2. Participants (No.'s 4, 7, and 9) felt angry with themselves because they could not manage the effects of the abuse or the results of their other life experiences. They also felt angry with themselves because they were involved in the abuse rather than having rejected it. This narrative is in paragraph 24 (**Appendix C**).

3. Participants (No.'s 1, 3, 5, 6, 9, 11 and 13) felt angry with the abuser because of their offensive behaviour.

4. Participants (No.'s 1, 5, and 7) felt angry about their destiny of being abused, as No.'s 1 and 7 state in paragraphs 25 and 26 (**Appendix C**):

5. Participants (No.'s 9, 11, and 13) felt angry about society's value system regarding virginity and the existence of child sexual abuse in society. This has been discussed in more detail in **Chapter 9**.

13.5.1. Dealing with the complicated feelings between anger, fear and love

Sometimes, the feeling of anger mixed with other feelings of fear and love. For instance, participants No.'s 1, 3 and 9 described being afraid of the abusers so it was

difficult to have a feeling of anger toward them. Therefore, they turned their anger towards their mothers. Although they were aware of this dynamic, they still found it difficult to express their anger toward the abuser in their adulthood. If the mother blamed the participant, their relationship became very tense (paragraphs 27 and 28, **Appendix C**).

Participants No.'s 7, 9 and 11 claimed that they had anger and love towards their parents at the same time (**Table 13.5, Appendix C).** They found it difficult to blame their parents for the abuse. Therefore, they stated that society should take the responsibility for their abuse (paragraph 29, **Appendix C**). This was because their parents had internalised the society's value system and myths about virginity and the issue of sexual abuse. As a result, it was no surprise to them that their parents failed to support them when they shared their experience of abuse. They realised and accepted their parents' limitations and this understanding helped them to have less anger.

Participants No.'s 3, 4, 5, 6, and 11 expressed their anger in psychodrama therapy groups or individual counselling sessions (**Table 13.5, Appendix C).** They had a better understanding of their anger. For instance, they claimed that they knew what they were really angry about. They also described that they took their power back because of the action of expressing their anger in psychodrama therapy sessions. In other words, they stated that the anger was a kind of power and not necessarily a 'bad' feeling in a human being's life. Moreover, this expression helped them to admit the fact of the abuse in their narratives.

Participants No.'s 1, 3, 6, 9 and 13 claimed that their fears covered their anger (**Table 13.5** and in paragraph 30, **Appendix C**). They had difficulty expressing their anger towards the abuser directly in their real life. They also could not express their anger in a counselling setting. In their journey, they were also aware of themselves becoming a child figure in their mind in response to the abuser figure (not the real abuser but anyone who was like the abuser) in their daily lives. It was as if they were back in the circumstances of their abuse. They were powerless and hopeless. These data suggest that if survivors can realise that their fear towards the abuser is from their childhood and overcome it, they will find it easier to understand or to express their anger with an adult view. These data also show that survivors explore their inner strength more in order to help them to realise how much power they have as an adult. Therefore, they are able to

deal with their fear and anger.

13.5.2. Coping processes in the issue of anger

Seven points appear to have helped the participants to transform their anger according to the data analysis answering RESEARCH QUESTION 2.c:

1. The participants (No.'s 1, 3, 4, 5, 6 and 11) expressed or explored their anger in their counselling setting.
2. The participants' (No.'s 1, 5, and 7) parents or the abuser showed were apologetic to the participants.
3. The participants (No.'s 1, 4, 5, 6, 7, 9 and 11) transformed the aftermath into a more positive dimension, including three aspects:

(1) The participants increases their inner strength so as to realise their power in adulthood.

(2) The participants explored their fear, for example, what they are afraid of, what the function of their fear is or what the meaning of their fear is.

(3) The participants explored the complicated relationship between fear, anger and love.

4. The participants (No.'s 9, 10, and 11) realised and accepted their parents' limitations in that they were not able to support or understand the effects of the abuse. This is based on their increasing inner strength and rational thinking.
5. The participants (No.'s 6, 7, and 10) realised that the abuse was only a part of their life and they still had other nice parts in their childhood and adulthood. They have learned to think rationally. Therefore, they know why they are angry and do not need to be afraid of their anger.
6. The participants (No.'s 6, 7, 10 and 13) felt that they were luckier than other survivors in some ways, for example, they did not experience physical violence, had their families' love, and had been good in school. The feeling of being lucky helped them to let the experience of abuse go and not hold it in their hearts.
7. Participant No. 13 perceived all the abusers in society as animals rather than human beings. Therefore, it was not worth getting angry at animals.

To sum up, the participants perceive that the process of dealing with their anger is part of the recovery process. This process does not take place alone but co-operates with other issues, for instance, increasing their internal abilities of rational thinking and empathy.

child to change what had happened at that moment. Therefore, they could give up the irrational (the participants' term) expectation of their inner child[1]. As a result, they were able to forgive their powerless childhood, although they were not able to change the abuse. The other level of acceptance was to admit a reality in human beings' life: every one has a different life process, life history and family background. Like participant No. 5's metaphor: 'some people have a car so they do not need to walk so much, but some do not, so they need to walk step by step with their feet. It is the same in a human being's life journey'.

2. From meaninglessness to meaningfulness, as described in paragraphs 43 to 49 (**Appendix C**). Although the participants might not know, or do not want to consider, why the abuse had happened to them, they still tried to make sense of the fact of the abuse. In other words, they tried to integrate the abuse into their life journeys rather than to store it somewhere in their memories and to push these memories away. Participants No.'s 1 and 3 stored their histories in a container and tried to get rid of it when they were in the psychodrama therapy sessions. However, they realised that they could not omit their histories because these were a part of themselves. Therefore, instead of running away from their histories they opened them and reviewed them. Participant No. 3 said that her life became whole. This was because her life has a past, a present and a future since she was willing to take back her own history. Most of the participants have used the experience of abuse as life material to help them to develop themselves. Therefore, they were able to learn more about their inner self through their experience of abuse. Moreover, they have developed new meanings for the abuse within their lives. For example, participant No. 11 described that her life was like a red flower originally and it turned into yellow because of the abuse. This was not her choice, but a yellow flower was as beautiful as a red one.

3. From focusing in the past to focusing on the present, as described in paragraphs 50 to 59 (**Appendix C**). Most of the participants (No.'s 1, 3, 4, 5, 6, 7, 10, and 11) reported that they paid more attention to the present rather than the past after they went through a few years of their journey with their counsellors. It was as participants No. 1, 4, 5 and 11 cited: although you could not change the past you could create the future and it was

[1] The term 'inner child' means the participants' child perspective when the abuse occurred.

time to let it (the abuse) go.

13.6.2. The changeable issues

The participants have felt sad because of the aftermath and the lack of support. There might also exist a feeling of powerlessness because of this sadness. However, these two categories were changeable because they could seek others' support, and they have learned to manage their aftermath or transform it. They might consider giving up their expectations of support from their key person because they realised this person's limitations. The quotations 60 to 65 **(Appendix C)** describe this situation.

To sum up, the recovery process in dealing with unchangeable histories in the issue of sadness is from mourning to acceptance, meaninglessness to meaningfulness, and from focusing on the past to focusing on the present. To seek other support systems and transform the aftermath is a process for dealing with changeable issues and recovering from their sadness.

13.6.3. Comparison with the literature review on the issue of sadness or depression

Depression is one of the major impacts of childhood sexual abuse in the literature. Many studies use the term 'depression' to indicate the feeling of sadness termed by the participants in this study. They are: Peters, 1988; Briere *et al*, 1995; Berry, 1997; Roesler and McKenzie, 1994; Cole and Putnam, 1992; Alexander, 1993; and Briere and Runtz, 1993.

Although many studies indicate survivors of sexual abuse have a higher tendency toward depression (Sedney and Brooks, 1984; Stein et al, 1988; Peters, 1988; Gorcey et al, 1986), Fromuth (1986) failed to find, on the SCL-90, a significant association between depression and a history of child sexual abuse. However, in Fromuth's study depression was correlated with the level of parental support present in the family. Similarly, Murphy *et al* (1988) did not find higher SCL-90 depression scores among victims of child sexual abuse compared with non-victims.

Beitchman *et al* (1992), in their review of eight studies, found six with an association between child sexual abuse and adult depressive symptoms. However, they noted:

The role of the child's family, especially the child's perception of the mother's response to the abuse and the degrees of parental support, may be important mediating factors between child sexual abuse and depressive response in adulthood (p. 107).

In my study, six participants (No.'s 2, 3, 4, 5, 6 and 7) perceived that love and support from their family members are important, helpful, factors in their journeys of recovery. Similarly, seven participants (No.'s 1, 3, 5, 7, 10, 11 and 13) felt very sad because they perceived that their mother could not understand or support their emotions and experiences of abuse. Four participants (No.'s 1, 3, 7 and 11) presented their conflict and disappointment as the main theme in their psychodrama therapy sessions or individual therapy sessions. These results support the suggestion from Beitchman *et al.* The other value of this study is that the participants presented the content of their sadness. This provides treatment directions and deeper understanding of survivors' sadness, which the results of the BDI (Beck Depression Inventory) failed to offer.

13.7. The issue of loneliness

The participants perceive that they deal with the issue of loneliness as part of their recovery process because they have felt lonely. Five reasons that they have identified through the data and the narratives are listed in **Table 13.7 (Appendix C)**.

1. The participants (No.'s 1, 3, 6, 7, 10, 11, 12, and 13) have felt lonely because they could not share their experience of abuse with their key people or anyone around them.
2. They (No.'s 1, 3, and 7) have felt lonely because they are isolated from their peer groups due to the experience of abuse.
3. They have sensed the feeling of loneliness because their key people passed away in their childhood. Therefore, they did not have someone to be close to.
4. The participants (No.'s 1, 3, 5, 8, 10, 11, 12, and 13) have felt lonely because of their birth order, family's expectation, and family's background.
5. Many participants have realised that loneliness is part of human nature.

Table 13.7 in **Appendix C** indicates that the participants' loneliness was not necessarily from the experience of abuse, although it was one of the factors. Participants No. 1, 7, 10 and 11 felt a feeling of loneliness because they could not share this secrecy of abuse with their peer group. Rather, they needed to hide the secret. Participant No. 6 also felt lonely in high school because she loved girls and could not say it. Participant No. 5 perceived that her unhappy childhood and abuse caused her to become a very sensitive person. Therefore, she has had interpersonal relationship problems and has become lonely. Although participants No. 4 and 10 perceived that the abuse as causing their loneliness, they considered other factors after two years of being counselled. They perceived that their birth order, nature, and the family's expectation might also cause their loneliness. For instance, participant No. 10's family has expected her to be independent because she is the eldest girl in the family. Therefore, she had difficulty in asking for help from others.

13.7.1. Coping methods in the issue of loneliness

Different participants have used various methods to cope with their loneliness. These data suggest six strategies for dealing with the loneliness:

1. Creating a positive self inner-communication system. For instance, participants No. 2, 4, 5, and 10 talked to themselves about their mood and loneliness as described in

the following narratives. They also comforted themselves. Therefore, they not only relied on outside support systems but also their inner strength. This ability of self-comforting and encouragement was powerful in helping the participants to be able to be alone without being overwhelmed by the loneliness. They had found it very difficult to bear the loneliness in the very beginning, but they were able to be with themselves for longer and gradually have a peaceful heart. The quotations 66 to 68 **(Appendix C)** describe this situation.

2. Creating support systems. Participants No. 1, 3, 5, 6, 7, 10, and 13 found that a few good friends and sisters were helpful support systems, as described in the following statements. The quotations 69 to 75 **(Appendix C)** describe this situation.

3. Social skills training. The participants No. 1 and 5 felt that social skill training was able to help them to make friends in order to create support systems. The quotations 76 to 77 **(Appendix C)** describe this situation.

4. Having a higher spiritual guide. Pparticipants No. 2, 4, and 11 perceived that their personal relationship with their God was able to comfort their loneliness. The quotations 78 to 80 **(Appendix C)** describe this situation.

5. Creating interesting activities for themselves. For instance, participants No. 4 and 5 have tried to create some interesting activities that they were happy to do and they could do alone. Therefore, they 'chose' to do something else rather than to be immersed by the feeling of loneliness. In other words, they changed their coping methods. The quotations 81 to 83 **(Appendix C)** describe this situation.

6. Admitting the reality of loneliness in human beings' lives. The participants' (No.'s 4, 5 and 10) attribution system about the loneliness affected how they dealt with the loneliness. For instance, in the initial stages, they thought that the loneliness was from the experience of abuse. It implied that if they did not experience abuse they would not have this painful result. In other words, they were 'poor' victims and suffered from a 'special' pain in a human being's life. They tended to focus their attention on past experiences. However, they realised that the issue of loneliness had

not only appeared in survivors, but was also a common phenomenon in all human beings' lives. This implied that they were not poorer than anyone else at this point, although they were aware that the abuse had made the loneliness stand out from their lives' phenomena. They paid more attention to the present and their coping methods in dealing with the loneliness after they realised this. The quotations 84 to 85 **(Appendix C)** describe this situation.

To sum up, according to the data analysis, there are five reasons which cause the participants' loneliness, and they have six coping methods for dealing with this issue as part of their process of recovery.

13.8. The issue of security

As mentioned in **Chapter 2 (Nature of the Self), some** literature suggests that security is one of the major tasks of a human beings' initial developmental stages. The literature also points out that an experience of abuse is one of the factors which can disturb children's security in their early life.

Infants and young children are able to explore themselves, others and the outside world because they feel safe enough to do so. **Table 13.8 (Appendix C)** concerns the feeling of insecurity in different participants. Some participants (No.'s 2, 4, 6, and 12) perceived that the family's love provided a foundation of security in their early lives. Although they experienced the abuse, this foundation seemed to reduce the effects of the abuse. In contrast, other participants (No.'s 3, 5, 7, 9, 11, and 13) reported that they lacked a feeling of security because they did not experience a sense of being loved by their families or parents during their childhood or when the abuse happened. Here arises a crucial point - which factor has the most important influence on the participants' development? Experience of abuse? Parents' love? Type of the abuse? Or frequency of the abuse? One group of participants perceived that they experienced security from the family and the other group did not. Both groups had similar experiences of abuse in frequency, type, and duration. This implies that it is still possible for a victim to build a sense of security if the family has a supportive attitude during and after the time the abuse had occurred.

In Alexander's (1993) study of 112 women recruited from the community, regression analyses indicated that current depression was significantly predicted by abuse characteristics. The study reflected that the experience of incest is indeed associated with a higher rate of insecure attachment, and especially with a higher rate of fearful/disorganised attachment. Basic personality structure, including more dysfunctional manifestations (avoidant personality, dependent personality, self-defeating personality, and borderline personality) were not associated with abuse characteristics but were instead predicted by adult attachment. This result suggests that methods of coping developed specifically to deal with the experience of sexual abuse do not necessarily translate into a style of relating and personality structure.

In my study, most of the participants attributed their sense of security as being

connected with their family and parents' attitudes rather than their experience of abuse. This may be because the participants experienced the abuse after the age of 6. By this age children have already developed attachment. In other words, if by this age they develop a healthy attachment they will have security. Although they experienced abuse, they may still be able to understand (or attribute) the abuse with a secure personality. The security may have been damaged by the abuse, but may be repairable later on due to the original secure foundation. On the other hand, if a child does not have a healthy attachment to help build up good security, the abuse will make it worse. The child may also perceive the abuse with the insecure personality. As discussed in **Chapter 9,** the participants' attribution of the abuse contributed to the impact of abuse.

13.8.1. Coping methods in the issue of security

How did the participants deal with the feeling of insecurity in the process of recovery in order to answer RESEARCH QUESTION 2.a? There are seven possible answers for this question, according to **Table 13.8 (Appendix C)**.

1. Self-awareness helps the participants to improve their sense of security: Most of the participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, 12 and 13) have increased their self-awareness because they deal with their experience of abuse. They perceived that their self-awareness has become their inner strength. They have felt more control over themselves and the world around them because they have understood themselves better. They have felt more secure because they are less worried about losing control (paragraphs 86-88 in **Appendix C**).

2. New experiences in the participants' lives help them to increase their feeling of security: Many participants (No.'s 1, 5, 7, 11 and 13) have different experiences to their childhood in their present friendships. They have realised that they are able to make good friends in their lives. Some participants' (No.'s 1, 3, 6 and 7) travelling experiences gave them confidence. These new experiences have provided them with security in this world (paragraphs 89-91 in **Appendix C**).

3. Independence and increasing their power help the participants to improve their sense of security:

Many participants (No.'s 1, 3, 5, 7, 9 and 10) mentioned that if they are able to be independent financially, they feel more secure. They (No.'s 11, 9 and 5) also work on different abilities to increase their security, for example a good qualification to ensure a

stable job and stress management to reduce their frustration (paragraphs 92-94 in **Appendix C**).

4. Family reconciliation helps the participants to improve their sense of security: Participants No. 7 and 13 have reconciliation with their families. Therefore, they experience their families' love and care in their adulthood. They feel secure because of their families' support (paragraphs 95-95 in **Appendix C**).

5. Stable emotional stature and rational thinking helps the participants to improve their sense of security: Many participants (No.'s 1, 3, 4, 5, 6, 7, 9, 11 and 13) have more stable emotions after they deal with their experience of abuse and its aftermath. They have learned to manage their emotions better. They perceive that their stable emotions give them a sense of security (paragraphs 97, 98 in **Appendix C**).

6. Religion helps the participants to improve their sense of security: Participants No. 1 and 11 mentioned that their religion has provided a sense of security for them. They say that their God will protect them and guide their ways (paragraphs 99, 100 in **Appendix C**).

To sum up, the participants perceive that they can improve their sense of security as part of the recovery process, and have six methods to help them increase the sense of security.

13.9. The issue of sexuality

The participants perceive that they deal with the issue of sexuality as part of the recovery process because they are aware of how the abuse has affected their sexuality. **Table 13.9 (Appendix C)** shows different participants having different variables where the issue of sexuality was highlighted. These items only show the theme that the participants are aware of if the theme appeared in the interviews. Therefore, this table can not assess whether one participant has more serious difficulties with sexuality than others do.

The most common themes of sexuality are fear of physical intimacy with men, fear of sex in general, fear of psychological intimacy with men, and having flashbacks during sex.

13.9.1. Coping methods in the issue of sexuality

Five methods are analysed according to the participants' experiences in dealing with issues of sexuality in the process of recovery (RESEARCH QUESTION 2.a).

1. The participants gradually become aware of their anxiety or fear of sex. Sex is a very broad area; most of the participants are not only afraid of sex in general but also afraid of specific themes of sexuality. The participants present different difficulties in the context of sexuality, as listed in **Table 13.9.1** For most participants, the first step is to be aware of the fear of sex and which content they have difficulties with.
2. The participants will continue to explore the meanings of their fear or anxiety. The fear or anxiety can mean danger, feeling the self is not good enough, a similar feeling encountered during abuse, or giving a negative meaning to sex (e.g. sex is dirty).
3. Sex education is needed. Many participants do not receive enough sexual education or are afraid to get information about sexuality. It is not surprising that they carry negative impressions of sexuality or myths of sexuality (e.g. a good woman does not have a sex drive).
4. Some of the participants also find it is helpful if they explore the meaning of sex in their lives and transform the meaning. For example, participant No. 4 felt shame about her desire for sexual intimacy before her psychodrama therapy session. She explored the meanings behind her desire for sexual intimacy in the session. She discovered that her desire meant an ability and courage to love a person and be loved by a person. Therefore, she is able to feel proud of her ability.

5. Practice is needed. For example, participant No. 10 gives herself opportunities to go out with male friends in order to practise her social skills in forming relationships with men. Participant No. 2 opens her eyes during sex with her husband to remind herself that he is her love and not the abuser.

Table 13.9.1 : The different participants categorised by sexual issues

	1[1]	2	3	4	5	6	7	8	9	10	11	12	13	Total[2]
Fear of physical intimacy with men	•		•		•	•			•	•		•	•	8 ★
Fear of sex in general	•		•		•	•			•				•	6 ★
Fear of psychological intimacy with men	•		•		•					•		•		5 ★
Flashback during sex		•		•		•		•			•			5 ★
Masturbation in early age		•		•					•			•		4★
More powerless than men			•				•			•	•			4★
Feeling sex is shamful and dirty	•					•							•	3★
Using sex or masturbation to avoid psychological pain or loneliness				•		•	•							3★
Physical pleasure and psychological worry				•		•			•					3★
Lesbian tendency			•			•								2
Having guilt about masturbation				•		•								2
Seeking a strong man							•			•				2
Not wanting to have female characteristics									•	•				2
Feeling impure with the organ			•						•					2
Fear of sexual desire			•	•										2
Feeling men came to her for sex only	•				•									2
Fear of marriage	•					•								2
Sick from watching film of a man and woman making love						•								1
Fear of taking underwear off during masturbation						•								1
Fear of penis						•								1
Needed all her boyfriend's attention									•					1
Not using mirror											•			1

[1] No 1 to 13 in the first row is the participants' number.
[2] The 'Total' means how many participants have difficulty in the item.

	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
Not having right to choose a 'nice' husband											•			1
Having body memory of sex abuse											•			1
Fear of penetration									•					1
Fear of physical responses to sex				•										1
Pleasing men		•												1

13.9.2. Comparison with the literature review on the issue of sexuality

Much of the literature (Berry, 1998, Browne and Finkelhor, 1986; Hunter, 1990; Herman, 1981; Brunngraber, 1986; Fromuth, 1986; Briere & Runtz, 1986; Herman, 1986; and Romans *et al*, 1997) suggest that sexual issues are one of the most important effects of childhood sexual abuse.

In a study by Gorcey, Santiago and McCall-Perez (1986), sexually abused women were more likely to endorse these beliefs, as follows, compared with non-abused participants: 'Men want to be with me because I am seductive' and 'My sexuality is what attracts people to me'. This finding is consistent with literature that has suggested that sexually abused women may have distorted views of their sexuality and the role it plays in relationships with men.

In my study, many participants (No.'s 1, 3, 5, 9, 10, 11, and 13) had this kind of belief before they had been counselled. They have been made aware of these negative thoughts about sex through their journey, and have explored the reasons why these thoughts may be caused. Therefore, they have trained themselves to change their negative thoughts gradually. They have also encouraged themselves to have new experiences with male friends.

In my study, nine items appear most frequently in the 27 items in **Table 13.9.1.** Although many items were only stated by one or two participants, this does not mean the items are not important. Rather, this implies that difficulties in sexuality are very personal. These items connect with the content of the abuse event. For example, participant No. 6 never takes off her underpants when she masturbates or has sex with her partner (a female) because her pants had been taken off all the time during the abuse and she is afraid of the feeling of taking off her pants.

In Matorin and Lynn's study (1998), sexually and physically abused women reported more frequent intrusive thoughts about sex than non-abused women. Having sex to feel accepted and good about oneself was reported more frequently by sexually abused women than by non-abused women.

In my study, none of the participants reported that they needed sex to feel good about themselves. Rather, some of the participants (No.'s 1, 4, 5, 6, 9, 13) were afraid of sex because sex implied that they were lewd women, sex was dirty or sex made them sick. However, a few participants had used sex or masturbated to avoid their psychological pain or loneliness.

In Beitchman *et al*'s review (1992), the highest rates of sexual disturbance were found in studies examining father-daughter incest (Herman, 1981; Meiselman, 1978) or abuse involving penetration (Brunngraber, 1986). Higher rates of sexual dysfunction are typically found in clinical samples of adult women sexually abused in childhood. In their view, it is more likely that women seeking therapy were victims of child sexual abuse involving a father figure and /or intercourse or oral-genital contact. Thus, this type of abuse is correlated (confounded) with help-seeking behaviour. In my study, however, the type of abuse did not appear as a significant factor, rather how the participants perceived their experiences motivated them to seek help.

Finally, Romans *et al.*, (1997) found that some independent risk factors for adult sexual difficulties, from logistic regression, were: frequent changes of family residence (2.25), poor paternal mental health (1.76), poor relationship between the parents (2.3), a low care-high control mother (2.03), a low care-high control father (2.25) and having been physically punished as a child (2.45) (Romans *et al.*, 1997). This is consistent with my study. No one single factor caused more impact on the participants' lives.

13.9.3. The results of the recovery process in the issues of sexuality and gender

There are five results of the recovery process in the issue of sexuality, according to the data analysis for RESEARCH QUESTION 2.a:

- Having a more positive attitude about sex (No.'s 1, 4, 5, 11 and 12).

- Placing less importance on the virginity complex (No.'s 1, 7, 11 and 12).
- Feeling more comfortable about body image (No.'s 1, 4, 5, 7, 10, 11, 12).
- Perceiving women being worth as much as men (No.'s 1, 5, 7, 11 and 12).
- Feeling more comfortable with their own gender (No.'s 5, 9, 11).

For example, participant No. 5 felt that if a man came to her it meant that this man wanted sex from her. She also believed that she was bad and would be used by a man because of her nature, as described in paragraph 120 **(Appendix C)**. She read, listened to different talks and transformed her irrational thoughts about sex through group therapy. She does not only have healthier internalised thoughts about sex, but has also practised these thoughts in her daily life. For instance, she has the courage to change her beliefs about her nature and sex (paragraph 121 and 122).

Two turning points may help participant No. 9 to feel more comfortable about her body image and gender. Firstly, participant No. 9 feels more comfortable with herself and her body when she views her body as a 'human being's body' rather than a 'woman's body'. In addition, she wants to develop her own system of making meaning[1] to make sense of her experience rather than to adopt society's value system (paragraph 123).
Secondly, she realised that her fears of getting pregnant (even though she does not have sexual intercourse with her boyfriend) and fear of people looking at her have served as a defence mechanism to protect her from a feeling of powerlessness (paragraph 124). Therefore, if participant No. 9 changes this defence mechanism it implies that she was wrong to use it in her past. As a result, she did not want to change to prove that she was right to use this defence mechanism. However, she is more willing to change when she senses that these methods may be right for the past but not necessarily suitable for the present, because now she is an adult. Although her fears are up and down, her rational thinking reminds herself to change this old 'cassette' deep in her heart, as described in paragraph 125. This is because she can make sense of why she has these fears, so she is willing to change her coping methods.

It may be difficult for many people to understand why a person fears her own gender. It

[1] The participant suggested that if she could develop her own value system to view her experience, she would feel better. In addition, she could develop some meanings for her experience of abuse in her life. Moreover, she could value her experience and her process of recovery better.

is expected that readers may be able to understand this fear through the experiences of participant No. 5. Her mother grabbed her hair and pushed her head down the toilet when her period came for the first time, and said something very bad (paragraph 126). Moreover, her mother asked her to wash her mother's 'period cloth[1]'. If she could not wash it clean, her mother pushed her head down the sink, which was full of water and blood. In addition, her mother and grandmother scolded her with sexual language and particularly blamed her as a woman (paragraph 127). It is expected that the participant would feel that the abuse was her fault and she was useless as a woman. Participant No. 5 uses a different value system to determine whether it is worth being a woman or a man after her journey. Participant No. 5 feels that there is no big difference in being a woman or a man in society, if you can deal with yourself and take good care of yourself (paragraph 128).

To sum up, effects of the abuse in the issue of sexuality are various in different participants. According to the data analysis, the process of recovery from the effects requires education, practice, and self-awareness.

13.9.4. The results after the processes of recovery in the issue of emotions

The participants are more aware of their emotions (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, 12 and 13). The participants feel that they are in charge of their emotions and respect their feelings (No.'s 3, 5, 7 and 11). They have peace from their religious faith (No.'s 1, 3, 4 and 11). They are also able to have a feeling of peace with their inner self (No.'s 1, 3, 4, 5, 6, 10, 11 and 13). They have confidence to create their own happiness (No.'s 1, 5, 6 and 11). However, participants No. 2 and 8 do not experience the impact of their emotions after the abuse. There are four results from the recovery process in the issue of emotions (RESEARCH QUESTION 2.a):

- Understanding of her own feelings.
- Transforming the negative emotions.
- Increasing the ability of rational thoughts.
- Finding meanings for their suffering.

Participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, 12, and 13) perceive that they are able to be aware of their emotions as part of the recovery process and results because they can

[1] About 30 years ago in Chinese society women used a long, white cloth when their periods came. They

understand their internal world better and respect their own needs better. For example, participant No. 3 feels that she is in charge of her emotions. She was overwhelmed by her emotions, did not know why she had so many emotions and why she did not have confidence. She also did not know why she was so different from others. These complicated emotions and thoughts caused difficulties in her interpersonal relationships and daily life. Although many feelings are still in her mind, she takes charge of them. It was also meaningful for her once she knew her experience of abuse has caused her difficulties (paragraph 129, **Appendix C**). This understanding implies that she is not responsible for the abuse, although she is responsible for working out her difficulties.

The participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, 12, and 13) perceive that transforming negative emotions is part of the recovery process because they are able to feel free from negative feelings. It seems to be a natural process for the participants to go from understanding their emotions to transforming them. For instance, participant No. 11 has perceived that her self-awareness has increased and she has realised her feelings of fear and powerlessness. She knows where they came from and how to manage them rather than be overwhelmed by these feelings (paragraphs 130 to 133). In addition, she had held her weak inner little child very tight for two years. She is able to put the child aside when it is necessary. In other words, she is able to distinguish her inner child from her adult self (paragraph 134).

needed to wash the cloth and use it again.

13.10. Recovery process and the issue of confrontation and telling of the abuse in the adulthood

Apart from participant No. 7, the other participants did not tell of their experiences during their childhood. Participant No. 7 perceived that her parents' attitudes hurt her and affected her self-image from that time. Two crucial issues arise here. One is whether it is right for every victim to disclose the abuse during the childhood. The other is that if they did not disclose the abuse at that time, why do so in their adulthood. These issues appear significant in the process of recovery, according to the data analysis, because most of the participants consider whether they will tell the abuse during their process of recovery. If they have decided to do so it is because the action is part of their recovery process.

13.10.1.1. Is it right to tell?

The literature suggests that for those who tell in childhood, primarily they tell close family members. The family members' reaction to disclosure had a mediating effect between survivors' childhood abuse and adult symptoms. Those experiencing a bad reaction from the first person they told have worse scores on general trauma symptoms, posttraumatic stress disorder symptoms, and dissociation (1994, Roesler). In my study, many participants (No.'s 6, 10, 12, and 13) said that they did not regret that they did not tell their family about the abuse during their childhood. This was because they knew that their parents could not deal with the disclosure. They also perceived that if they had disclosed the abuse in their childhood, their current situations would be no better. Participants No. 1, 3 and 11 told the abuse to their parents in their adulthood but they received blame rather than support and understanding. Only one participant (No. 4) disclosed the abuse to her parents in adulthood and the parents did not blame her. These results suggest it may be a risk for survivors to disclose to their parents if they perceive their parents are not able to give support. It is also important to note that families need to be educated in how to react to victims at the same time as we educate children to disclose the abuse.

13.10.1.2. Why did the participants disclose the abuse in their adulthood?

Why did the participants disclose the abuse in their adulthood? Although different

participants have different reasons, their action of speaking out is part of their recovery process because they have the courage to tell rather than continue hiding the secret. The possible answers from these data are:

1. The participants carried their secrets throughout their childhood and adulthood. Participants No. 2 and 8 felt satisfied with their current lives and perceived that it was not necessary to review the abuse. The other participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, and 13) did not have satisfaction in their lives. They perceived these difficulties might connect with the effects of the abuse. This stimulated them to share their abuse with important people in their lives and to seek counselling.
2. They perceived that a child figure was still within them (No.'s 3, 4, 5, 7, 9, 10, and 11) and wished to have comfort and understanding from an adult figure, for example, their parents, boyfriends or husband. They (No.'s 7 and 9) were able to relieve the tension of keeping a secret.
3. They (No.'s 1, 4, 5, 7, 9, 10 and 11) confirmed the belief that they were not responsible for the abuse.
4. They (No.'s 1, 5, 7, 9 and 11) tried to ask for justice. After the participants shared their experiences with their families, they wished for their families to admit that they were not responsible for the abuse but that the abusers were. The participants perceived if their family did so, they did justice to the participants. For instance, No. 5 shared her abuse with her sisters after 20 years later. They perceived that this justice was their familiy's to show their understanding about the participants' pain. Therefore, they have been accepted by their families. The participants wanted to be accepted by their families rather than wanting their families to punish the abuser. However, in the data, they found it hard to gain what they wanted because the parental figure always misinterpreted the participants' intention. The families always guessed that the participants wanted the families to punish the abuser, but the abuser was always one of their families' members. As a result, the families felt frustrated when the participants shared their experience of abuse.
5. Participants No. 1, 4 and 7 perceived that if their families had to admit the fact of the abuse and the effects on the participants, they would not have the intention to blame their families for the abuse.
6. Participant No. 13 suddenly experienced flashbacks about her abuse. She was so scared of it she started to seek support.

7. Participant No. 9 cited that she has experienced power by being a victim. For instance, she said that she was able to keep her 'nice person' image compared with her brother (the abuser) in her family. She perceived that her boyfriend should comfort and tolerate her temper because she was a poor victim. Moreover, she said that she had an excuse that she did not need to change her coping methods because she was a victim.

13.11. Conclusion to the recovery processes of emotions and comparison with the integrated model

This chapter analysed and discussed how the participants deal with the different emotions that they perceive have connected with their experiences of abuse (RESEARCH QUESTION 2.a). The participants have different processes for dealing with varied emotions but there are some similar, helpful, factors in these processes. Therefore, I have tried to organise these processes again, after analysing each process according to different emotions. These helpful factors include three major parts, which offer an answer to RESEARCH QUESTION 2.c:

1. Changing within themselves: for instance, their emotions, perspectives, and behaviours.
2. Outside support: for instance, friends and family.
3. Other supports: for example, their religions and faiths.

Firstly, the participants have inner processes in their self-awareness, recognition of emotions, and changing value systems. The participants are aware of their own impacts and emotions connected with the experience of abuse, and others' limitations in their processes. For example, they acknowledge the abuser or 'key people' (parents) are not able to support or understand their experiences and emotions. Sometimes, the participants seem to live in past space and time and they increase a sense of reality through their processes.

They explore their emotions, impacts, and value systems. They consider the relationship between these and the self. They are able to increase their inner strength due to this process and increase their ability for rational thinking. They are able to build up their own value system (which is different from that of society in their terms) to judge the relationship between the experience of abuse and their self-value. They have confidence that they are not responsible for the abuse. In the later stages of recovery, they are able to 'admit the fact' of the abuse (because they always wish that the abuse did not 'really' happen). They also realise that some of their tasks (difficulties) are part of the nature of human life and not necessarily due to the abuse, for instance, the issue of loneliness. The inner processes are emotional and cognitive.

Secondly, the participants develop new behaviours and new experiences. They may

have social skills training, formally or informally, in their lives. They educate themselves in different issues through reading and various courses. They create their own interests and allow themselves to have new experiences (for example, travelling or dating male friends) in their lives. These interests and new experiences provide a sense of self-confidence and an ability to cope with the loneliness.

Thirdly, the participants seek different support and resources from the outside world. They create their own support system, for example, friends, sisters or group members. They seek counselling help and have the chance to witness others' processes in order to reflect on their own. A few participants reconcile with their families and their families become a support system for them. Some participants have boyfriends or husbands as their support systems. One participant has her children as her support system.

Finally, the participants seek spiritual support from their religions or a higher spiritual guide in their lives. Many participants take on religion during their processes or in the final stage of their processes. They perceive that they have more peace of mind because of their beliefs.

According to the data analysis in this chapter, the process of dealing with the issue of emotions requires different abilities of the self (e.g., cognition, the abilities to deal with external and internal world), and support systems in the external world (e.g., friends, families, counselling, religion, and education). This is suggested by the integrated model in Chapter 6. According to the integrated model, the process of dealing with their emotions goes from phase 3 to 7 (dealing with core issues, transformation, dealing with core issues of family, integration and spiritual growth). However, according to data analysis, the process of dealing with negative emotions is a continual process, not step by step. Although this chapter is about the recovery process in the issue of emotions, the participants do not deal with one core issue only. This process is linked with their self-awareness, rational thinking, interpersonal relationship, and meaning making.

The next chapter will focus on the issue of interpersonal relationships. Finally, in order to answer RESEARCH QUESTION 2.a (what is the recovery process), an overview of the recovery process is developed based on the data analysis in this study, and a comparison with the integrated model.

CHAPTER 14 DATA ANALYSIS-THE RECOVERY PROCESSES IN THE ISSUE OF RELATIONS 292

14.1 MAIN FINDINGS: 292
14.2 INTRODUCTION TO THE ISSUE OF RELATIONSHIPS 293
14.3 THE PROCESS OF DEALING WITH THE ISSUE OF RELATIONSHIPS WITH THE WORLD 294
14.3.1 Loneliness and intimacy 294
14.3.2 The roles of survivor, person and helper 295
14.3.3 Accepting both negative and positive things in the world 296
14.3.4 Society's attitudes and the participants own thinking about their experience of abuse 296
14.4 RELATIONSHIP WITH PARENTS OR FATHERS (IF THE FATHER WAS NOT THE ABUSER) 297
14.4.1 Why participants' relationships with their fathers change during their recovery process 298
14.4.1.1 Their fathers have changed. 298
14.4.1.2 The participants have changed 298
14.4.2 The processes in dealing with the issue of relationships with their fathers 299
14.5 RELATIONSHIP WITH THEIR MOTHERS 300
14.5.1 The processes use to deal with the issue of relationships with mothers 301
14.6 HOW PARTICIPANTS' EXPERIENCE OF BEING COUNSELLED AFFECTED THEIR JOURNEYS OF DEALING WITH THEIR EXPERIENCE OF ABUSE 303
14.6.1 Increasing their understanding of the self 304
14.6.2 Increasing their abilities to deal with their emotions 304
14.6.3 Having new insight into their cognitive aspect 304
14.6.4 Having new insight into their experience of abuse 304
14.6.5 Having a different relationship with society 305
14.6.6 Improving their interpersonal relationships 305
14.6.7 Being empowered 305
14.7 THE PROCESS OF DEALING WITH RELATIONSHIPS WITH THE ABUSER OR THE FATHER (IF THE FATHER WAS THE ABUSER) 306
14.7.1 They fear the abuser 306
14.7.2 They feel angry with the abuser 306
14.7.3 They did not think about the abuse 307
14.7.4 They feel both love and hurt from the abuser 307
14.7.5 They feel that the abusers are responsible for the abuse 307
14.7.6 They hope to both forgive and punish the abuser 307
14.8 THE PROCESS OF DEALING WITH RELATIONSHIPS WITH THEIR FRIENDS (IN ADULTHOOD) 309
14.9 CONCLUSION TO THE RECOVERY PROCESS AND THE ISSUE OF RELATIONSHIPS 311
14.10 COMPARISON OF THE RESULTS OF THE RECOVERY PROCESS WITH THE LITERATURE REVIEW 313
14.11 COMPARISON OF THE RECOVERY PROCESSES WITH THE INTEGRATED MODEL FROM THE LITERATURE REVIEW 315
14.11.1 The processes of recovery do not only take place in a therapy (counselling) setting 315
14.11.2 Not just the experience of being abused but also other elements has affected the participants 315
14.11.3 The integrated model is not concerned with the strong part of the self 316
14.11.4 The integrated model is not concerned with the function of the weak part of the self 317
14.11.5 It is not necessary to have a step by step recovery as the integrated model shows 317
14.12 A POSSIBLE DIAGRAM OF RECOVERY FROM THE ANALYSES IN CHAPTERS 9 TO 12 AND COMPARISON WITH THE INTEGRATED MODEL FROM THE LITERATURE REVIEW (FIGURE 6.4 CHAPTER 6) 320

FIGURE 14.12 A DIAGRAM OF UNDERSTANDING THE PROCESS OF RECOVERY FROM SEXUAL ABUSE 326

Chapter 14 Data Analysis-The Recovery Processes in the Issue of Relations

14.1 Main Findings:

The participants have different processes for dealing with various relationships in their adulthood. The major processes drawn from different participants are:

1. Mourning for childhood.
2. Increasing inner strength. This includes: (1) receiving positive feedback from friends and members of their therapy groups. (2) increasing their self-awareness and self-confidence.
3. Realising other people's (e.g. parents', abusers') limitations in supporting them.
4. Changing their coping methods and practising new behaviours: including modelling from counsellors' behaviour, making friends and having new life experiences, and increasing their inner strength.
5. Changing perspectives and attitudes towards their experience of abuse and its aftermath. This includes developing adult views in order to re-evaluate their experience of abuse and its effects.
6. Forgiving the abusers, or considering it.

The results after the process of recovery in the issue of interpersonal relationships:

They perceive that their relationships with others (this world, parents, the mother, counselling, friends, siblings, children, abuser, husband or boyfriend, and their own children) have changed into positive direction. Due to the restricted length of this thesis, this chapter can only analyse their relationships with the world, their fathers, mothers, the counselling experience and the abuser. After their recovery process, they are able to judge whom to believe. They value their relationships with themselves and others. Their social function improves so they feel less isolated.

From the integrated model (**Chapter 6**), my findings suggest that the negative 'Social effects' and 'Spiritual effects' (e.g. relationships with their gods) decrease after their journeys of recovery. However, it is not necessary because the 'Professional intervention' helps the participants to deal with the negative effects as suggested in the literature review.

14.2 Introduction to the issue of relationships

Himelein and McElrath (1996) suggest that even a small fraction of the most highly adjusted survivors of childhood sexual abuse can teach much of value to the far larger population of struggling survivors. Although there were only 13 participants in this study, the in-depth interviews have provided rich to data to better establish an understanding of how they made their journeys. Their processes in dealing with various effects of the abuse have both similarities and differences. These data are able to provide a deeper understanding of the abuse and the processes of recovery, as suggested by Himelein and McElrath (1996).

There are three aspects to the process of recovery in this study: the inner world of the self (**Chapters 9** to **12**), emotions (**Chapter 13**) and relationships (**Chapter 14**). Although these three aspects all belong to the self, I analyse them in different chapters to get a deeper understanding in order to answer the RESEARCH QUESTIONS 1.a, 2, and 3 from different perspectives. All the narratives are in **Appendix D.**

14.3 The process of dealing with the issue of relationships with the world

The participants' relationships with the world mean how they perceive the relationship between their view of this universe (or society) and themselves. The participants perceive that the process of dealing with the relationship with the world (RESEARCH QUESTION 2.a) is part of their recovery process because healthy adult relationships rely on trust, a secure sense of self in relation to others, and the ability to regulate oneself in emotional conflicts. Mature adult relationships also require people to know the other person sufficiently and know when and how to rely on them (Cole and Putnam, 1992). These close and intimate relationships can be difficult for survivors because they tend to have difficulty trusting people. For instance, they may bring their feelings about others, including fear, disillusionment, mistrust, overvaluation, devaluation and hostility, to bear in any interaction. The survivor may have a hostile or estranged relationship with their mother or father and may project these feelings onto all women or men (Courtois, 1988, p. 111). The participants in this study have been aware of their projection of such feelings throughout their journeys of recovery. They are able to develop an accurate judgement of their interpersonal relationships because of their self-awareness and social skills training.

Using the data in **Table 14.3 (Appendix D)** and other narratives four points about the issue of relationships with the world will be highlighted and linked to the recovery process: loneliness and intimacy; the role of survivor, person and helper; both negative and positive things in the world; society's myths; and the participants' own thinking about the abuse.

14.3.1 Loneliness and intimacy

Sarason *et al*'s (1991) study indicates that people who themselves perceive higher levels of available support and are satisfied with available support are more accurate in estimating their peers' perceptions of social support and less frequently underestimate the social adjustment of their peers. Therefore, a high level of perceived social support is related to a more realistic and more positive view of others and the relationships they engage in (Sarason *et al* 1991). However, what is assessed by perceived social support measures may reflect a personality characteristic rather than an index of the actual willingness of others to provide help if needed (Sarason et. al, 1991).

According to Sarason's study, it is not surprising that many participants in this study (No.'s 1, 3, 4, 5, 6, 7, 10, 11, 12 and 13) experienced loneliness in their adulthood as an impact from the experience of abuse. For example, No 5. said that she did not feel any connection with this world. Van der Kolk (1987) also pointed out that many survivors suffer from a later 'disorder of hope'. Victimisation has also been described as a 'break in the human lifeline', which may lead to the experiencing of one's social world as dead or constricted (Krystal, 1984). This emotional deadness might be present even in someone who outwardly appears to be functioning fairly well (Courtois, 1988, p. 113). For example, participant No. 10 indicated good level of achievement in her study and work, but she still had a strong sense of isolation, loneliness and hopelessness.

The participants have perceived that they needed to be independent because no one could carry any psychological pain or other burden for them. At the same time, they also had a need of intimacy. They needed friends to share with. They accepted these two needs for independence and dependence after many years of dealing with their experience of abuse. In other words, they accepted that they had to work out their own difficulties rather than to wait for someone (e.g. their mothers) to 'rescue' them. Therefore, they became more independent and accepted the nature of loneliness in human beings' lives. They also learned to accept friendships to satisfy their needs of intimacy.

14.3.2 The roles of survivor, person and helper

A person's fundamental beliefs about the world, self and others that are likely to be challenged to invalidated by a traumatic event (Roth and Newman, 1992). However, it is also possible to recover from the impact of a trauma event. Some participants (No.'s 4, 5, 7, 11, 12 and 13) changed their self-identity when they went through their process. They may see themselves as survivors of sexual abuse in the beginning of their process. They changed their self-identity as 'a person' in this universe after they realised that their self-worth was equal to others. Finally, they have expected themselves to become helpful to people who are in need. This finding supports the literature's in **Chapter 5, which** suggests that survivors of sexual abuse will transform their self-identity in their final stage of recovery.

14.3.3 Accepting both negative and positive things in the world

Roth and Newman (1992) point out that the essence of an adaptive schema resolution is the modification or accommodation of the belief system in a manner that both incorporates the trauma, and permits realistic coping with, and enjoyment of life - while still recognising its limitations. The participants are able to view their external world in a more balanced way after their journeys of recovery.

In the beginning of their process, the participants (No.'s 1, 5, 7, and 11) tended to perceive that this world was dangerous and full of painful things. They found the nice part of this world gradually throughout their journey. For instance, No. 1 found a happier world in her travelling experiences and in her religion. No.'s 5 and 7 realised that this world still has many nice people. No 11 found satisfaction in her relationship with her children.

14.3.4 Society's attitudes and the participants own thinking about their experience of abuse

Many participants (No.'s 1, 4, 7, 9, 10, 11, 12 and 13) realised that they had internalised society's value system in judging their own experience of abuse. After they dealt with their experiences they developed their own thinking to help understand their experience of abuse. **Chapter 9** discusses this matter in more detail.

To sum up, the participants perceive that they have fewer feelings of loneliness, transforming their role of survivor to helper, accepting both positive and negative things in the world, and externalising society's negative message about the abuse throughout the recovery process. This data in the issue of relationships with the world is an answer to RESEARCH QUESTIONS 2.a and 2.e.

14.4 Relationship with parents or fathers (if the father was not the abuser)

The participants perceive that they deal with their relationships with their parents as part of the recovery process. They may be able to forgive their parents, have peaceful feelings toward them and feel less isolated in the family. This finding answers RESEARCH QUESTION 2.a.

Alexander (1993) points out that the experience of incest is indeed associated with a higher rate of insecure attachment and especially with a higher rate of fearful/disorganised attachment. Conflicted relationships with parents and siblings most often continue into adulthood, particularly when the incest was of the classic nuclear family type (Courtois, 1988, p.112).

Moreover, results of a path analysis done with a sample of incestuously abused participants and a group of non-abused controls suggested that family characteristics and abuse severity made significant and independent contributions to measures of social isolation and social adjustment (Harter, Alexander, and Neimeyer, 1988).

In addition, Roman *el. al.*'s (1997) study suggests that a variety of childhood risk factors such as poor parental mental health, relationship with parents and being physically punished as well as sexually abused contributed to negative adult outcomes. The precise patterns varied for each negative outcome. It was concluded that child sexual abuse is best conceptualised as a non-specific risk factor for a wide range of adverse psychological and social adult outcomes. It is frequently found in families which have other risk factors for adverse outcomes (Romans, Martin, and Mullen, 1997). Levitt, and Pinnell (1995) also suggest that family dynamics are involved in the aftermath of sexual abuse. They assume that there may be only a few cases in which emotional harm results from sexual abuse as a single factor. From their findings it seems this is because a dysfunctional home is more likely to result in emotional disturbance than any single type of abuse. As mentioned in **Chapter 9,** the participants have perceived that their family dynamics and background are one of the major elements to affect their self-image and create difficulties in adulthood. However, in the very beginning of the participants' recovery journeys they tended to attribute their experience of abuse as only causal

If the abuser was the participants' father, their relationship will be described in **14.7 (**the narrative in **Table 14.7, Appendix D).** This section only displays the participants'

relationship with either their parents or a non-abusive father. Their relationship with their mothers was in **Section 14.5 (**the narrative in **Table 14.5, Appendix D).**

Table 14.4 (Appendix D) shows that some participants (No.'s 5, 6, 7, 11 and 13) have a better relationship with their fathers recently. Participants No. 2, 4, 9 and 12 had good memories of their relationship with their fathers during their childhood. They tended to maintain this good relationship into their adulthood. Participant No. 9's father has been very violent, so she is not close to him later on. However, she feels pity for her parents because her brothers do not have good behaviour. Thus, she is willing to share her parents' worry after dealing with her own experience of abuse in these past few years. She perceives that her ability to empathise is increasing because of her experience of dealing with her abuse. Although participants No. 5, 6, 7, 11, and 13 did not have satisfactory relationships with their fathers in their childhood, they perceived that they have built up a better relationship with their fathers in their adulthood.

14.4.1 Why participants' relationships with their fathers change during their recovery process

According to my summary of these data, two reasons might explain this result.

14.4.1.1 Their fathers have changed.

Participants No. 5, 7, 11 and 13 perceived that their fathers have gradually become an affectionate and kind father figure. For instance, participant No. 5 said that her father wrote to her and asked for her forgiveness. Participant No. 7's father apologised for his negative attitudes when the rape had happened.

14.4.1.2 The participants have changed

The participants have changed and view things from different perspectives. For example, participant No. 11 perceived that she was more willing to take care of her parents after going through her own pain from the abuse. She blamed her parents' neglect but she was willing to forgive them after she developed meanings for her experience of abuse. She admitted and accepted her parents' limitations in taking good care of her brothers and of her. Participant 13 also has changed her attitude towards her father. She has changed their communication style and her father has changed because of this. She perceived that she has more self-awareness so she was able to change his attitudes because she knew what she wanted and how she could achieve her aim. She

also indicated that her experience in dealing with her abuse has increased her self-awareness and communication skills. Her sickness has also contributed to improving her relationship with her parents because they have clearly shown that they care. This experience was different from that in her childhood. Thus, she has started to believe that her parents love her. This love has given her confidence to get close to them.

To sum up, a recovery process does not only take place within the participants, but also in their external world. This finding answers RESEARCH QUESTION 2.a. As participant No. 5 says 'myself is changing, society is changing and my family is changing, so some unresolved issues may have no answer now but may have answers later.'

14.4.2 The processes in dealing with the issue of relationships with their fathers

In answer to RESEARCH QUESTION 2.a (what is the recovery process?) the process of recovery in the relationship with their parents is as follows:

1. The parents have changed, as described in participant No. 7's narratives in **Table 14.4 (Appendix D).**
2. The participants have realised their parents' limitations. They accept and forgive their parents' limitations, as participants No. 9, 11 and 12 describe in **Table 14.4 (Appendix D).**
3. The participants have increased their abilities of self-comfort and self-caring, as mentioned in **Chapter 10**. They have learned to love rather than to blame themselves, and to encourage rather than to put pressure on themselves.
4. They create a new dynamic for interacting with their parents as participant No.'s 9, 5, 11, 12 and 13 describe in **Table 14.4 (Appendix D)**. They try to support, help and empathize with their parents' difficulties. They have also started to receive caring from their parents because their parents have also changed.

14.5 Relationship with their mothers

The participants tended to have complicated emotions towards their mothers. Therefore, they perceive that dealing with their relationship with their mothers is part of the recovery process, in order to have stable emotions and to answer RESEARCH QUESTIONS 2.a and 2.e.

Table 14.5 (Appendix D) shows that only one participant (No. 6) perceived that her mother was a 'good enough mother'. She experienced her mother's love. Her mother put medicine on the participant's private parts when she found a red swelling there. Although her mother did not discover that her brother had sexually abused her daughters, the participant did not blame her because the participant perceived her mother did not have the kind of knowledge to understand that this could happen in her family. She also believed that if her mother knew about this abuse, she would protect her because she was confident that her mother loved her.

The other participants had varied ideas about their mothers. Their views about their mothers were not necessarily in connection with their experience of abuse. The most common view about their mothers was that their mothers could not understand, could not support or were not friendly (No.'s 1, 3, 7, 8, 9,10, and 13). Some participants (No.'s 1, 5, 11 and 13) perceived their mothers neglected or abused them. Some participants (No.'s 1, 2, 3, 5, 8, 12 and 13) perceived that their mothers were nervous and worried about things. They suggested that these mothers used negative language and attitudes towards them. As a result, the participants (No.'s 1, 3, 5, 7, 10, 11 and 13) felt that they were not loved and hence were lonely. Participants No. 10, 12 and 13 decided not to share their experience of abuse with their mothers because they did not believe that their mothers were able to deal with the fact of abuse, either in their childhood or adulthood. Participants No. 3 and No. 11 gave up asking for care, support and understanding from their mother because they realised their mothers' limitations. In contrast, they undertook a caring role in relation to their mothers and searched for other support systems. They perceived that they had more peace within their heart and in their relationship with their mothers after they gave up their expectation of their mothers' support.

In contrast, participant No. 1 did not give up her expectation for her mother's support and understanding. Thus, she continues to experience argument, conflict and hurt in the

relationship with her mother. She has tried to ask her mother to change her negative manner of communication (criticism) for many years, but with no success. Participant No. 12 taught her mother how to communicate with her sisters with direct and positive language. She felt that her mother was changing.

14.5.1 The processes use to deal with the issue of relationships with mothers

In their study, Romans *et al* (1997) suggest that survivors' self-esteem and qualities of their adult intimate relationships are critically affected by their relationships with their mothers. In my study, participants No. 1, 3, 5, 8, 10, and 11 perceived that they did not have satisfying relationships with their mothers (described in **Table 14.5, Appendix D).** The participants perceived that their mothers did not support their emotions. Therefore, these participants tend to have 'unfinished business' (for example, great tension between them and their mothers) and they need to practice intimate relationships in their adulthood. Therefore, the data analysis supports the study of Romans *et al* (1997). .

Courtois (1988, p. 112) also points out that the survivor may continue in familiar roles and relational patterns with the family or may try to establish some distance. Some survivors may have no option but to distance themselves, or refuse further contact, due to family interactions continuing to be noxious. Participant No. 5 did not contact her family for over 15 years. She perceived that as the best way for her to start a new life. When she contacted her family again, her sisters provided great support and understanding of her experience of sexual abuse from their mother. Therefore, she has realised that some unresolved issues may not be resolved immediately but may have a solution when the right time comes. This belief has helped her to have hope about her unresolved difficulties. She does not need to push herself to 'resolve' all her difficulties at once, so she is still able to enjoy her present life. Participants No. 8, and 11 consciously keep a distance from their biological families but they still give necessary support to their them. They knew they could not offer better support if they were too close, and they would lose their peace of mind.

Although some participants have unresolved issues with their mothers, their relationships are getting better. These data indicated possible processes for the relationships to change:

1. The participants accepted their mothers' limitations and did not have an expectation

of their mothers' support. This helped their relationship become less tense.

2. The participants had more strength to show care towards their mothers, and they became more flexible in their characteristics. They have increased their ability of empathy after they dealt with their own personal issues. Therefore, they were able to understand their mothers better.

3. The participants' relationships with their counsellors were good models for the participants in building better relationships with their mothers. For example, participant No. 9 realised that the most important thing was to listen to her mother rather than to teach her.

4. The participants have created new dynamics with their mothers. They tend to take a caring role when interacting with their mothers. Participants No. 4, 8, 9, 11 and 12 provide support, help and comfort to their mothers.

14.6 How participants' experience of being counselled affected their journeys of dealing with their experience of abuse

The participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, and 13) perceive their experience of being counselled as part of their recovery process because the counselling helps them through their difficulties. Therefore, the counselling is a part of recovery journey and a helpful factor in their recovery process. This finding answers RESEARCH QUESTIONS 2.a, 2.c and 2.e.

The therapist-client relationship is a fundamental and important component of all therapy. A secure and trusting therapeutic relationship is able to offer clients the necessary support for working through their unresolved issues. Moreover, this healthy and non-exploitative relationship helps clients to build up a secure attachment (Courtois, 1988). Herman and Schztzow (1987) suggest that the therapy process may stimulate the recollection process and promote development, because this process includes the availability of a secure relationship with an adult.

Roth and Newman (1992) also point out that the purpose of psychotherapy is to process these thematic issues. For instance, the processes of therapy are able to help survivors understand the feelings they have surrounding traumatic experiences, because many of them do not make contact with their feelings towards the experience of sexual abuse. The therapy can also help them to understand what significance traumatic experiences have for their view of themselves, others and the world more generally. This allows them to consider alternative views as a result of other life experiences and their experience in therapy. These statements are very true in my findings. My descriptive and critical analyses from **Chapters 9** to **13** have presented the participants' processes of recovery throughout their therapy sessions as well as other life experiences. The ability to trust others allows for secure attachment. Such bonding sets the stage for healthy ego development and a positive self-concept (Courtois, 1988, p. 217).

Seven areas had improved after the participants' experiences of being counselled, according to their narratives in **Table 14.6 (Appendix D)**. These areas are as follows: increasing their understanding of the self, increasing their abilities to deal with their emotions, being empowered, having new insight into their experience of abuse, having new insight into their cognitive aspect, having a different relationship with society, and

finally improving their interpersonal relationships.

14.6.1 Increasing their understanding of the self

All participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, and 13) who have been counselled perceived that they had a better understanding of themselves. They might have new insight into their inner world, find it easier to accept themselves, or have a sense of themselves as whole. They also learned new ways to treat themselves. For example, they learned to love rather than punish, to listen to their inner voice rather than ignore it, and to view their own needs as being as important as others' needs. They (No.'s 1, 3, 5, 9, 10, 11 and 13) were also able to distinguish different roles of the self. For example, they realised that they had a 'child I', 'adult I', 'present I' and 'past I' at the same time. Therefore, they were able to live in the present with an appropriate role.

14.6.2 Increasing their abilities to deal with their emotions

There are three stages in the participants learning to deal with their emotions according to their statements in **Appendix C** (details in **Chapter 13**). Firstly, they (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11, and 13) recognised their different emotions and had new insight into their emotions. Secondly, they have learned to express and to name their emotions. Finally, they were able to manage their emotions rather than to be afraid of them.

Some (No.'s 1, 5, 7, 10 and 11) also felt less isolated and lonely after they had attended group counselling. Others (No.'s 13, 11, 7, 6 and 3) felt more relaxed about themselves, the world around them and their experience of abuse.

14.6.3 Having new insight into their cognitive aspect

Many participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11 and 13) have developed new insight in their self-understanding, social value system and experience of abuse. They were able to remain in reality because of their rational thoughts. For example, they felt able to free themselves from the 'virginity complex'. They were able to value themselves according to their own value systems, rather than being dependent on whether they had lost their virginity or not.

14.6.4 Having new insight into their experience of abuse

The participants (No.'s 3, 4, 7, 9, 10, 11 and 13) were able to view their experience of abuse from different angles and had a better understanding of their experiences. They were confident that they were not responsible for the abuse. Some (No.'s 1, 4, 6, 10, and

11) understood that they could not stop the abuse at that time and forgave themselves. They (No.'s 5, 6, 7, 10 and 11) were also confident that they were able to create good quality lives.

14.6.5 Having a different relationship with society

The participants (No.'s 1, 4, 5, 6, 7, 9, 10, 11 and 13) understood what society's myths about their experience of abuse and women's sexuality are. They also realised how much they internalised this value system to judge and punish themselves. Therefore, they were able to externalise society's value system and to develop their own value systems for understanding themselves, the world and their experience of abuse. They were able to make other choices in their lives according to their new understanding of society. For instance, participant No. 6 decided not to tell others that she is a lesbian after she had role-played this issue in her counselling setting.

14.6.6 Improving their interpersonal relationships

Many participants (No.'s 1, 3, 4, 5, 7, 9 and 11) had improved their interpersonal relationships and were aware of their boundaries. These interpersonal relationships included their relationships with their friends and parents, as discussed in this chapter.

14.6.7 Being empowered

Many participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10 and 11) felt a sense of hope or of being in control. They knew that they were able to do something good for themselves. They perceived that although they could not resolve their difficulties immediately, they were on the way. They gave themselves time and space to develop their inner strength. These areas had also been discussed in more detail in previous chapters.

To sum up, the relationship between counselling and the participants (No.'s 1, 3, 4, 5, 6, 7, 9, 10, and 13) plays an important role in their recovery process, according to data analysis. The counselling is helpful in seven areas: increasing their understanding of the self, increasing their abilities to deal with their emotions, having new insight into their cognitive aspect, having new insight about the abuse, having a different relationship with society, improving their interpersonal relationships, and being empowered.

14.7 The process of dealing with relationships with the abuser or the father (if the father was the abuser)

Children who are reared in chaotic or stressful home environments may be less well equipped to negotiate successfully the critical developmental tasks that need to be accomplished (Friedrich, 1990). If the abuser was a father, a caregiver figure or a member of the family, the victim not only experienced the sexual abuse but also lived in a high-pressure environment. If the abuser was an outsider, but the parents did not respond in a supportive way, the victim still experienced both family pressure and the abuse. Wyatt & Newcomb (1990) also point out in their study that the response and actions of persons told about the abuse can either reinforce feelings that others are unconcerned, or establish feelings of safety for the child. A close relationship to the perpetrator, severity of abuse, immediate negative responses, self-blame and non-disclosure regarding the incest directly affect long-term outcomes of abuse (Wyatt & Newcomb, 1990). Symptoms found in children and survivors who suffer from sexual abuse are varied and complex. Therefore, it is natural that dealing the relationship with the abuser is part of their recovery process.

Only one participant (No. 7) did not mention the abuser in the interviews. **Table 14.7 (Appendix D)** presents six types of reactions to how the participants have perceived the abuser in their narratives.

14.7.1 They fear the abuser

Participants (No.'s 1, 5, 9 and 13) said that they still felt fear when they thought about the abuser. Participant No. 9 did not feel safe when she was alone at home with her brothers. Participants No. 1, 5 and 13 knew that the abuse could not hurt them any more. However, they described how they seemed to become a small child again when they thought about the abuser or the abuse. Thus, the feeling of fear appeared in their mind again.

14.7.2 They feel angry with the abuser

Participants (No.'s 1, 2, 4, 9, 11 and 13) mentioned their anger toward the abuser, society, themselves, or their mothers. The issue of anger will be described in another section in more details. Only participant No. 4 directly expressed her anger towards the

abuser. The other participants did not express their anger towards the abuser, because they were still scared or they did not have chances to do so. Participant No. 11 said that she needed to ask herself to remember what had happened in order to have a chance to ask for justice in her experience of abuse.

14.7.3 They did not think about the abuse

Participants No. 2, 5, 6, 10 and 12 did not want to think about the abuser. Participant No. 2 perceived that she did not suffer from any effect of the abuse, so she did not think about the abuse or the abuser in her adulthood. Participants No. 5, 6, 10 and 12 did not think about the abuser and kept a distance from the abuse, without many interactions. They perceived that this distance implied that they assigned the experience of abuse to history and they focused on their present lives.

14.7.4 They feel both love and hurt from the abuser

Participants No. 2, 4, 10, and 11 experienced the abuser's love or care in some ways. For example, the abuser sent the participant (No. 2) to school every day; the abuser talked to the participants (No.'s 4 and 10) and took care of their daily lives (No.'s 2, 4 and 11). Therefore, the participants perceived that they needed to face the fact that the abuser hurt and loved them at the same time.

14.7.5 They feel that the abusers are responsible for the abuse

Participants No. 8 and 9 felt that the abuser was not responsible for the offensive behaviour but the family (parents) was (**Table 14.7, Appendix D)**. This was because the parents did not give necessary attention and education to the abusers (brothers). The abusers were also curious about sexuality. Therefore, they perceived that it was natural for the abuser to take their sisters as guinea pigs. Participant No. 11 thought that her parents were responsible for her abuse because they neglected her. However, she changed her mind later on because she realised that parents could not protect their children 24 hours a day. She felt that the abuser and society were responsible for the abuse. The other participants perceived that the abuser was responsible for the abuse after they reviewed their experience of abuse, society's value system and their inner dynamics.

14.7.6 They hope to both forgive and punish the abuser

Participants No. 6, 10, 11 and 13 perceived that the abuser would be punished. They felt

less angry and were able to consider forgiving the abuser because they guessed that the abuser experienced punishment[1]. Participants No. 1, 4, 6, 9, 10, 11, 12 and 13 considered whether they would forgive the abuser in their processes of dealing with their experience of abuse. This issue of forgiveness will be described in **Chapter 13, Section 13.4 (The issue of forgiveness)** in more detail.

According to data analysis in this section, the participants used different methods to recover from their complicated feelings towards the abuser:

1. Keeping distance and no interaction.
2. Dealing with their complicated feelings – fear, anger, love, and hatred – toward the abusers.
3. Considering who is responsible for the abuse.
4. Considering whether to forgive or to punish the abuser.

This finding answers RESEARCH QUESTION 2.a.

[1] If the participants applied the term 'punishment', it is a Buddhist concept of punishment. It means if sometime does something bad, the person will be punished. This is a role of nature. The punishment may appear in this life or in the person's next life. The punishment may appear in the person's life or in the person's children's (or very close relatives, e.g. parents' or wife's) lives. Moreover, the victims may not be able to witness this punishment, but it will be enacted.

14.8 The process of dealing with relationships with their friends (in adulthood)

Many participants in my study described feeling isolated, helpless and lonely. They perceived that their inability to share the secret of the abuse was one of the causes of these feelings. Sarason *et. al's* study (1991) indicates that those who were confident that others would be responsive to their needs when confronted with adversity, also believed themselves to be competent and interpersonally successful. In other words, lack of perceived social support was accompanied by feelings of personal inadequacy, anxiety and social rejection (Sarason *et. al* 1991). These feelings will cause survivors' feelings of loneliness and helplessness. Moreover, secrecy, shame, and self-blame, so often associated with the experience of abuse, are offered as partial explanation of the study group's general undeveloped social skills (Sarason *et. al,* 1991). Courtois (1988, p.111) also suggests that survivors' difficulties in trusting are at the core of difficulties in interpersonal relations (Courtois, 1988, p.111). Therefore, it is not surprising that most of the participants have experienced difficulty with interpersonal issues during their journeys of recovery.

Table 14.8 (Appendix D) presents the participants' main ideals about their friendships in adulthood. Five stages in dealing with the friendships are organised from this table. These five stages are similar to the recovery process of self-image. They involve internal factors, external factors, unresolved issues (interpersonal relationships), and the results of their processes. The five stages are:

1. Many participants (No.'s 1, 3, 4, 5, 7, and 11) felt inferior to others or felt themselves strange compared with others, as described in **Table 14.8**. The participants could not trust people or imagined that people might do something bad to hurt them.

2. The participants received encouragement, care, and admiration from friends in their work place, psychotherapy groups, or other groups in their social lives. Their friends' feedback helped them to change their negative self-image and to satisfy their needs for intimacy. The participants have new experiences and relationships with their peer groups (in adulthood) and counselling groups. These experiences are different from the experiences in their families. They have perceived that these experiences are good and positive for them; for example, encouragement and admiration. This is their external resource.

3. These experiences have stimulated the participants' inner world because they are different from their experiences within the family. The participants have a chance to consider changing their thoughts, feelings, and behaviours in the issues of interpersonal relationships and self-image. Many participants (No.'s 1, 3, 5, 7, 8, and 11) started to consider why they could not trust people, and why they felt inferior to others. They also considered why their friends could see their strong points but they could not see these by themselves. They could trust people and accept themselves after they sought the possible answers for these questions. For example, their parents never encouraged them or admired their achievement (No.'s 1, 3, 5, 6, 10 and 13) so they did not realise their strong points. Moreover, their (No.'s 1, 3, 5, 7 and 11) experience of abuse, or the family's background, made them feel inferior to others. They were able to change their irrational thoughts about their interpersonal relationships and themselves when they understood how they had learn these irrational thoughts from their past experiences.

4. This internal process has continued and they have learned new concepts and behaviours. They (No.'s 1, 3, 4, 5, 7, 9 and 11) have learned to make friends and know their boundaries. They also started to accept their friends' admiration and encouragement.

5. Finally, the participants (No.'s 1, 3, 4, 5, 7, 10 and 11) realised that everyone has their own strong points and weak points, whether this person had been abused or not. Therefore, they have increased their ability to value themselves as equal to others. Finally, they are able to admire their strong points and to accept their weak points. They also realise that their 'weak' points do not necessarily play a 'weak' function in their life journeys, as mentioned in **Chapter 12, Section 12.3.1 (Human beings and sufferings).** This positive cognitive re-framing took many forms, including construing the experience of abuse as a vehicle for personal change or growth, believing that one has learned from the experience, and finding meaning in adversity (Himelein and McElrath, 1996).

14.9 Conclusion to the recovery process and the issue of relationships

Although the participants have various processes for dealing with their interpersonal relationships, these processes have some similarities:

1. The participants mourned for their childhood. I analyse how they have dealt with their emotions in **Chapter 13**.

2. They increased their inner strength. This includes: (1) receiving positive feedback from friends and members of therapy groups. (2) increasing their self-awareness and self-confidence. For instance, they have explored why they had difficulty with interpersonal relationships. They also recognised their inner child, and have learned to comfort themselves. Furthermore, they realised that they projected their feelings from past experiences onto their present relationships. Finally, they have a feeling of being more in control of their lives and of having more assertiveness to demand their rights in daily life.

3. The participants realised other people's (e.g. parents', and abusers') limitations and that other people has little ability to help and support them. Therefore, they knew the reality of what kind of expectation they should have of other people. Consequently, they had less hurt from their disappointment in other people.

4. They have been willing to change their coping methods and to practice new behaviours – including modelling from their counsellors' behaviour, making friends and having new life experiences which helped to increase their inner strength.

5. They changed perspectives and attitudes towards their experience of abuse and its aftermath. They developed adult's views in order to re-evaluate their experience of abuse and its effects. For instance, they have developed healthier thoughts about men and sexuality. They also explored new meanings in what had happened in their lives. Moreover, they are able to distinguish the past from the present; and the child's view from the adult's view. The participants' process of integrating the experience of abuse is a complicated path. Reactions to past victimisation experiences and their impact can emerge long after the events have occurred (Summit, 1988). Miller and Potter (1980) also suggest that causal attributions for

life events and reactions to them depend greatly on the nature of those events and how they are processed and integrated over time.

6. They are able to forgive the abusers or to consider forgiving them. I analyse how the participants have been able to forgive themselves and others in **Chapter 13.** Finally, not every participant perceives that she has to deal with the issue of family relationships.

14.10 Comparison of the results of the recovery process with the literature review

This section will compare the literature review of psychological needs in **Chapter 2** and **Chapter 6**, of recovery criteria in **Chapter 5**, **Section 5.4,** and my findings of the results from the participants' recovery processes. **Table 14.10** shows the comparison. The recovery criteria in **Chapter 5** are similar to my findings. However, my findings offer more detail to what happens in the issues of the self, emotions and relationships. The dissatisfaction of the participants' psychological needs might have become the weak part of the self and have caused their difficulties, as mentioned in **Chapter 9**. The participants increase their internal and external strength throughout their journeys of recovery so they have a better ability to satisfy their own needs.

Table 14.10: Comparison of the results of the recovery process with the literature review

Psychological needs in Chapter 6	**Recovery criteria in Chapter 5**	**My findings in the results of the recovery process**
1. Need for transcendence /self- actualisation 2. Need for power/frame of reference 3. Need for affection/ intimacy (including sexual intimacy) 4. Need for identity(including sexual identity) 5. Need for esteem/industrialindustry?[1] (including sexuality) 6. Need for independence /autonomy 7. Need for safety 8. Need for dependency/trust	1. Accept the fact of sexual abuse and its effects. 2. Develop problem-solving skills in behaviour and cognition. 3. Deal with strong emotions and maintain hope. 4. Transform self-image. 5. Explore the meaning of the abuse and the journey of recovery in their lives. 6. Improve relationships with the external world.	**1. The issue of the self:** 1) Deeper understanding about human beings and suffering. 2) Increasing positive self-image. 3) Increasing self-awareness. 4) Having a sense of being a whole person. 5) Being able to be alone. 6) Being able to live in the present. **2. The issue of emotions:** 1) Understanding of own feelings. 2) Transforming negative emotions. 3) Increasing the ability for rational thought. 4) Finding meanings in their suffering. **3. Cognition and behaviour:** 1) Problem solving ability. 2) Developing own value system. **4. Sexuality and gender:** 1) Having a more positive attitude about sex. 2) Placing less importance in the virginity complex. 3) Feeling more comfortable about body image. 4) Perceiving women ashaving the same worth as men. 5) Feeling more comfortable with their own gender. **5. Relationships:** Improving their relationships with this world, parents, the mother, counselling, friends, siblings, children, the abuser,

[1] Industry is Erikson's (1963) term. This term is used in stage 4 of his theory.

		husband or boyfriend, and their own children.

The results in the issue of relationships and sexuality fulfil the participants' needs for trust and intimacy and support the recovery criteria in **Chapter 5** concerning the relationship with the external world. They also fulfil the participants' needs for self-esteem, self-identity, power and self-actualisation. These support the recovery criteria in **Chapter 5** concerning transforming self-image and positive meaning –making about the suffering. The results in the issue of emotions fulfil the participants' needs for safety and power, and support the recovery criteria in **Chapter 5** concerning dealing with their strong emotions and maintaining hope in life. The results in the issue of cognition and changing behaviours support the recovery criteria in **Chapter 5** concerning accepting the fact of the abuse and its effects, and developing problem-solving skills.

The integrated model in **Chapter 6** indicates each possible effect for a survivor to resolve. However, my findings suggest that the participants do not resolve the effects item by item. Rather, if they deal with one effect, the process and the result will have a positive influence on the other effects.

14.11 Comparison of the recovery processes with the integrated model from the literature review

The integrated model in **Chapter 6** has 7 phases and 12 stages. I have developed this model from the literature. However, the findings from the interviewees' narratives have five points which differ from this model:

1. The processes of recovery do not only take place in a therapy (counselling) setting.
2. Not just the experience of being abused but also other elements in their lives has affected the participants.
3. The integrated model is not concerned with the strong part of the self.
4. The integrated model is not concerned with the function of the weak part of the self.
5. It is not necessary to have a step by step recovery, as the integrated model shows.

14.11.1 The processes of recovery do not only take place in a therapy (counselling) setting

Most of the literature (Miltenburg and Singer, 1997; Lebowtiz et al, 1993; Sgroi, 1988; Mennen & Meadow, 1992; and Swink& Leveille, 1986) evaluate the processes of recovery based on the process of counselling or therapy sessions. However, none of the participants suggest that their processes of recovery have only taken place in a therapy room. Two participants (No.'s 2 and 8) in Group B (who do not have the experience of being counselled) suggest that they have applied strategies for resolving the effects of sexual abuse, rather than exploring the history of abuse in a counselling setting.

Many participants in Group A (who have the experience of being counselled) also point out many helpful factors throughout their journey of recovery. The experience of being counselled is one of them. The other helpful factors include a stable life, a stable income, support from family (parents, partner, children), experience of travelling, reading, and a human beings' natural developmental process. However, the experience of being counselled has offered a chance for the participants to deal with the experience and effects of the abuse directly.

14.11.2 Not just the experience of being abused but also other elements has affected the participants

Although the integrated model includes 'social context' (**Figure 6.4** in **Chapter 6**), it

focuses on how it influences the effects of sexual abuse rather than how it affects the self of individuals. The findings show more detailed elements in the participants narratives regarding the social contexts that have influenced their lives, as analysed in **Chapter 9.** For instance the family, school life, the participants' view of their nature, and society's attitudes to sexuality and the issue of sexual abuse. The data analysis demonstrates that the participants have different effects, not only because their experiences of abuse are different, but also because their perspectives (interpretations) of the abuse are also different. Although the participants may have similar effects (for example, fear of men), they have different explanations for the impact. Moreover, the participants may change their interpretation of their effects and the abuse throughout their journey of recovery.

14.11.3 The integrated model is not concerned with the strong part of the self

The integrated model (**Chapter 6**) contains three abilities and psychological needs in the category of the 'self'. The person's abilities and needs have been damaged by the abuse. Therefore, a task of recovery is to repair these abilities and to satisfy psychological needs. This process within the integrated model implies that the damaged abilities may be not able to have a positive function before they recover from the damage.

However, the data analysis suggests that the participants perceive the nature of the self as having strong and vulnerable parts and influencing their perceptions of the abuse throughout the process of recovery. The abuse has affected these two parts of the self. The weak part of the self can become more vulnerable. Although the abuse may also affect the strong part of self, it can still have a positive function in their lives. Moreover, different life experiences will add strength to the strong part of self, for example, positive working experiences, travelling experience and reading experiences. Therefore, the strong part of the self includes an internal self (for example, self-image) and an external self (for example, working experiences).

As a result, the functions of the self can still serve the individual's recovery process, although the abuse had negative influence on the self.

14.11.4 The integrated model is not concerned with the function of the weak part of the self

The data analysis indicates that most of the participants are able to discover positive meanings or functions for their weak part of self. For instance, many participants (No.'s 1, 4, 5, 7, 9, 10, 11, 12 and 13) have suggested that they were able to transform their lives because the experience of abuse pushed them to go on with their journeys of transformation.

14.11.5 It is not necessary to have a step by step recovery as the integrated model shows

As mentioned before, it is possible that the processes of recovery started before survivors came into a counselling room. For example, they read books to help themselves, or they created different life experiences to improve their self-confidence. The integrated model is not concerned with these previous processes.

The integrated model includes 7 phases, and these 7 phases contain 12 stages. There are five points of difference between this integrated model and my findings.

1. The issues around phase 1 (surviving) and phase 2 (suffering and emergent awareness):

Although 'surviving' (being alive) is the first task for all victims of sexual abuse, the participants were not aware of the importance of surviving until the later stages of their recovery process. Some of the participants survive the abuse, but it is not necessary for them to experience a feeling of 'suffering'. They can deal with and cope with their unresolved issues without feeling a painful suffering of the experience of sexual abuse. It is also possible that their self-awareness stimulates the feeling of 'suffering' and the more they are aware of the effects of sexual abuse, the stronger the feelings of suffering they may have.

2. The issue of family in phase 5 is not necessary to every individual survivor,for two reasons.

Firstly, some of the participants (No.'s 9, 12 and 13) feel confident in dealing with their difficulties and do not think that their families have the ability to help them.

Secondly, some of participants (No.'s 2 and 7) perceive that their families give them enough love already, so they do not blame their families at all.

However, some participants deal with the core issue of the self (phase 3) and core issue

of their families (phase 5) at the same time. It is not always true that the participants have to reach phase 4 (transformation and coping successfully) in order to deal with the issue of family. Particularly in the initial stage of the recovery journey, some participants (No.'s 3, and 11) perceived that the family issue was more important than the issue of the self because they perceived their families were responsible for the abuse. However, they tended to realise that their families were not able to support them and turned instead to the issue of the self. In general, although the participants may face the issues of the self and the family together, they tend to have a better ability to deal with the issue of family when they have more inner strength (e.g., self-acceptance, self-confidence, self-caring and so on).

3. It is not necessary to 'deal with' the experience of sexual abuse directly in order to integrate this experience.

Participants No. 2 and 8 (who did not receive counselling) do not deal with the experience of abuse directly. However, they perceive that they learned something from the experience and they do not feel that it is necessary to explore the memories of the experience. They believe that their other life experiences are able to strengthen their weakness. Therefore, they perceive that it is not necessary to 'stick' themselves with memories of the past.

4. Not every individual has spiritual growth.

Participants who receive counselling tend to perceive that they have spiritual growth, explore the meanings of life, or transform their lives. Only one participant in the group who did not receive counselling perceives that she has the sense of transformation and spiritual growth. However, the numbers of the participants are too small to draw conclusions.

5. The integrated model suggests that survivors acknowledge the reality of the abuse in phase 3: stage 2, and so survivors focus explicitly on sex abuse memories. However, the data analysis does not support this concept.

The data analysis suggests that it is difficult for the participants to acknowledge the reality of the abuse. They know there was something but they kept distance from it. Participant No. 1 tried very hard to push away the dark bag (this implies her experience of abuse) stuck on her back in her first psychodrama therapy session. After one year of counselling, participant No. 3 said that she had to admit the fact of the abuse so she did not need to waste her energy to push the history away. Therefore, according to data

analysis, it is important for the participants to be aware of their inner world before they can accept the fact of the abuse.

Only one participant (No. 11) asked herself to remember everything about the abuse because she wanted to revenge. Two participants (No.'s 6, and 10) could not remember clearly what had happened but they could remember their feelings. The other participants might remember part of the abuse, and the memories might come back more when the counselling session was going. However, no participants had described their history of abuse in detail in their counselling sessions or in the interviews. In my clinical experience, survivors talk about their feelings and confusion towards the experience of abuse, rather than the 'activity' of the abuse itself, in counselling sessions. As a result, this data analysis suggests that it is not necessary for survivors to admit the fact of the abuse and focus explicitly on sex abuse memories in order to recover from the abuse in their initial stage of the recovery process. In addition, part of the recovery process is that the survivors work on their perspectives and feelings towards the abuse, rather than the history of the abuse itself.

To sum up, the data analysis suggests that the recovery process is not necessarily a step by step one, and it is not necessary to accept the fact of the abuse in the initial journey, as the literature suggests (**Chapters 5** and **6**). The recovery process is also not necessary for dealing with the experience of abuse directly in order to integrate it. Finally, the data analysis points out that not every individual has spiritual growth as suggested by the literature.

14.12 A possible diagram of recovery from the analyses in Chapters 9 to 12 and comparison with the integrated model from the literature review (Figure 6.4 Chapter 6)

Diagram 14.12 combines my findings and the suggestions from literature review to develop a diagrammatic representation of the interactions between the self, the effects of the abuse and other negative life experiences (unresolved issues), the processes of recovery, the results of the recovery process, and elements influencing these interactions. Therefore, this diagram includes these five systems, which interact with each other. There are various sub-elements within each system. The sub-elements have internal interaction within the system.

A. Nine elements have affected the self, the unresolved issues, the process of recovery, and the results of the recovery process:

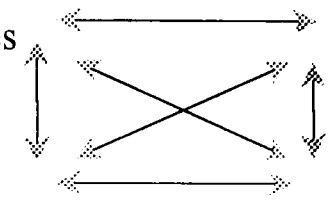
1. The experience of sexual abuse: (1) The relationship to the abuser. (2) The duration and frequency of the abuse. (3) The age of the abuser. (4) The age at onset of abuse. (5) The type of sexual act. (6) The use of force. (7) The effects of disclosure. (8) Family functioning and social factors. (9) Personality of the abused
2. Family situations: (1) The financial situation in the family during the participants' childhood. (2) The parental behaviour during the participants' childhood. (3) The birth order and any key person during their childhood.
3. Childhood: The participants' school life, peer relationships, and the relationship with teachers.
4. Nature: (1) The participants' perceptions of themselves. (2) The results of natural development in human beings.
5. Adulthood: Participants' working experiences, travelling experiences, reading experiences, and so on.
6. Different forms of relationships: The participants' relationships with their families, friends, work, their own children and other aspects of the external world.
7. The experience of being counselled.
8. The society's views on sexuality, virginity, or the issue of sexual abuse.
9. Their religions.

B. The self: The second part of this **diagram** is about an individual's self. It has three

dimensions. The first dimension is the concept of development. The spiral line indicates the natural phenomena of development in an individual person.

The second dimension is from my findings. The participants perceive the self has strong/positive parts and weak/vulnerable parts. The positive part of the self includes an internal self (e.g. their characteristics) and an external self (e.g. their jobs). The positive part of the self helps deal with their unresolved issues. The line ⟷ between **'The positive part of the self'** and **'E. Unresolved issues'** indicates this relationship. The vulnerable part of the self may cause their unresolved issues and motivate the participants to deal with their unresolved issues. The line ⟷ between **'The vulnerable part of the self'** and **'E. Unresolved issues'** indicates this relationship. The boundary between the positive and vulnerable parts of the self is not rigid and they may influence each other. In the same way, the boundary between internal and external self is not rigid and they may also influence each other. The dotted line indicates the flexible boundaries.

The third dimension is from the literature review and I compare it with my findings in **Chapter 10.** This dimension concerns the self's abilities and its psychological needs. It contains cognitive ability, the ability to deal with the internal world, the ability to deal with the external world and psychological needs. The lines indicate that these four elements interact with each other.



The participants' dissatisfaction with their psychological needs also interacts with their unresolved issues.

Each experience interacts with the self throughout one's developmental stages. The experience of abuse is part of life experiences. How does a survivor perceive the experience of abuse? How serious are the effects? The nine elements, the self, the unresolved issues, the recovery process, and the results of recovery process will interact with each other to influence one's internal and external world.

Although survivor have some unresolved issues in the weak part of self, the strong part of self can still satisfy psychological needs, as well as help to resolved their difficulties. The weak part of self (unresolved issues) is not necessarily negative in a survivor's life because this part of the self motivates a person to change and to transform both the internal and external world.

C. The recovery process

I developed this process after I argued the recovery process from my literature review in **Chapter 5,** and compare that with my findings from **Chapters 9** to **14.** The participants work on their recovery process in 'sreas' rather than in 'phases'. If it works on areas, it does not indicate that a survivor has to achieve one phase in order to reach a higher phase. It also indicates many possible issues within an area, so different survivors may work on different issues, although they may be working in the same area. They can work on one area and jump to another area. They can also work on more than one area at a time. The boundary between areas is not rigid, but it is like a dotted line, and penetrating. In other words, even though a survivor may only work on one area, the process will influence all the areas. It is as if even though a person only throws a little stone into water, the power will cause ripples from one area to another. The figure and dotted

line indicates this concept.

After comparing my findings with the integrated model, four areas in the recovery process are revealed (**Chapter 6**). **Area 1** concerns surviving, suffering, and emergent awareness. **Area 2** is about dealing with the core issue of self, coping processes and transformation. **Area 3** is about dealing with the core issue of the external world, including the issue of family. **Area 4** concerns transformation again, integration and the possibility for spiritual growth.

How can a person start her journey of transformation? To maintain and acknowledge her own internal and external strength from her strong part of the self is the first step. The recovery process can start from any **area**, although the participants tend to focus more on their internal world. No matter where the participants start their recovery journey, or what methods they use, these five systems (A, B, C, D, and E) have to co-operate with each other.

Area 2, concerning the processes of the recovery journey, is the most complicated area. Survivors work on their internal world. For instance, they acknowledge, respect and express their emotions in healthier ways. They value their own psychological needs. They learn positive and rational thinking. They are willing to change their attribution systems to understand themselves, and to explain their experience of abuse and its effects. They also take actions to practice new social skills.

Therefore, they are able to integrate the experience of abuse into their life histories. They are able to review the abuse from an adult's view and to make positive meanings for the experience of abuse. This process is not step by step, as the literature suggests **(Chapter 5),** but is interactive. For example, a person may mainly work on her/his emotions but still connect with her/his thoughts (or cognitive processes). However, survivors tend to work on their internal world before they focus their energy on their external world (for example, their social relationships).

D. The results of the recovery process

Section 14.9 compares in more detail my findings in the results of the recovery process and the literature review in **Section 5.4** (**Chapter 5**). Although I analysed the results into five categories, the participants do not produce one by one results. These five categories inter-link with each other.

1. The issue of the self:

1) Deeper understanding about human beings and suffering.

2) Positive self-image.

3) Self-awareness.

4) A sense of being a whole person.

5) Being able to be alone.

6) Living in the present.

2. The issue of emotions:

1) Understanding own feelings.

2) Transforming negative emotions.

3) Increasing the ability for rational thought.

4) Finding meanings in their suffering.

3. Cognition and behaviour:

1) Problem solving ability.

2) Developing own value system.

4. **Sexuality and gender:**

1) Having more positive attitudes towards sex.

2) Placing less importance on the virginity complex.

3) Feeling more comfortable with body-image.

4) Perceiving women as being worth as much as men.

5) Feeling more comfortable with their own gender.

5. Relationships:

Improving their relationships with this world, parents, the mother, counselling, friends, siblings, children, the abuser, husband or boyfriend, religions, and their own children.

E. Unresolved issues:

Unresolved issues are from the effects of the sexual abuse, the dissatisfaction of the psychological needs, and other negative life experiences. I have argued this from **Chapter 9** to this chapter. Most of the literature focuses on the effects of the sexual abuse and ignores other factors causing survivors difficulties in their adulthood. This tendency gives the impression that each survivor should 'suffer' from some kind of 'trauma'. However, three participants who did not have counselling do not perceive that they suffer from the trauma of sexual abuse. Other participants have their own understanding and explanation for their difficulties and these perceptions have changed throughout their journey of recovery (as I have discussed from **Chapters 9** to **12)**. Therefore, the experience of sexual abuse is not the only factor to influence a survivor's self and her difficulty in adulthood. Although the experience of sexual abuse is an important factor for the participants, other factors should also be considered.

I categorise the unresolved issues into three categories, based on the principles of Grounded Theory. They are the issue of the self, the issue of emotions, and the issue of relationships.

In conclusion, this diagram answers RESEARCH QUESTION 1 in two ways:

1. The participants understand the abuse and its effects according to the interaction between **System A** (the elements) and **System B** (the self). They continue to have different understanding throughout the interactions between these five **systems.**
2. **System A** (the elements), **B** (the self), **C** (the recovery process), and **D** (results of the recovery process) have influence on the effects of sexual abuse.

This **diagram** answers RESEARCH QUESTION 2 in five ways:

1. According to the data analysis the interaction between these five systems create the process of recovery.
2. **System A** (the elements), **B** (the self), **D** (results of the recovery process) and **E** (unresolved issues) have positive and negative influences on the process of recovery (**System C)**. Therefore, the process of recovery is not an independent process, but

co-operates with other **systems.** Therefore, it is not necessary for each participant to go through same recovery stages in the process of recovery.

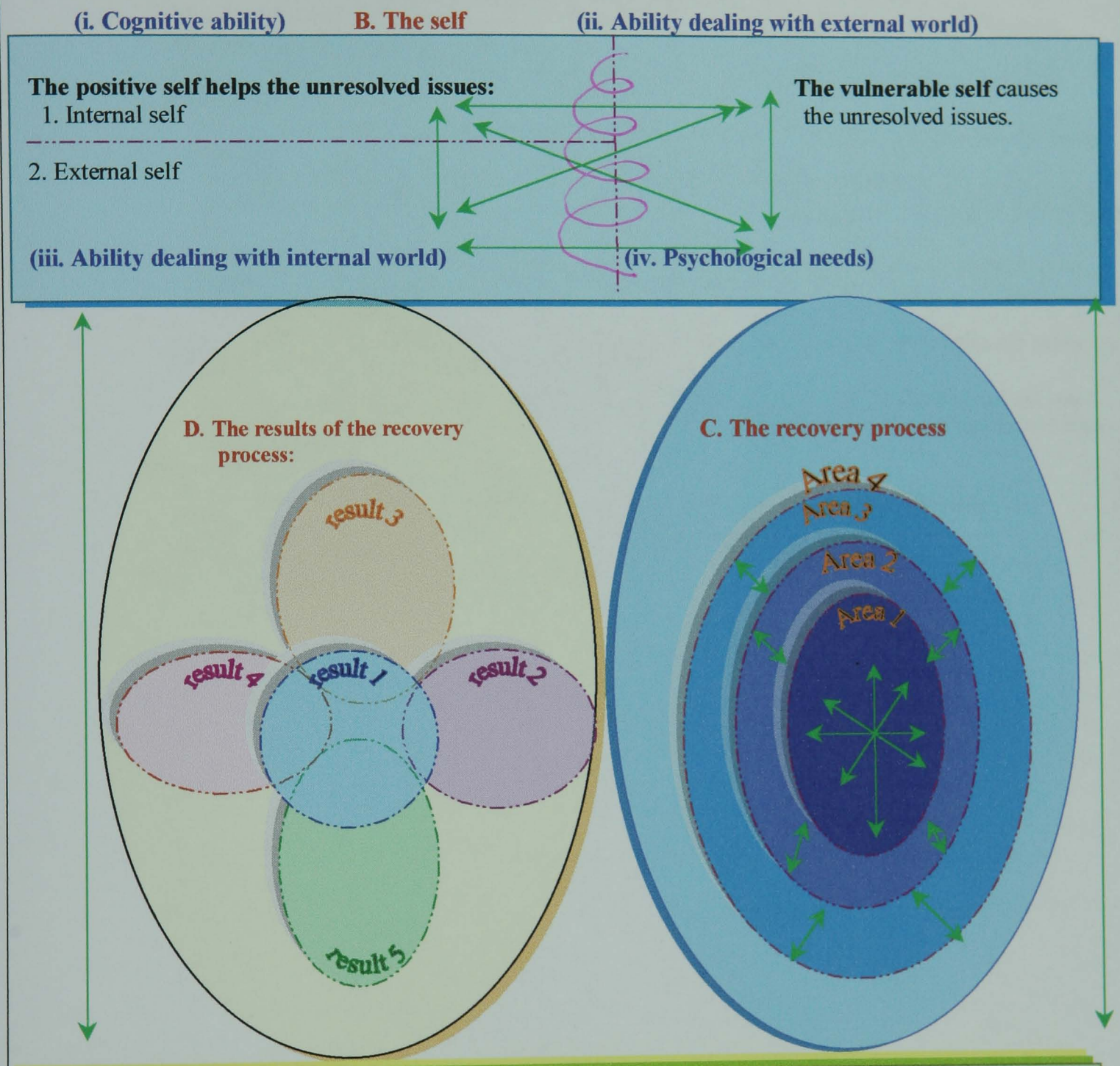
3. These five systems can be helpful factors in the process of recovery, and produce more positive results.
4. The recovery process can start at any **area** and the dynamic will be like ripples affecting the other **areas** and **systems.** Therefore, the process of recovery is dynamic by nature, so it will change over time.
5. There are five fields of results in the **diagram** which interact with the other four **Systems,** so the results are not the end of recovery process.

This **diagram** answers RESEARCH QUESTION 3 in two ways:

1. Although **Chapter 11** argues that the two groups of participants (one which has counselling and one which does not perceived the abuse and its effects differently. The experience of being counselled is the only element that has been considered to cause the difference in the study and the **diagram.** It is possible that other elements in this diagram also cause the differences between these two groups. Therefore, for the further study, it is necessary to consider other possible elements as represented in this **Diagram,** and to involve more participants.
2. The experience of being counselled is one of the elements to affect the process of recovery and its results. The influence was discussed in **Section 14.6.**

Figure 14.12: A diagram of understanding the process of recovery from sexual abuse

A. The elements have affected the self, the unresolved issues, the process of recovery, and the results of the recovery process: 1. The experience of abuse. 2. Family situations. 3. Childhood. 4. Nature. 5. Adulthood. 6. Different forms of relationships. 7. The experience of being counselled. 8. The society's view of sexuality, virginity, or the issue of sexual abuse. 9. Their religions.



E. Unresolved issues

(They are from the effects of sexual abuse and other negative life experiences; **they have internal interaction**):

1. Issue of the self (self-image, thoughts, behaviours, and effects).
2. Issue of emotions (in Chapter 13).
3. Issue of relationships (within her family, with others, with her external world, with her work, with her children and so on, in Chapter 14).

Notes of terms:
Area 1: surviving, suffering, and emergent awareness. **Area 2**: dealing with core issue of self, coping process and transformation. **Area 3:** dealing with core issue of external world. **Area 4:** integration, spiritual growth. **Result1**: The issue of the self. **Result2:** The issue of emotions. **Result 3**: Cognitive and behaviour. **Result 4:** Sexuality and gender. **Result 5:** Relationships.

CHAPTER 15 FINAL DISCUSSIONS AND CONCLUSIONS 327

15.1. INTRODUCTION TO THE GENERAL DISCUSSION AND CONCLUSION 327
15.2. THE PROCESS OF THIS STUDY 327
15.3. THE LIMITATIONS OF THIS STUDY 329
15.4. THE FINAL DISCUSSIONS OF THIS STUDY 331
15.4.1. The self in the process of recovery from the experience of sexual abuse is linked to RESEARCH QUESTIONS 1.a and 2.a 331
15.4.2. The experience of sexual abuse in the process of recovery is linked to RESEARCH QUESTION 1.b 332
15.4.2.1. What factors may affect each individual participant differently in the literature and in my findings. 332
15.4.2.2. Comparison of Figure 14.12 (A diagram of understanding the process of recovering from sexual abuse) and Section 13.14 (The recovery process of emotions) is linked to RESEARCH QUESTION 2 333
15.4.2.3. Comparison of the conclusion to the recovering process of relationships (Chapter 14) and Figure 14.12 (A diagram of understanding the process of recovery from sexual abuse) is linked to RESEARCH QUESTION 2 333
15.4.3. The role of counselling or psychotherapy in the process of recovering from the experience of sexual abuse is linked to RESEARCH QUESTION 3 334
15.4.3.1. What is the recovery process in the participants' journey of psychotherapy and life span 334
15.4.3.2. The difference in recovery processes between the participants who receive psychotherapy and those who do not 337
15.5. THE CONTRIBUTIONS OF THIS STUDY 338
15.5.1. The contribution of this study to the area of counselling and psychotherapy 338
15.5.2. The contribution of this study to the area of sexual abuse 338
15.5.3. The contributions of this study to the area of sexual abuse in Taiwan 340
15.6. THE FINAL CONCLUSIONS OF THIS STUDY 341

Chapter 15 Final discussions and conclusions

15.1. Introduction to the general discussion and conclusion

This final chapter will summarise the process of this study from four perspectives. Firstly, I will summarise what I have done so far to achieve the purpose of this study. Secondly, I will present the limitation of this study as a guide for future studies. Thirdly, I will discuss the relation between the literature review and the findings in this study. Finally, I will indicate the contributions of this study.

15.2. The process of this study

I set up research questions according to my thoughts about my clinical working experience in Taiwan after my MA training in the UK. I did a literature review in the area of the recovery process in order to have as complete an understanding as possible of the area of sexual abuse and the recovery process. I reviewed the meanings of the self in **Chapter 2,** because human beings responsd to experiences through the self. **Chapter 3** reviewed the nature of sexual abuse because it was the major topic in this study. **Chapter 4** reviewed various approaches of psychotherapy and their application in the area of recovery from the experience of sexual abuse. This is because the available literature in the area of recovering from the experience of sexual abuse is all in relation to psychotherapy, and ten of the participants perceived their experience of being counselled as part of their recovery journeys. **Chapter 5** reviewed literature from 1985 to 1999 on the recovery process in general life crises and sexual abuse. I then developed an integrated model of the self, trauma and recovery in **Chapter 6** in order to compare the literature review with the participants' experience in this study.

There are three research questions in this study formulated from my thoughts from my clinical experience:

RESEARCH QUESTION 1

1-a.: How do the participants understand their experience of sexual abuse and its effects?

1-b.: What kind of factors create different outcomes for the individuals?

This study explored how the participants understood their experience of abuse. Moreover, it explored what factors influencing individuals have different effects after

the experience of being sexual abused. **Chapters 9, 10** and **11** offered answers to this question. **Chapter 9** indicated elements affecting an individual's self-image. The experience of sexual abuse is not the only factor to affect a survivor's self-image. **Chapters 10 and 11** indicate how different individuals' strong part of the self (including internal and external worlds) and weak parts of the self (which may also come from the negative effects abuse) can affect how an individual responds to the abuse and causes different outcomes. In addition, the strong self and weak self interact with each other and cause individuals to have different processes of recovery from, and perceive different effects of, sexual abuse.

RESEARCH QUESTION 2

2-a. In the participants' perceptions, what is the recovery process?

2-b.: Does each participant in this study have recovery 'stages'?

2-c.: What are the helpful factors for survivors going through the process of recovery?

2-d.: When does the recovery process start?

2-e.: In the participants' perceptions, what are the outcomes of their recovery processes?

This research discovered how the participants changed their perceptions of their experience of abuse over their life span. **Chapters 10** to **14** explained the processes of how the participants perceived their journeys of recovery in their own terms. **Chapter 11** indicated how the participants understood the effects and the experience of sexual abuse. **Chapter 12** compared the results of the recovery process with the literature review in **Section 5.4** and the findings in this study. It also compared the integrated model with the findings of this study. **Chapter 13** analysed what the recovery process is in the issue of emotions for their experience of sexual abuse. The process of dealing with those emotions was very individual. I generalised three helpful factors throughout their process of recovery: the self (e.g. self-exploration and self-awareness), external helpful factors (e.g. support from friends) and other helpful factors (e.g. their religions). **Chapter 14** analysed what the recovery process is in the issue of relationships and compared this with the integrated model.

RESEARCH QUESTION 3

3-a.: In regard to Group A, who received counselling, and Group B, who did not: do these two groups perceive their experience of sexual abuse differently?

3-b.: How does the experience of being counselled influence the process of recovery?
This study aimed to explore what the recovery process is from the survivor's perception and whether there is a difference between the participants who have counselling and those who do not. **Chapter 11** suggests the former group had more complicated processes than the latter group. The latter group tended to perceive the experience of abuse as only a little part of their lives. Their other life experiences were more important than the experience of abuse. The participants who had psychotherapy tended to have complicated perceptions about their experience of sexual abuse, as analysis from **Chapters 10** to **14** shows.

15.3. The limitations of this study

There are four points to present concerning the limitation of this study after its completion.

1. Inviting participants. I tried to invite potential participants in different situations of their recovery process. For instance, some survivors perceive they were in a stable situation in their recovery, and some might feel that they are in an unstable. However, three survivors rejected my invitation because they did feel not in a stable situation and lacked confidence to be interviewed. Therefore, if I interviewed more survivors in unstable situations in their recovery processes, they might enrich this study's understanding of the recovery process.

2. The number of participants. There were only three participants who did not have the experience of being counselled. These three participants did not perceive the experience of abuse as a trauma. Therefore, it is very difficult to generalise conclusions from them. There are some survivors who perceive the abuse as a traumatic experience and do not go to counselling. How do they perceive their experience of abuse and what is their recovery process?

3. The limitation of translation. Language limitations and cultural barriers create the possibility of losing some impressions and meanings from the narrative data.

4. I planned to translate all the analysis into Chinese so the participants could read it before it was completed. However, I was not able to do so due to the distance

between the two countries and limited time.

5. Counselling is not the only element to cause the different perceptions between the two groups (Group A and B) and within the groups.

15.4. The final discussions of this study

I designed an in-depth life history interview and analysed the data according to the principles of grounded theory in order to explore the participants' perceptions of their recovery process. After the critical analyses and comparisons between literature reviews and the findings throughout the chapters, I will discuss three points in this section in order to link the literature review and the findings as a whole.

These three points are:

1. The roles of the self in the process of recovery from the experience of sexual abuse.
2. The experience of sexual abuse in the process of recovery.
3. The roles of psychotherapy in the process of recovery.

15.4.1. The self in the process of recovery from the experience of sexual abuse is linked to RESEARCH QUESTIONS 1.a and 2.a

Chapter 2 reviewed the meanings of the self and concluded five categories (the cognitive ability, the needs of the self, the development of the self, the abilities to deal with the external world and the abilities to deal with the internal self). In the process of recovery, as analysed in **Figure 14.12** (**Chapter 14**), the role of the self was not only a damaged self (unresolved issue of the self) with a need to be repaired, but the self was also a functioning self. This is because one of the characteristics of the self is to be able to have inner integration and interaction (**Chapter 2).**

The process of recovery is very complicated by nature, as presented throughout this study. **Figure 14.12** illustrates its complexity between and within the five systems (The elements that have affected the self, the self, the recovery process, the unresolved issues, and the result of the recovery process). The other reason for its complexity may be because the psyche works unconsciously, as mentioned in **Chapter 2**. In other words, the psyche works unconsciously so part of the recovery process works unconsciously as well because the recovery process is part of inner integration. In this case, each individual can only describe the process of recovery on their conscious level. Therefore, it is impossible to have the 'whole' picture (including consciousness and unconsciousness) of the recovery process within an individual. If anyone suggests that the recovery process should have certain stages or phases in a certain arrangement, then the characteristic of unconsciousness of the self is lost. **Figure 14.12** suggests that the recovery process works on various areas. The characteristic of unconsciousness is

within the area and between areas.

15.4.2. The experience of sexual abuse in the process of recovery is linked to RESEARCH QUESTION 1.b

15.4.2.1. What factors may affect each individual participant differently in the literature and in my findings.

Since 1955, Weiss and many other authors (Tsai *et a*l, 1979; Furniss, 1983, Finkehor, 1979, 1988; Horowitz, 1986; Briere, 1984; Hung, 1994, Berry, 1998; and Pettigrew and Burcham, 1997) provide possible negative outcomes of sexual abuse from various perspectives. **Chapter 3** (The nature of sexual abuse) provides a more detailed literature review on this issue. Some authors (Courtois, 1988; Bass and Davis, 1988) also develop an aftermath checklist for therapists and survivors. However, many items (or symptoms) are not just for survivors of sexual abuse, but also for other kinds of client groups. In other words, many factors can cause similar symptoms, as shown in the checklist for survivors of sexual abuse. Moreover, no matter how many items my clients tick, they tend to only identify one or two major unresolved issues in the counselling sessions. They know well what their unresolved issues are without ticking a checklist. If they work through their major concerns, their other unresolved issues will become less stressful for them. This is one of the results from this study. The participants do not present 'all' their unresolved issues but only one or two that concern them the most. After they deal with major unresolved issues, the process and result becomes their inner strength to overcome the other issues in their lives. In addition, a checklist may also give the wrong impression that every survivor 'should' have some 'serious' symptoms. For instance, some of the participants wonder whether they are 'normal' or not as a survivor of sexual abuse because they do not have many symptoms. Therefore, it is very important for therapists to notice that not every survivor has a similar aftermath to a checklist.

A number of authors (e.g. Finkelhor, 1979; Herman *et al.*, 1986; Tsai, 1989; Mullen *et al.*, 1988; Tufts, 1984; Mullen, *et al.*, 1992) indicate that the characteristics of the abuse (the age of the abuser, the type of sexual act, the duration and frequency of the abuse, the relationship to the abuser, and the age at onset), family functioning, the personality of the abused and the effects of disclosure will affect the outcomes of sexual abuse.

In my study, the participants review the effects on them from more varied approaches than the literature mentions. They review the outcomes of abuse from eight aspects, as illustrated in **Figure 14.12 (Chapter 14)**. Therefore, it is important not to understand the effects of sexual abuse on survivors only from a single factor. Moreover, survivors may have similar effects but different reasons causing the effects. In addition, different effects have different recovery processes for different individuals.

15.4.2.2. Comparison of Figure 14.12 (A diagram of understanding the process of recovering from sexual abuse) and Section 13.14 (The recovery process of emotions) is linked to RESEARCH QUESTION 2

The conclusion to the recovery process of emotions in **Section 13.11 (Chapter 13)** indicates that although the participants dealt with the issue of emotions, the process was inter-linked with the issue of self, behaviour changing skills and their external support systems (the issue of interpersonal relationships). This conclusion is consistent with **Figure 14.12:**

1. The process of recovery does not work phases or stages, rather it works on areas. In other words, survivors do not need work on one phase in order to achieve the next phase. They are able to choose which area to work on, and no matter which area they work on, the dynamic of the process will influence the whole self like the dynamic of a ripple.
2. The effects of sexual abuse cannot be clear-cut in the process of recovery, as mentioned in **Figure 14.12.** The unresolved issues have internal interaction with each other.
3. The process of recovery is not independent from the survivors' external world. Many external elements, as mentioned in **Figure 14.12.,** interact with the process of recovery all way through.

15.4.2.3. Comparison of the conclusion to the recovering process of relationships (Chapter 14) and Figure 14.12 (A diagram of understanding the process of recovery from sexual abuse) is linked to RESEARCH QUESTION 2

The conclusion to the recovery process of relationships (**Chapter 14.9**) pointed out that the participants mourned for their childhood, increased their internal strength (e.g. self-

awareness, and self-confidence) and they challenged their own coping methods and perceptions towards their experience of sexual abuse. Finally, they were able to consider the issue of forgiveness. The ability of cognition of the self, the positive part of the self, helped the individual to deal with the issue of relationships **(Chapter 14, Section 14.9)**. **Figure 14.12** shows this process. I analysed the issue of relationships according to the principle of grounded theory and the results are consistent with **Figure 14.12.** The issue of relationships has many roles in **Figure 14.12.** The issue of relationships is an element affecting the self and the recovery process, an unresolved issue for the individual to recover from and a result after the recovery process.

15.4.3. The role of counselling or psychotherapy in the process of recovering from the experience of sexual abuse is linked to RESEARCH QUESTION 3

15.4.3.1. What is the recovery process in the participants' journey of psychotherapy and life span

Although a lot of literature (Bass and Davis, 1988; Courtois, 1988; Draucker, 1991, 1992; Gil, 1988; Herman, 1992; Swink and Leveille, 1986; Sgroi, 1989; and Yalom, 1995) indicates the psychotherapy process as a recovery process for survivors, many of my participants perceive their journeys started before they have psychotherapy. For instance, they learn to cope with their difficulties by reading books. They increase their self-esteem by having wider life experiences. The participants who do not have psychotherapy do not name the 'recovery process' as their experience of overcoming the difficulties that may connect with the abuse. Only a few participants who have psychotherapy name their process of overcoming their unresolved issues as a 'recovery process'. Most of them use the term 'self-growth'. **Chapter 1** discusses this in more detail.

However, they acknowledge that they are able to work out their concerns more directly and intensively because of psychotherapy. Their experience of psychotherapy cannot be isolated from their daily lives, but interacts with it. Therefore, their journey of 'self-growth' connects with both psychotherapy and daily life.

The participants tend to perceive that the main key to their 'self-growth' journey is their courage, determination and willingness to change, to face and to deal with their

unresolved issues. The second point is self-awareness. They are able to deal with whatever their concerns are when they are aware of their relationship with what it is that concerns them. They perceive that these characteristics are starting points for their journeys. They also acknowledge that their inner strength (e.g. courage, determination and self-awareness), other positive life experiences, their current stable life-style, and the support system from family and close friends have positive influences on their journey of recovery. This is not the suggestion in most of the literature (Bass and Davis, 1988; Courtois, 1988; Draucker, 1991, 1992; Gil, 1988; Herman, 1992; Swink and Leveille, 1986; Sgroi, 1989; and Yalom, 1995). They claim that the recovery stage starts with a therapeutic relationship. Moreover, the literature also fails to acknowledge the influence of the survivors' original inner and outside resources. Rather, most literature (Bass and Davis, 1988; Courtois, 1988; Draucker, 1991, 1992; Gil, 1988; Herman, 1992; Swink and Leveille, 1986; Sgroi, 1989; and Yalom, 1995) emphasises establishing a therapeutic relationship, the recovery of the sexual abuse memories and overcoming and reintegrating unresolved issues and the impact. Of course, these authors' suggestions are very important in the area of the recovery process for survivors. However, the results in this study indicate that the process of recovery require exploring survivors' inner strengths and outer resources as well as working on the 'traumatic experience' itself.

A number of authors (Bass and Davis, 1988; Courtois, 1988; Draucker, 1991, 1992; Herman, 1992; Sgroi, 1989; Lebowitz *et al.*, 1993 and Yalom, 1995) suggest 'recovery of the sexual abuse memories' is part of the major recovery process. However, no participants tried to 'recover' their memories during the process of psychotherapy. They have memories about their abuse, and it is natural to have clearer memories gradually throughout the process of counselling. Therefore, they do not need 'try to recover' them. It is also important to notice that the participants work on their thoughts about, and emotions toward, their experience of abuse rather than the abuse itself. Therefore, this study does not support the idea that a stage of 'memories recovery' is a necessary stage for every individual survivor of sexual abuse.

Moreover, some literature (Courtois, 1988; Neimeyer *et al.*, 1991; and Westbury and Tutty, 1999) suggests that survivors have strong emotions about their experience of

abuse. However, the participants who did not have psychotherapy did not have strong emotional responses towards their experience of abuse. Two of them (No.'s 2 and 8) also did not perceive the abuse as a major event in their lives because they perceived that they had had more positive experiences. One of the participants (No.12) perceived that she did not have strong emotions because she did not experience a feeling of fear from the abuse and the abuser. She thought that she was in control in some way during the abuse so she did not have as strong negative emotions as other survivors did. Three of them felt that they might not be 'normal' because they had a strong impression that survivors 'should' have strong emotions. Therefore, therapists may learn from their experiences not to expect 'all' survivors to have strong emotional responses, or survivors may feel themselves abnormal due to the therapists' expectations. On the other hand, it is also important for therapists to notice whether survivors really do not have strong negative emotions, or whether they have 'shut down' their emotions.

A number of authors (Drauvker, 1992; Sgroi, 1989; Swink, and Leveille, 1986; Courtois, 1988) suggest that survivors will change their self-identity from a 'survivor' into a 'helper' role in a final stage of a recovery process. This is true for many participants in my study. Many of them value understanding and helping others who are suffering as the meaning of their own sufferings. However, one participant (No. 5) gave a very clear statement that she did not want to hear anymore child sexual abuse stories unless necessary, because she tries to see the positive parts of her world and society in order to balance her negative feelings towards society.

Various literature (Drauvker, 1992; Sgroi, 1989; Swink, and Leveille, 1986; Courtois, 1988; Epstein, 1991; and Westbury and Tutty, 1999) suggests different stages of recovery within a group psychotherapy setting. These groups are designed by therapists to work on important unresolved issues. Therefore, it is not clear whether these stages are from the therapists' design or from survivors' spontaneous responses to group members.

To sum up, the literature (Drauvker, 1992; Sgroi, 1989; Swink, and Leveille, 1986; Courtois, 1988; Epstein, 1991; and Westbury and Tutty, 1999) suggests that the process of recovery has several stages and a spiral dimension. However, the findings from this study suggest that the process of recovery does not necessarily follow certain stages.

There are five systems **(Figure 14.12 in Chapter 14)** interacting with each other to construct the process of recovery for each individual self.

15.4.3.2. The difference in recovery processes between the participants who receive psychotherapy and those who do not

The participants in this study are divided into two groups. Group A (No.'s 1, 3, 4, 5, 6, 7, 9, 10, 11 and 13) received psychotherapy and Group B (No.'s 2, 8 and 12) did not. Firstly, these two groups experience different degrees of frustration connected with their experience of sexual abuse or their present lives. Group A tends to feel higher frustration about the experience of abuse, its impact or current life. Group B tends to feel satisfied with themselves and their current situations. Group B also tends to view the abuse as 'only' (their term) an 'accident' (their term) in their childhood and they have still had a lot of good experiences in their lives. Therefore, it is not necessary for them to explore the 'accident'. They give their attention to their current lives. However, participant No. 12 still spends time and energy on transforming her experience and trying to make meaning from it. Although she does not receive psychotherapy, she read books to help her to analyse herself and her experience. Finally, she 'puts' (her term) her experience of abuse back in her life history rather than setting it aside. Therefore, her process is very different from the other two in Group B and is more like the participants in Group A.

Group A has very complicated processes, as analysed in previous chapters. Their processes involve not only overcoming their unresolved issues, but also changing their sense of self-image. They make meanings for their sufferings because of the processes they have been through.

In conclusion, this section discusses three issues that are linked to my three research questions. The individual uses the whole self to interact with the experience of sexual abuse and the process of recovery. The experience of being counselled helps the participants to explore the experience of abuse and the process of recovery. However, the process of recovery requires five systems (the elements, the self, the recovery process, the results, and the unresolved issues) to work together, as shown in **Figure 14.12.**

15.5. The contributions of this study

15.5.1. The contribution of this study to the area of counselling and psychotherapy

There are four contributions from my findings to the area of counselling and psychotherapy.

1. The findings of this study suggest that recovery requires many factors working together but not necessarily psychotherapy, as shown in **Figure 4.12** in **Chapter 14.** For instance, although the self may be damaged, it still has the ability to have internal interaction and re-integration. Therefore, the self can play both roles – the damaged self (unresolved issues) and be a helpful factor for recovery. Moreover, the functions of the family, the adulthood, society's view of sexual abuse, and the participants' religions are important factors interacting with the participants' recovery processes.
2. Although the therapeutic relationship is very important, the participants are more aware of their own will power and the power of their motivation to overcome their difficulties.
3. The survivors' difficulties may be divided into different themes in a psychotherapy setting, but clients' internal processes are working as a unit rather than work on that specific theme only. In other words, the process is like a ripple. The dynamic of the ripples will influence the whole person, as presented in **Chapter 14 (Figure 14.12)**.
4. The findings of this study suggest that the recovery process is neither stages nor a spiral model because not every participant goes through every stage or every issue in sequence. The findings suggest that the recovery process is like a ripple (**Chapter 14, Figure 14.12)**. No matter which area the survivor deals with, the dynamic will influence the whole self.

15.5.2. The contribution of this study to the area of sexual abuse

This study contributes in six ways to the area of sexual abuse:

1. First there is a cultural dimension. Although the terms 'trauma' 'survivors' and 'recovery process' are common use in the literature and western society, they are not common daily terms for Taiwanese society. These terms carry strong negative

emotional meanings in Chinese. It may imply that Taiwanese society (including survivors themselves) still fear to admit the possible strong impact of sexual abuse on survivors. It may be because Taiwanese have a traditional Chinese neutrality, so society avoids using strong terms. Moreover, the issue of sexual abuse is still a new area for professionals and society so the society has not developed a suitable term to describe the issue.

2. This study's findings suggest that sexual abuse is not the only factor to influence the participants' self-image and their unresolved issues in their adulthood. Therefore, counsellors and survivors need a wider perspective to assess the survivors' difficulties, for instance the functions of the family during the participants' childhood and adulthood.
3. This study suggests that psychotherapy is not the only way to help the participants overcome the effects of sexual abuse. Their friends, families, jobs, partners, children or religions have to be taken into account.
4. This study suggests that although the participants may have similar effects from sexual abuse, the causes of the effects may differ from one another. Moreover, this study also explores how they understand similar effects differently from one another (in **Chapter 11**). Therefore, it is not enough for counsellors to know the effects of sexual abuse on their clients. They also need to know how they perceive and understand their effects. The participants' perceptions of the effects will affect their recovery process, as analysed in **Chapter 11.**
5. This study explores why the participants have different effects. This is because many factors influence the effects of the abuse. Moreover, no two individuals' selves are the same so they respond to the abuse differently. In addition, participants tend to focus on one or two effects as their major theme throughout their recovery process. However, the results still influence other unresolved issues.
6. This study suggests that there are no universal recovery stages in the recovery process for survivors of sexual abuse. Some survivors may not feel that they are survivors or have trauma from their experience of sexual abuse, so they do not feel that they have a recovery process. Some survivors may feel that they are victims rather than survivors. The findings of this study present the recovery process as a 'map' (**Figure 14.12)** of understanding the recovering process rather than a single recovery process. In other words, there are many possible ways to recover from the

experience of abuse. It is the survivor's choice to choose which area of difficulty she will work on. However, the human psyche works both unconsciously and consciously. Therefore, a part of the recovery process may remain unconscious.

15.5.3. The contributions of this study to the area of sexual abuse in Taiwan

Apart from the contributions above, this study has four points to contribute to the area of sexual abuse in Taiwan.

1. This is the first research (as far as I know) on the issue of the recovery process from sexual abuse in Taiwan. It is also the first research to have in-depth interviews with survivors in Taiwan. Although it only interviewed 13 participants (over 100 hours), this study is a starting point for understanding survivors' perceptions about their experience of sexual abuse and the experience of the recovery process.
2. The study shows the participants' experience of how they perceive counselling and psychotherapy can help them.
3. The findings of this study strongly suggest that participants internalise negative messages about the issue of sexual abuse from society. Those negative messages damage their self-image and affect how they perceive their experience of abuse. Therefore, Taiwanese society needs to be educated to realise its responsibility in the issue of sexual abuse.
4. This study suggests that new life experience is a helpful element throughout the recovery process. Therefore, counselling can focus on past negative experiences as well as preparing clients to create positive new life experiences.

A symptoms checklist of sexual abuse and manual of recovery stages are not the 'bible' for counsellors and survivors. The process of recovery from sexual abuse is more complicated than stages. It takes place both within a counselling setting and the survivors' daily lives. It is helpful for Taiwan to translate books from western society (e.g. Taiwan translated 'The courage to heal', Bass and Davis, 1988), but Taiwan needs to explore its own experience and develop its own knowledge in the area of sexual abuse

15.6. The final conclusions of this study

Twelve general conclusions can be drawn from this study:

1. The process of recovery from the experience of sexual abuse includes five systems working together. This process has the dynamics of ripples. The individual can start her process with any issue that she may be concerned about and the dynamic will affect other parts of her internal self or her relationship with her external world.
2. Although I develop a diagram of understanding the process of recovering from sexual abuse in **Chapter 14 (Figure 14.12)** according to my analysis of the narrative data from **Chapters 9 to 14**, each issue still has its own process, as analysed in each chapter.
3. This study reminds therapists that survivors' inner strength (the strong part of self) and external resources have influence on their journey of recovery. Therefore, therapists should explore survivors' internal and external resources as well as exploring their traumatic experiences. Their external resources include support from family, partners, close friends and group members. They also include survivors' other positive life experiences, for instance, their travelling and working experiences. Some participants in this study also suggest that survivors can deal with their traumatic experience and its impact by both working on the trauma directly and improving their internal and external resources together. For instance, survivors are encouraged to have new and positive life experiences. They are also encouraged to learn to enjoy a feeling of happiness.

4. How survivors perceive society's value system toward sexual abuse and the virginity complex affects both their self-image and recovery process. In other words, part of the reason why survivors suffer negative effects and self-image problems is because they internalise society's negative value system and judge themselves and their experience of abuse by it. Therefore, society needs to be educated to have healthy attitudes toward the issue of sexual abuse in order to reduce the negative impact on victims of sexual abuse.

5. This study points out that no single factor causes survivors' poor self-image. **Chapter 9** concludes that family factors (financial situation, parental behaviour, and

birth order), school life, peer relationships, society's view of sexual abuse, the nature of the self, support systems and the participants' religions had influence on their self-image. Their experience of sexual abuse is only one of many factors causing poor self-image. In other words, even though a child has been sexually abused, if this victim has more positive characteristics (e.g. well-off family, supportive parents, supportive significant others, positive school life and peer relationships) the victim will be less at risk of suffering from poor self-image.

6. Part of the negative effects of the abuse is from others' responses when the victim (survivor) discloses the experience of abuse. The 'others' includes survivors' parents and close partners.

7. Although the participants may have similar effects, their perceptions about the effects are different. In addition, their processes of recovery are different from each other.

8. This study suggests that although survivors may have similar negative emotions toward their experience of abuse, the abuser or their parents, this does not imply that they will have similar explanations about their emotions. In other words, survivors may have the same emotional responses but they may have different interpretations of their emotions. Therefore, it is important for therapists and survivors to explore the thoughts behind their emotions, as well as to name and express the emotions. When in a group therapy setting, it is also important for group members to learn from each other that, although they may have some similarities, they are still different from each other. Survivors seek a group identity in order to reduce their feeling of isolation and loneliness. They are able to learn that it is all right to be different from others. Therefore, survivors can develop a healthy self-identity again.

9. The positive part of both the internal and external self has influence on the process of recovery (**Chapter 10**). The internal self includes the participants' self-awareness, self-acceptance, the ability to feel their feelings, cognitive ability (attribution system change, admitting the fact of the abuse, and different views of the abuse), and the ability to change coping methods. The external self includes

support from friends, the experience of being counselled, support from family and partners, and other life experiences (e.g., their jobs, and travelling experience).

10. The participants perceive that they increase their abilities in five ways after their recovery processes (**Chapter 12**). (1) The issue of the self: the participants have - a deeper understanding about human beings' suffering; a better self-image; increased self-awareness; a sense of being a whole person; and a better ability to live in the present present. (2) The issue of emotions: the participants have less negative emotional effects, a better understanding of their own emotions, and a better ability to trust people. (3) Cognition and behaviour change: the participants have a better ability for problem-solving skills and develop their own value systems. (4) The participants explore their issue of sexuality and gender. (5) The participants improve their relationships with themselves, their children, partners, friends and religions.

11. The participants perceive nine emotional issues that are the most significant during their process of recovery. They are the issues of fear, forgiveness, anger, sadness, loneliness, shame, security, sexuality, and responsibility for the abuse.

12. The participants perceive 14 aspects on the issue of relationships that are the most significant issues during their process of recovery. These aspects are their relationship with the world, with their parents, with their mothers, with their experience of being counselled, with their friends in adulthood, with their siblings, with men in general, with children in general, with their peer group, with their teachers in their childhood, with the abusers, with their own children, with the key persons in their childhood, and with their religions.

APPENDIX A: INVITING LETTER TO PARTICIPANTS 343

APPENDIX A-1: CONSENT FORM 344

APPENDIX A-2: THE GUIDELINES FOR INTERVIEW QUESTIONS 346

APPENDIX A-3: ALL CATEGORIES IN THIS STUDY 351

APPENDIX B: NARRATIVE FROM CHAPTER 9 TO 12 353

SECTION 9.3.2 353

SECTION 9.3.3 353

SECTION 9.3.4 353

CHAPTER 10 354

CHAPTER 11 361

CHAPTER 12 363

APPENDIX C: NARRATIVE IN CHAPTER 13 371

SECTION 13.3 THE ISSUE OF FEAR AND ANXIETY 371

TABLE 13.3: NARRATIVES OF FEAR BY THE PARTICIPANTS 371

SECTION 13.4 THE ISSUE OF FORGIVENESS 374

TABLE 13.4. NARRATIVES OF FORGIVENESS BY DIFFERENT PARTICIPANTS 374

SECTION 13.5 THE ISSUE OF ANGER 376

TABLE 13.5 THE NARRATIVES OF ANGER BY DIFFERENT PARTICIPANTS 376

SECTION 13.6 THE ISSUE OF SADNESS 379

TABLE 13.6: NARRATIVES OF SADNESS BY THE PARTICIPANTS 379

SECTION 13.7 THE ISSUE OF LONELINESS 384

TABLE 13.7: NARRATIVES OF LONELINESS BY THE PARTICIPANTS 384

SECTION 13.8 THE ISSUE OF SECURITY 387

TABLE 13.8: NARRATIVES IN THE ISSUE SECURITY BY THE PARTICIPANTS 387

SECTION 13.9 THE ISSUE OF SEXUALITY 390

TABLE 13.9 : NARRATIVES IN THE ISSUE OF SEXUALITY BY THE PARTICIPANTS 390

APPENDIX D: NARRATIVE IN CHAPTER 14 395

TABLE 14.3: RELATIONSHIP WITH THIS WORLD 395

TABLE 14.4: RELATIONSHIP WITH THEIR PARENTS 397

TABLE 14.5: RELATIONSHIP WITH THEIR MOTHERS 399

TABLE 14.6: PARTICIPANTS' EXPERIENCE OF BEING COUNSELLED 400

TABLE 14.7: RELATIONSHIP WITH THE ABUSER 402

TABLE 14.8: RELATIONSHIP WITH THEIR FRIENDS 403

BIBLIOGRAPHY 404

Appendix A

親愛的　　，您好，

我是英國Durham大學的研究生，也是前勵馨基金會的心理諮商師，我即將做一個有關於創傷心理復原歷程的研究，希望能夠得到您的協助。

本研究希望透過對研究參與者做生命歷史的深度訪談，來分析出您個人是如何理解，及處理在您童年時期所受到的非自願被身體碰觸的經驗。若您願意參與本研究，您的經驗將提供協助給有類似經歷者，讓他們知道他們並不孤單；您的經驗也將協助助人工作者了解如何提供更有效的服務。

本研究將對研究參與者進行三次訪談，共需六至十小時。若研究參與者沒有接受過心理諮商，則訪談時間會更短些。三次訪談的內容將為：從有記憶以來的生活歷程、童年受到非自願被身體碰觸的經驗，及接受專業助人者協助的經驗。這些深度訪談將有全程的錄音，事後我將把個別的錄音內容整理成文字稿，送給受訪者，讓每位研究參與者都有一份屬於自己的受訪紀錄。

所有的研究訪談內容，將只做為我研究撰寫論文所用。論文完成後，英國Durham大學圖書館將保有兩份，而資料中所有可能使個人身分曝光的部分，將只有我保有，並承諾予以妥善保密。

每個人對於深度訪談的反應及感受都不相同，有些人可能情緒不會有太大起伏，有些則剛好相反。但無論如何，在訪談過程中，研究參與者可以決定不繼續接受訪談，或要求暫停，一切以研究參與者的需求為優先考量。

如果您難以決定是否參與本研究，可以先和您的諮商師討論，也歡迎直接詢問我任何問題。

而若您認為可以參與此研究，請直接向諮商員或我表達參與的意願，在您接到此信兩個星期後，若還沒有您的答覆，我便假設您不願參與此研究，也將不再打擾您了。

在此先謝謝您的協助，任何造成不便之處，祈請見諒。

敬祝 暑安

洪素珍 敬上

Appendix A-1: Consent Form

1. I understand that I will be participating in a study about psychological journeys toward childhood abuse in women's life histories. As a participant I have been told that I have the right to withdraw from the study at any time before, during, or after the interview.

2. I understand that the interview will be tape-recorded and that I can turn the tape-recorder off at any time of have any portion of the tape deleted if I wish.

3. I understand that I can refuse to answer any question that I do not wish to answer

4. I have been informed that my taped interview will be transcribed by the researcher and the researcher's assistant. No one else will have access to my name or demographic information. The tapes will be erased and the transcripts kept in a locked file.

5. I understand that the interview will be conducted by Su-Chen Hung, a graduate student at the U. of Durham in the UK.

6. I understand that once the interviews have been transcribed, no one other than Su-Chen Hung and her colleague, Yueh-Hao Wang will have direct access to the transcript of this interview.

7. I understand that all information I give will be kept confidential and that my name will not appear in any report of the study. I am aware that actual portions of this interview may be used in written reports of this study, but that my name will not be used.

8. I agree that if I have a tendency toward self-harm during the interview Su-Chen Hung will encourage me to go to my therapist. In addition, she might contact my therapist or the key person in my daily life to protect my safety. In this case, it is possible that Su-Chen Hung will break part of my confidentiality and she will discuss this with me before she does so.

9. I have been told that there will be three interview session. Each will take from 2 to 3 hours. The first interview will be about my life history, my childhood experiences and my journey. The second interview will be my counselling experience. In the third interview, I will listen again to the psychodrama group cassette with Su-Chen Hung (the one in which I had the main role) and give some of my comments and feelings.

10. I understand that I have the right to check the analysis of the interview before the researcher writes up the final report.

11. I understand that everyone will have different feelings after the interview. Some

people may feel positive, others may have negative feelings (e.g. being upset about their own experiences), yet others may have both negative and positive feelings. I am aware of the possible impact of this interview and I am willing to take the first step toward participating in this study. In addition, I will contact Su-Chen Hung, Yueh-Hao Wang or my own therapist whenever I feel it necessary because of the impact of this in-depth interview.

12. I understand that I will not receive any monetary gain from my participation. The benefit of my participation is that it will provide useful information which may increase the understanding of the recovery journey from childhood abuse experiences in a person's life history.

13. I understand that if I have any complaints about the interview I can contact Yueh-Hao Wang at:

14. I understand that I can reach Su-Chen Hung at:

I have read the description and the conditions of the study, understand them and agree to ratiocinate.

Date

Signature

Witness

Print Name

Appendix A-2: The Guidelines for Interview Questions

The guidelines for questions about Life span, abuse experience and recovery

1. Please describe some moments that they are significant to you since your childhood, and the reasons. For example, the happy time, sad time, stressful time, angry time, anxious time, peaceful time, and fearful time. How do you handle them?

1-1. Have any connection between the above description, the abuse experience and your recovery journey? If, so what is that?

1-2. Does this connection change over time? If, yes, how does the connection change over time? What would you attribute this change?

2. Have any 'meaningful events' happened in your family or yourself since your childhood? If yes, what is that?

2-1. Have you talk to yourself about the 'meaningful event'? If yes, What do you talk to yourself during the crisis?

2-2. Is there any connection between the above description and the abuse experience? If, so what is that? How does the connection change over time?

3. How do you view yourself since your childhood? Why do you view yourself in this way? Giving some examples when you felt happy about yourself, or not happy about yourself, and the reasons.

3-1. What do you say to yourself when you feel happy about your self? What do you talk to yourself when you feel unhappy about yourself? In the similar way, what do you say to yourself when you are sad, angry, fearful, worry or stressful since you were small?

3-2. Is there any connection between the above description and the abuse experience? If, so what is that? How does the connection change over time?

3-3. Does this connection change over time? If, yes, how does the connection change over time? To what would you attribute this change?

4. Have you ever though about your own strengths and weaknesses? If, yes, what are they?

4-1. Is there any connection among the above description, the abuse experience and your journey? If, so what is that?

4-2. Does this connection change over time? If, yes, how does the connection change over time? To what would you attribute this change?

5. Please describe your family life and school life. For example, what is the relationship between you and your family member, the relationships with your teachers, and your friends.

5-1. Is there any connection between the above description, the abuse experience and the recovery journey? If, so what is that?

5-2. Does this connection change over time? If, yes, how does the connection change over time? To what would you attribute this change?

The questions about sexual abuse experience

1. What do you call this experience? Do you ever talk to yourself about this experience (inner self communication)? If yes, what do you say? What is the reason to talk to yourself about this? 2. Have you ever ask yourself or others any questions connected

with this experience? If yes, what are the questions and what is your own answer to the questions?

3. Did this experience affect you and your life? In what way? How did you realise that this experience affected you? What is your response when you realised that this experience affected you?
3-1. Do you ever talk to yourself about these effects? If yes, What do you say to yourself when you realise these effects (inner self communication)?
3-2. How did you respond to these effects (difficulties) which connects with your hurting experience. How did you deal with those effects?
3-3. Do you ever say anything to yourself when you face or deal with these effects? If yes, what is that (inner self communication)?
3-4. Have you asked yourself or others any questions when you face or deal with these effects? If yes, what are the questions and what are your own answers about the questions (inner self communication)?
3-5. How/where do you learn these methods to deal with your difficulties? Do those effects change now? What do you do to make them change? How do those methods change to deal with the effects? What do you call this process?
3-6. Which task do you go through already (according to the checklist)? How do you go through these tasks (item by item)? Have you ever told yourself anything when you go through this particular task? If yes, what is that (inner self communication)

4. Have you ever thought why this happens to you? If yes, what do you say to yourself (inner self communication)?

5. What are the most painful feelings in this experience? What do you say to yourself when you feel this pain (inner self communication)?

6. Have you ever spoken of this experience to others? What reasons have encouraged you to speak out (How do you consider whether you choose to talk about it or not)? What do you say to yourself when you are doing this decision -making?
6-1. Whom do you speak to? What are your reasons for choosing this particular person to speak to? When do you talk about it? What is their response? What do they say to you?
6-2. What is the communication like when you talk to them?
6-3. What do you say to yourself about their response? (The aim of this Q: How their responses affect the participant-How may it affect the participant view of herself or the experience).
6-3. If you could have the choice again, would you still choose to talk about it at that moment? If yes, what is the reason for you to make the same decision?

7. If you did not talk about it , what is the reason at the moment? What do you say to yourself at that moment?
7-1. Would you make the same choice if you could have an other chance? What is the reason?
7-2. Do you guess how other people (e.g. your family members or the society) view your experience? If you do, what is it? What do you say to yourself about other peoples' view (The aim of this Q: How others' opinions affect the participant and the way the participant views herself and her experience?)
7-3. How do you deal with those possible opinions in your heart?

8. What is this experience like? Could you describe once has this experience happened?
8-1. What is your inner self communication and imagination in during the event?

9. Have you ever thought what is the meaning of having had this experience in your life? If yes, what is that?
9-1. Have you ever ask yourself any questions related to the meaning of this experience? If yes, what is that? and what are your own answers to the questions? (Question for final stage only.)

Questions about recovery process and social contexts
1. What do you call the process you work on related to your abuse experience?
1-1. Have you talked to yourself about this process? If yes, what is that?

2. How would you describe your process? or what is the process like?
2-1. Have you ever asked yourself or (others) questions related to this process? If yes, what are they? And what are you own answers to the question?

3. When do you think you started your process? How did you start this journey?
3-1 What will it be like if you recover from this experience?

4. What has been most influential in your journey? and the reasons.

5. Do your family and friends play a role in this journey (may have a positive and/or negative influence)? If so, what is that?
5-1. How does your family view this experience? for example, your mother, father, sisters, and brothers, or the other important people in the family. How their views affect you?
5-2. Have you talk to them about your experience, feelings or your thought of this journey related to the abuse experience? If yes, what do you share with them? Please give some examples of those communications.
5-3. If you have talked to them, what were their reactions? How have those reactions affected you and your relationships?
5-5. If you did not talk to them, what is your reason for this? What do you say to yourself so that you decide that you do not share your journey?

6. Do any religious, spiritual guilder or personal beliefs play a role in this journey (may positive and/or negative influence)? If so, what are they?
6-1. Have you asked questions or talked to your religious/ spiritual guide about this abuse experience and this journey? If yes, what is that? what is the answer you get from your spiritual advisor?

7. As an adult now, you have been going through your recovery process, what do you think about it in your experience? What factors help you to go through this process?

8. What makes you feel proud of yourself when you go through your process? What do you say to yourself (inner self communication) about this feeling of pride?
8-1. Do you feel luck or unlucky when you go through this process? What is the inner language? And in what ways?

9. Have you ever think about the meaning of this journey or process? If yes, what is it?
9-1. What is the inner language about the meaning of this process or journey?

Other questions
1. Do you have few words for this society according to your experience of abuse and experience of your recovery process? (Question for final stage only.)

2. How do you feel now? (Question for final stage only.)

Interview for Data 2
This interview offered information about the participants' experience of being counselled in an individual and group setting. It also highlighted the relationship between their experience of being counselled and the recovery process. I have designed some questions to guide my interview with participants. As mentioned previously, the interview was unstructured. Therefore, it depended on the interaction between the participant and myself. Moreover, even though I separate those questions in different parts in writing, they are mixed together in a real interview setting.
These questions are as follows:

1. Have you ever seen any professional people (e.g. police, doctors, and social workers) because of this experience? When did you see them? What were the main reasons for you to see them?
1-1. What was the experience like? How this experience affected you?

2. How do you view the term of 'counselling'?
2-1. Have you ever though whether you need to be counselled or not? If yes, what do you say to yourself (inner self communication)?
2-2. If you did not go to the counselling services what is the reason for this?
2-3. If you did not go to the counselling service what is the reasons for you to do so (what do you say to yourself?-inner self communication).
2-4. When did you see the counsellor? What were the main reasons for you to go to see a counsellor at that particular moment? Do you go voluntarily?
2-5. What was the experience of being counselled?
2-6. How long did you stay in a counselling setting? How did you decide whether you would continue the counseling or not?

3. Did you ever imagine how the counselling could be before you went to see a counsellor? If yes, what did you imagine?
3-1. What is the difference between your image and the real experience of counselling?
3-2 Have you ever hoped what counselling would help you with? If yes, what is that?

4. What kind of counselling setting did you go to (individual, group, general counselling, particularly for sexual abuse experience)?What were the main issues in the counselling setting?
4-1. What are the different influences to you from different kinds of counselling setting?
4-2. Were these influence related to your recovery journey? If so, what is that? What have been helpful and have not been helpful?

5. Does the counselling experiences play a role in your journey that connect with the abuse experience? If yes, what is that?

5-1. What do you say to yourself about the counselling experience?
5-2. Is there any connection (relationship) between your daily life and the counselling experience? If yes, what is that? (How does the client apply counselling experience to her life?)

6. How would you describe your current situation as it relates to your recovery process?

7. Do you continue with therapy now or do you plan to go to counselling? If so, what is the reason?

Appendix A-3: All Categories in This Study

Items in the first column are all the categories in this study. Numbers 1 to 13 in the first row are the participants' number. The 'Total' in the final column shows how many participants have mentioned that category in the interviews. The symbol • indicates which participant had mentioned which category in the interviews.

Categories in this study	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
1. Self														
1) Self-image, self-awareness	•		•	•	•	•	•	•	•	•	•	•	•	12
2) Sexuality	•	•			•	•	•	•	•	•	•	•	•	11
3) Self-confidence and esteem				•	•	•		•	•		•	•	•	8
4) Rational self			•		•		•		•	•	•	•	•	8
5) Body image, body's feelings, feeling dirty			•					•	•	•	•	•	•	7
6) Inner child, inner voice, love self			•				•	•		•	•			5
7) Spirituality, religion, beliefs	•	•	•	•	•	•	•			•	•		•	10
8) Trusting and not trusting			•				•				•		•	4
9) Flashback		•	•		•			•	•	•	•		•	8
10) Coping methods (e.g. Stress management),defence mechanism			•		•	•		•	•	•	•	•	•	9
2. Emotions														
1)Blame					•		•				•	•		4
2)Isolation and loneliness	•			•	•	•	•	•		•		•	•	9
3)Hopeless, helpless					•					•	•	•		4
4)Forgiveness	•			•	•		•	•	•	•	•	•	•	10
5)Anger	•		•		•	•	•	•	•	•	•		•	10
6)The anxiety of lost control, power, anxiety			•	•	•	•	•		•	•	•		•	9
7)The feeling of rejection										•				1
8)No feelings and learning having feelings	•	•	•		•								•	5
9)Fear	•		•	•	•	•	•		•	•	•	•	•	11
10)Sadness, lost childhood	•		•	•	•		•		•	•	•	•	•	10
11)The feeling of the present			•								•		•	3
12)Security and insecurity (safe)			•		•				•	•	•		•	6
13)Shame	•		•			•	•	•		•	•	•	•	9
14)Guilt		•			•	•				•		•		5
15)Feeling of unfair					•		•							2
16)Suppression	•					•						•	•	4
17)Dependence, independence							•			•			•	3
18) Somatic									•		•		•	3
19)Trusting and not trusting			•				•				•		•	4
	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
3. Relationships within the family	•	•	•	•	•	•	•	•	•	•	•	•	•	13
1) Mother	•	•	•		•			•	•		•	•		8
2) Father		•	•	•	•			•	•					6
3) Sisters or brothers	•		•		•			•	•			•		6
4) Others			•											1
5) Parental behaviour	•	•	•	•	•	•	•	•	•	•	•	•		13

4. Relationships with others	•	•	•	•	•	•	•	•	•	•	•	•	•	13
1) Man, boyfriend, husband	•	•	•	•	•	•	•	•	•	•	•	•	•	13
2) Woman						•					•			2
3) Key person					•	•			•				•	4
4) Counsellor													•	1
5) Others in general	•		•		•					•	•			5
6) Peer group		•		•				•					•	3
7) Foster mother					•									1
	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
5. The abuse and the abuser	•	•	•	•	•	•	•	•	•	•	•	•	•	13
1)Relationship with the abuser	•	•	•	•		•			•			•		7
2)Confrontation (speak out)	•		•		•		•		•		•	•	•	8
3)Family's reaction	•		•	•			•		•		•			6
4)Responsibility of the abuse			•						•		•	•		4
5)Forgiveness (self, abuser, parents)							•		•		•	•	•	5
6. Relationship with this world	•			•	•	•			•	•	•		•	8
1) Society's value system	•			•					•	•	•		•	6
7, Relationship with her work				•						•		•	•	4
8. Relationship with her own children								•			•			2
9. Childhood	•	•	•	•	•	•	•	•	•	•	•	•	•	13
1) School life								•			•	•	•	4
2) Family's situations								•			•	•	•	4
10. Aftermath		•		•	•	•	•		•	•	•		•	9
11. Adulthood	•			•		•	•				•	•	•	7
12. Dreams	•		•		•						•		•	5
13. Counselling, themes, groups	•		•	•	•	•	•		•	•	•		•	10
14 The process	•	•	•	•	•	•	•	•	•	•	•	•	•	13
15. Factors				•	•	•	•		•	•	•	•	•	9
1) Job, travelling	•				•	•				•		•	•	6
2) Family's love		•		•										2
3) Reading				•	•				•	•	•		•	6
16. Attribution	•	•	•	•	•	•	•	•	•	•	•	•	•	13
17. Meanings of this journey	•			•	•	•	•		•	•	•	•	•	10
18. Future	•		•		•	•					•		•	6
19. Interview				•	•	•	•		•				•	6

Appendix B: Narrative from Chapter 9 to 12

Section 9.3.2

The abuse was a lie to me rather than an assault. This was because I did not have the knowledge to distinguish that it was wrong. I felt good physically and mentally because they are my brothers and we played well together. They are much older than I am. They knew that it was not right so they ran away from the abuse situation whenever my mother came back. They lied to me. I was innocent but they had the knowledge already. It is wrong socially and culturally. It is also wrong in law. I was raped by a lack of knowledge (No. 9-2, p.14).

I became initiated in that situation because I felt good (No-9-2, p.11). However, I cannot forgive myself because I have initiated in 'that'. I seemed to induce my brothers to become involved in the situation because I wanted it (No9-2, p.32).

I experienced sex prematurely and very sensible to the issue of sexuality. I have started my masturbation at a very early age. That is because of the experience (No. 9-2, p.14).

Section 9.3.3

My teacher gave me so much attention from my primary school year one to year 4. I was her little assistant. This experience gave me confidence (No.6-2, p.1). On the other hand, the teacher was awful in year five and six. I feel that he is a sadist. He beat students with a water pipe. I wished that I had done well at school from year one to year four but I hoped that I did not succeed in year 5 and six. This was because he beat students from the one who got the first prize. The scores are 100. He beat the students according to how many scores were missing. I was so scared of going to school at that time and I started to give up myself. Moreover, I had a few 'bad' friends. We went out and played around a lot. The teacher kept eyes us (No.6-2, p.2).

Section 9.3.4

The important condition to be a good girl was a virgin in this society's value. I was not a virgin so I was a very bad girl. I valued myself from this value system. This affected my self-image a lot. I felt that none would love me because I was not a virgin. I internalised this value system and determine my self -worth from this value system. I find it very difficult to bear this value system (No1, p.43).

I told myself if the person (the abuser) were dead no one would know what had happened. Therefore, I could tell myself that no one had touched my body (No4-1, p.16). I blamed myself a lot. I did not have the courage to say the words to myself. The words were that 'I am a slut'[1]. I did not want to value myself from these words (No. 4-2, p.17). He gave me money after 'that[2]' and I was very surprised. On one occasion, I needed money so I went to him and I asked for money after 'that'. I felt that I was like a prostitute'. However, I dissociated my thought and feelings immediately (No. 4-1, p14).

I felt very uncomfortable after I told my parents last year about my brothers abusing me

[1] The most worth meaning to describe a woman in Chinese culture is slut.
[2] 'that' means the abusive action.

in childhood. I have thought about how they would value me because of my experience. In other words, I have wondered how this society values my experience. I have thought that I have internalised this society's value. I have viewed myself from this value system. I have found it very difficult to bear this value system. I am thinking how I can fight with this huge value mechanism for myself (No.9-3, p.15).

I blamed myself because I had not fought with him to keep my virginity. I should have used my life to protect my virginity. It seemed that I did not have the right to live in this world because I did not do the action in the above (No. 11-1, p.10). I had felt very scaring in the very beginning but I had shame from junior high school. This was because I sensed the virginity value in this society. The society's message was 'my virginity is more important than my life'. Thus, I should use my life to fight with him at that moment but I did not. Therefore, this seemed to imply that I was not as good as the other girl. I have felt that this society's value system hurts the survivors of sexual abuse but now is a bit better (No.11-2, p.15).

He took me sitting on his legs and opened my skirt's zipper. He started kissing my back and shoulder. He continued to touch my breasts. He put his finger into my vagina. I disassociated with my feelings, the time and space. One woman came in suddenly and she said how could this be and left. I felt so shamed suddenly (No. 13-5, P.2).

Chapter 10

1. If there was someone whom I liked and if he or she also liked me, this would improve my self-confidence. I have different thoughts after I listen to one of the interview cassette (she transcribes a part of interview cassette under interviewee's permission). It is that I will feel sad when I listen to someone's story. However, this sadness does not stay with me forever but the person needs to carry it on herself. Each person needs to carry their own burden. The other people can provide understanding and support but cannot really take away the burden from the person. In other words, I cannot take away others' burdens. Others cannot take away my burden, either (No. 3-2, p. 11). Therefore, I need to give people and myself more personal space to carry our own burden. In other words, I have learned to accept myself rather than scold myself. It means accepting the situation that I may still not be able to take charge in my life. Therefore, it does not really matter to me whether others like me or not, because it cannot change my feelings about myself (No. 3-2, p.11).

2. I almost totally attached myself to my mother when I was in psychodrama group, to deal with the relationship with her. That is not quite right in an interpersonal relationship. I am able to separate with her emotionally, although I feel lonely. I can take care of her rather than 'stick 'with her. I took her duty (work) as my own. That was a very heavy burden. I feel more relax when I do not take her (work) as mine. Moreover, I felt that I had expectations about my mother because I loved her. Otherwise, I would not have any expectations. I thought that if I did not have any expectations, it might mean that we did not have a relationship. However, I am not worried about the separation from my mother (No. 3-3, p.3).

3. In a scene in psychodrama therapy group I said that I wished that the abuse had never happened. However, it had happened. I needed to use a lot of my energy to isolate the experience and myself because I wished that it had not happened. I do not need to do so because I admit that it had happened. I felt that I was cleaner if I isolated myself from

the experience. However, I do not feel that I am not clean or not pure after I admit that the abuse had happened. I felt that I had no past and no future, when I isolated myself from my history. I only had a middle part of my life history. I feel that I am a person with my own life history after, I admitted the experience of abuse. I have the past, now and the future. My life is not empty. My life has positive and negative parts at the same time (No. 3-3, p.7).

4. I always had difficulties to seek my feelings from my inner self when my therapist asked how my feelings were. If I imagined how my niece might feel, I could have the words (language) of feelings to describe my emotions. This is expected that I have projected my needs through her. I have learned that I can feel my feelings through myself rather than to imagine how my niece would feel if she were me (No. 3-4, p.5).

5. I gradually have found my 'real' self more and more. I had worn a mask. I was very frustrated but I needed to pretend that I was OK. It was very tiring. I can be myself. If I am sad, I allow myself to be sad. If I need to cry, I allow myself to cry. I will gradually change rather than to 'overcome' my weakness. It is more natural by gradually changing rather than to 'conquer' my weakness (No. 7-2, p.11).

6. I tended to look down myself and I was not aware of this tendency. I realised this after my therapist reflected this tendency to me (No. 7-2, p.11).

7. My experience of being counselled helped me to consider what my fundamental problems were. I thought either my fear or I did not love myself was my fundament problem. I thought that my problem was that I did not love myself therefore, I was so afraid that people noticed me (No. 7-3, p.7).

8. I was so afraid of my husband because I imagined that he was the abuser and I was the powerless child again. I was scared that if I did not obey him, he would hurt me as the abuser did. This is my projection. I can distinguish that my husband is not the abuser. I also talked to my husband that I have reminded him that he should not stimulate my weak parts, otherwise I may run away from him. He needs to understand that the abuse has affected I, therefore, does not threaten me with his language. I am stronger therefore I am able to talk to him about this. He has changed gradually because of this communication (No. 11-2, p.11).

9. I had hidden the facts that my mother sexually abused me and a few family male friends assaulted me. I have admitted and accepted these facts. I have tried to transcend my history and the abuse. Each life has fortunate and unfortunate parts. Even a dog has these two parts in its life. Thus, I let my past go and create my future happiness. I have rebuilt my life and my inner self. I have helped myself to recover from the pain. If I can transcend my history I do not need to bear it. It is too heavy to bear (No. 5-2, p.35).

10. I read a report yesterday and it said that a nervous person, might go to the toilet very often. I used to go to the toilet very often and had felt very guilty about this situation because people scolded me for being a lazy person. I was very nervous because of this criticism. I have learned to relax when I have started my psychiatry treatment. I accept this situation and understand why I had this situation. I accept that this situation it is a part of my life and it is not an awful thing (No. 5-2, p.40).

11. I was very poor and helpless. No one could understand what had happened to me. I do not want to understand why all these experiences happened. I want to have a stable life in physically and mentally. In the very beginning, I thought that my nature was bad and that I would be a prostitute as they (mother and grandmother) said. Later on, I started to wonder why I should be like this. If I had not had these experiences, my life could have been better than it is now. I should have had good care from my family because that was my right. However, I do not think about all these questions. It will be more worthwhile for me if I use my energy to create my own future rather than to think about these questions. I can create and seek my own happiness. It is not a tragedy if I cannot find my happiness. It will be a tragedy if I do not seek for it (No. 5-2, p.44).

12. I set aside time to deal with my difficulties. I do not deal with them 24 hours a day. I do many other things that I want to do. They are more positive and relaxing. I create my happiness for my present life and for my future. I do not only stay in the past pain. The psychiatric treatment, stress management, social skills training and medicines are all-helpful to me. I have internalised the context of psychodrama therapy and have released my internal tension. I have released my internal tension bit by bit through each psychodrama therapy session. I can release my tension because I have decided to do so. My mind did not only stay in the past or in the psychodrama therapy setting because I could have done something else after the sessions. I cannot face too much stress at once so I have learned to manage my stress. I have listed all my stress situations and thought through the sources of my stress. I can assess my strength first and decide which stress I can deal with. If there is any situation that I cannot cope with, I just leave it alone until I have enough strength to deal with it. I accept that I can not change some situations. Thus, I have learned to accept the situations that I cannot change (No. 5-3, pp. 59-61).

13. I had hoped since I was very small that I could have a partner. I wanted to be married with a man whenever I had a new boyfriend. I am not as rational as my sister in relationships with men. I did not care about my parents_ _opinions about my boyfriend (No. 8-2, p.4).

14. He (the abuser) did not force me to do what he wanted. He seduced me to do it. If I kept an assertive attitude to refuse him, he would just stop. I remembered because I rejected him firmly so he might stop his behaviour because of my assertiveness. I guessed that I am very savage since I was small so I can reject people easily. My sister said that she could not reject people easily (No. 8-1, p.19).

15. My first affair was a tragedy because I did not know how to build up a relationship gradually with a man. The separation was very painful to me. I had fallen into pieces because of this. I did not know how I could get through it. I said to myself that my life still needed to keep going. I got better as time passed and when the environment changed. I seemed to have more confidence in myself because I have been optimistic as a person (No. 8-1, p.5). At that time, one of my primary school classmates and my husband said to me that they liked me. This helped me in building up my confidence again (No. 8-1, p.5).

16. Although I did not have a loving feeling towards my husband at the very beginning I have felt my husband_ s love to be very precious, due to the painful experience of my first affair. He has taken care of me and loves me. I will be nice to the person who is nice to me. My husband has been very nice to me so I will be the same to him, too (No.

8-1, p. 7).

17. It had been easy for me to see the strong points in the characteristics of a man when I had an affair with him. I feel good about my relationship with my husband. I know that many of my friends do not have these good feelings (No. 8-2, p.1).

18. I am not very sensitive to uncomfortable situations. Thus, I am not very sensitive to my feelings. For example, any hurtful experience seems to have less effect on my heart. The hurt withdraws me from normal life a bit but I can become active again in my daily life (No. 8-1, p.9).

19. I had a dream about a child who cried and I hugged her for long time. I felt very warm in my heart. My emotions were also released after I woke up. I knew that was my inner child. I found her and took her back. No. 13-1, pp. 12, 13.

20. I had dreams and people encouraged me in the dreams. I felt very worm when I woke up and felt less lonely. These dreams have accompany with me to go through my loneliness. No. 13-1, p.13.

21. The metaphor was about a little elephant in a circus. It tried to escape from the circus but it gave up to do so later on. It grew up in the circus. One day, the circus was on fire and this growing up elephant ran back to the forest. However, it realised that it did not know how it could live there. Therefore, it came back the circus again. I have reflected on this story. I reflected that I have had chances to run out from my negative self-image but I did not. I went back to the 'circus'. I knew that is the time for me to go out from the 'circus'. Buddhism said that every thing is depending on the mine. In other words, no matter whether the thing is good or bad, the key point is how my mind responds to it. I have the ability to stop the influence from my past experiences but I allow the influence to continue. This decision is up to my mine (No. 13-1, p. 9).

22. I wear my armour since I was small because I needed to protect myself (p. 10). I did not know who I was and I did not listen to my inner voice (No. 13-1, p.15). I always remember that you said 'listen to your own voice of wisdom within you and you can do it' (No. 13-1, p. 13). The more I can understand myself the more I can understand others. Therefore, I focus on myself and to understand my inner world and all my experiences from the past (No. 13-1, p. 15). I can encourage myself even when I meet some problems and I listen to my inner voice and feelings (No. 13-1, p.16). I learn to express my feelings and my thoughts when I feel that it is necessary. I am becoming my real self (No. 13-3, p.7). I take back my peace (No. 13-1, p.17). This therapeutic process helps me to find out myself. I have more confidence in myself because of this (No. 13-3, p.18).

23. My idea of 'incest' has changed over time, after my therapy. In the very beginning, I had felt that the incest was a natural mark in my life. I feel that the incest is a hurt rather than a mark. It is an important experience in my life. The incest was because someone did something wrong rather than that it was a natural mask in my life. I feel more powerful and hopeful in the latter concept. This is because if the incest was by nature I could do nothing. On the other hand, I can do something to help myself if the incest is only an unfortunate incident in my early life history. I have learned to love myself by actions and to be myself. For example, I am more relaxed because I do not feel that I am

bad. Moreover, I have more self-confidence when I walk on the streets. I am also more relaxed when I face men on the streets No. 3-1, pp. 12, 13,13).

24. From the first psychodrama therapy group, I realised that the impact of the incest was not unlimited or uncontrollable in my life. People can change the impact because the incest is an 'event' rather than a destiny. If it were a destiny, this would cover the person's whole life. On the other hand, if it is an 'event' in the life, the life still has other nice parts. In other words, the 'event' of abuse is only a small part of the person's life (No. 3-1, pp. 14, 15).

25. I had hidden the facts that my mother sexually abused me and a few family male friends assaulted me. I have admitted and accepted these facts. I have tried to transcend my history and the abuse. Each life has fortunate and unfortunate parts. Even a dog has these two parts in its life. Thus, I let my past go and create my future happiness. I have rebuilt my life and my inner self. I have helped myself to recover from the pain. If I can transcend my history I do not need to bear it. It is too heavy to bear (No. 5-2, p.35).

26. I am always very stable in my appearance when I am very unsteady in my mind and my emotion is waving inside me. I learn to understand my inner self rather than to express my negative emotions, whenever my emotions are waving (No. 10-1, p.28).

27. I do not know how to comfort my inner self when I feel very hopeless. I just do not think about it. I will say to myself that it is very normal to have this kind of situation and feelings in life when I feel very depressed. I have more energy to try things out after I have these thoughts. I also say to myself that my inner situation is not well now, so I view things in a more negative way. I will try to calm down first (No. 10-1, p.30).

28. I was very scared because I thought that he (the abuser) might kill me if I did not obey what he said. This abuse is a most powerful experience as it affected my self-esteem and the ability of me being able to trust. My teacher always punished me because I did not do my homework well due to I lacking of good family education (my parents did not care about my school life at all). This also affected my self-esteem because my teacher asked me to kneel down in front of my class. However, the experience of abuse is much stronger than the experience in school (No. 11-2, p.14). (same as No. 13)

29. I was so afraid of my husband because I imagined that he was the abuser and I was the powerless child again. I was scared that if I did not obey him, he would hurt me as the abuser did. This is my projection. I can distinguish that my husband is not the abuser. I also talked to my husband that I have reminded him that he should not stimulate my weak parts, otherwise I may run away from him. He needs to understand that the abuse has affected I, therefore, does not threaten me with his language. I am stronger therefore I am able to talk to him about this. He has changed gradually because of this communication (No. 11-2, p.11).

30. I feel that I was an active child, apart from the secret of my experience of abuse. I had had fear before my junior high school. It was like waters overwhelming me. I did not know that it was called sexual abuse. I could not understand why my uncle took off my underwear and controlled my body. I had a great shame because I knew that I was not a virgin when I was in junior high school (No. 11-2, p.12). (same as No. 7)

31. I can deal with the feeling of fear better. I can accept the fear and anxiety and I know where they are from. I had nightmares all the time. It took up most of my energy and I felt exhausted after I waked up. I feel much better now and I get more energy after I wake up. I have learned to relax myself. I could not relax when I needed to relax. Therefore, I would burn out before I needed to concentrate on something important. Other people might not be able to trust me due to the fact that I got nervous easily. Therefore, this has affected my interpersonal relationships (No. 11-2, p. 14).

32. I still have difficulty trusting other people. It is a bit better than before because I understand why I cannot trust people. It also becomes better because I admit (accept) that I have this difficult to trust people (No. 11-2, p.14).

33. My memories of the abuse could not disturb me 24 hours a day. My problem was that I extended these unhappy memories to all my life. I have sought help from outside (counselling) to train me to control this disturbance in a specific time. Therefore, I can enjoy myself and do what I need to do in the rest of my time. Moreover, I can communicate with others better when I am not in that specific disturbed time. For example, I provide good quality of care for my children. It is better than before that I was with them all the time but my mind was not always there(No. 11-2, p.19).

34. Be honest, this experience of abuse affected my ideals of giving a birth to a boy and a girl. I prefer a boy child rather than a girl because I feel that women are weaker than men. I feel that men are very strong, although this is not always true. I have this kind of feeling because my experience of abuse has very strong and fearful impression in my mind. I need spend more time to destroy this kind of impression and the ideal of men because the abuse is a powerful experience (No. 11-3, p.1).

35. I could not distinguish the present time and the past time. Thus, my mind was always flying between my inner little child and my present adult mind. I can distinguish these two states so I know what to deal with them. I have not been able to do my duty well as a mother when my mind has been in my inner weak little child state. I need my own space (in my room and no one disturbing me) and time for me to come back to my present time and role. It does not need long and my children know that is what I need. I can be an effective mother after I come out of my room (No. 11-3, p. 4).

36. I have realised that some stuff can induce my fear and anxiety. Those are scapegoats. For example, I was scared to see a doctor. Actually, this was because I experienced the feeling of powerlessness again and I was anxious that I could not fight back. I viewed the powerless situation with an understanding of being 5 years old (the age of being abused) rather than the understanding of being a 38-year-old woman. In other words, there is a deep trap that is full of fear in my mind and I had entered this trap unconsciously. Thus, I always spent my energy running around inside the trap. I have learned to stop running and have used my energy to climb up from the bottom of the trap. I have learned to judge events with my understanding of a 38-year-old woman rather than a five-year-old child. I have realised this trap and I am less anxious, when I am inside the trap because I know how to climb up from it (No. 11-3, p.4).

37. I experienced a feeling of flowing in my life when I was in the psychodrama therapy group. I was too rigid and 'stuck (fixed)' myself in the moment of being abused (in the

world of my little weak inner child). This experience has affected me a lot. I realise that a healthy life should be flowing. I could not continue with happy feelings but I could easily experience my sadness all the time. This was because I was worried that may something bad happen when I was happy. I have learned to stay and enjoy my happiness. I like my roles and my duties at the present time and my adulthood life (No. 11-3, p.5).

38. I had held my inner weak little child very tightly for two years. It was very natural because I needed to protect her (she uses a doll as a symbol). I have felt safe gradually. Thus, I do not need to hold her as tightly as before. I can put her down. It is a nice feeling that she can accompany me whenever I am alone. Thus, I do not feel lonely. If my husband comes to me and wants to make love with me, I can put her aside. I do not mind at all because my husband cannot make love with me 24 hours a day or every day. Thus, I still have private space with my inner child (No. 11-3, p.5).

39. I saw the film of 'Face off'. I was scared of my husband because I saw him as if he was my uncle. I changed their faces unconsciously. I have known of whom I am scared and he was dead already (No. 11-3, p.8).

40. The feeling of shame is from the outside world because society assesses a girl according to whether she is a virgin or not. This value system had encouraged that a woman needed to use her life to protect her virginity. I did not use my life to fight against the abuser in order to keep my virginity. Therefore, I was not a good woman in this society. Moreover, I did not have self-confidence in junior high school and high school because my body figure was not good enough, I was not good looking and no boys went out with me. To sum up, I was not a standard girl to fix in society's image how a nice girl should be. I feel very angry about this society because of it. Although it is becoming better about the ideas of the worthiness of women it had hurt many survivors already (No. 11-2, p.15).

41. God is like my close friend. I can talk to him whenever I meet problems in my life. I also can complain to him. Therefore, I do not feel lonely. I felt very upset when I separated with my ex-boyfriends. I talked to God about my feeling of hopeless and upset. However, I maintain hope in a hopeless situation in my prayer life. I know that I am not really in a hopeless situation (No. 2-2, p.20).

42. I have not had many impacts from my experience of abuse. I guess this is because it happened when I was very little so I did not know that was wrong. Thus, I did not feel guilty. If I was older, I would know what I was doing so I might feel very guilty. Moreover, my personality tends not to explore why I am like this or why I have this feeling or do not have feelings. I do not have too much pain in seeking reasons. In addition, I am in a loving family. My parents love me very much. I grew up in a loving environment-church and my religion. Although I had been hurt by the abuser, most people around me love me rather than wish to hurt me. God the father loves me. Many things are still very beautiful in this world (No. 2-2, p.20).

43. I did not have good friendships with female friends from primary school to high school. I could get on well with boys. This may be because my characteristics are like a boy's characteristics (No. 2-4, p.4).

44. My husband prayed for me that God could help me to have feelings when we had physical intimacy. He believed that I could become more aware of my body's feelings and I could enjoy physical intimacy with him. I did not have as much confidence as he did. Normally, I pray for my personality and my relationships with my husband. This is because I have a bad temper. I want to change myself because my husband loves me so much so I do not want to hurt him because of my temper. I cannot change myself so I need God to help me to change (No. 2-2, p.21).

45. I am not a cold person but some of my behaviour may suggest that I am. I tend to concentrate on the work that I am doing and ignore others. This is different from in my past. I do not need to think too much and do not have too many emotions when I concentrate on doing something. It satisfies my heart when I do well in a job (No. 10-2, p.9). This helps me to stabilise my inner self.

46. I read books and have different experiences how that I am grown up. These are all helpful in dealing with my experience of abuse (No. 10-1, p.23).

47. The abuse affected my life in a particular area, for instance my relationships with male friends. My other life experiences have shaped most of 'I'. In other words, human beings need to learn different tasks throughout our lives. Life's tasks not only come from the experience of abuse but also from other stages of development in a person's life. In the same way, both survivors of sexual abuse and non-survivors need to learn their life's tasks. For me, I have learned the value of human beings. I have read applied psychology journals and have joined self-awareness groups. These processes have helped me to affirm human beings' value in this universe. The more I affirm human beings' value the more I affirm the value of myself as a human being. The more I can affirm the value of myself, the less my experience of abuse can destroy the value of myself in this universe (No. 10-2, p.16).

48. I am very friendly to people and easy going. Thus, I have much support from friends. It is a helpful factor in my life's journey. I am very proud of myself that I can educate myself so well in the issue of my experience of abuse. I do not need to be overwhelmed by my experience of abuse and I can still have a nice life (No. 10-2, p.17).

Chapter 11

1. I am in a loving family. My parents love me very much. I grew up in a loving environment-church and my religion. Although I had been hurt by the abuser, most people around me love me rather than wish to hurt me. God the father loves me. Many things are still very beautiful in this world (No. 2-2, p.20).

2. I tended to disassociate with my feelings when I met interpersonal problems outside my family. I would feel that I was dirty after I went home. I would also lock myself in my room and gave myself permission to feel the feeling of being dirty. Sometimes, I still have a feeling of dirtiness. It appears that I can only clean my skin but I cannot clean the dirtiness of my inner self (No. 3-4, p.13).

3. My mother said that I had not told to her when the abuse happened. Thus, it was my

own responsibility. It broke my heart and my whole person seemed to fall into pieces. I had no vigour to do anything. This situation was better after I had expressed my thoughts and feelings about this abuse toward my mother figure, in the scene of the psychodrama therapy group. I also realised that my heart was not willing to be close to my mother in the scene. I had thought that I was very close to my mother before this scene. It is good that I had expressed the pain that my mother put the responsibility of the abuse on my shoulders in that scene (No. 3-4, p.2).

4. I 'stuck' my mind in the past when I was in the psychodrama therapy group. Therefore, I could not empathise or listen to others. I could not experience the present. I could not believe my mother was upset about my experience when I was in the group to deal with my relationship with my mother. I understood my mother's feelings about my experience when I read the transcription of the psychodrama group again. She was shocked and not able to face my experience. That is a very normal response for a human being. I expected her to be a mother figure rather than a human being. I expected the mother figure to be powerful and in charge of everything. Thus, I ignored her emotions, feelings and fear (No 3-3, p.2).

5. I almost totally attached myself to my mother when I was in psychodrama group, to deal with the relationship with her. That is not quite right in an interpersonal relationship. I am able to separate with her emotionally, although I feel lonely. I can take care of her rather than 'stick 'with her. I took her duty (work) as my own. That was a very heavy burden. I feel more relax when I do not take her (work) as mine. Moreover, I felt that I had expectations about my mother because I loved her. Otherwise, I would not have any expectations. I thought that if I did not have any expectations, it might mean that we did not have a relationship. However, I am not worried about the separation from my mother (No. 3-3, p.3).

6. Sometimes, I seem to hear my niece call me. I still have a pain in my heart but I can continue to do what I need to do rather than sit there and worry about her (No. 3-3, p.5).

7. My inner child grows a lot during these two years. My inner child and I were a unite. I can separate with my inner child now. I am an adult and I am able to comfort my inner child. The inner child is a very sad child but I am an adult with abilities (No. 7-3, p.13).

8. I realised that I had two thoughts about my parents and they fought with each other. One was that I loved them and wised they gave me comfort about my rape. The other one was that I hated them because they used very negative attitude and language tome at that time. They language affected my self -image and my understanding of the rape. I wished that I could not do anything well so they could not feel happy. I wanted to retaliate what they had done to me. I f I still did everything well, they would think that I recovered from the rape. I seemed to abandon myself in order to earn their pity and caring (No. 7-3, p.12).

9. I choose to keep silence rather than to tell my parents about my experience of abuse because I do not want to hurt them. They are not able to take it (No. 10-1, p.24).

10. I project too many expectations on to office romances. I feel very distressed because I cannot get this love affair in my workplace. One of my expectations is my need of affection from someone. I also expect that this affair might repair the vacant part

(incomplete part) in my life if he could accept my experience of abuse(No. 10-1, pp. 30, 31).

11. I am not familiar with my inner child. I always ignore my own needs. This may be because I am the eldest in my family. My father used to tell me that 'it is up to you'. My parents could not help me. Thus, I learned that I cannot expect anyone to help me. I have trained myself to be independent. I cannot ask what I want but what is the best for me to do and what others' expectations of me are. This is because no one can give me what I want. Although I am very independent now, if I have a boyfriend I might wish for him to cherish me very much (No. 10-1, p. 27).

12. I feel my life pauses somewhere in my childhood. It is about 11 or 12 years old. It is difficult for me to come out of this kind of feeling. My life seems to be stopped in my childhood. Therefore, I do not have vigour for my life (No. 10-1, p.31). If I could take the initiative in making connection with outside world I might have more vigour in my life. A love affair can give a person strong vigour (No. 10-1, p.32).

13. I had not felt pity for myself because of my experience of abuse until I saw how much sorrow one of the members in our group bears. She did not speak out because she wanted to protect the abuser. I was in the similar position in my abuse. My heart bleeds for her and for myself. I released my emotions because of this experience. It gave me a chance to experience my sorrow for the hurting child in my heart (No. 10-2, pp. 3, 4).

14. I did not speak out at that moment because it might hurt my uncle and my family. If I sacrificed myself, my family would keep harmony (No. 10-3, P.1).

15. I know that I have a very high expectation on my future partner. I think that if I reveal my inner needs to him, this is a way to take care of my inner child. In any case, if I did not have a partner I might have trouble. Anyway, I will improve my interpersonal relationships first. I can build up affection with friends and me. I used to think if my inner is strong enough, I should be OK. I find that it is not enough, because my inner self needs others' care (No. 10-1, p.30).

Chapter 12

1. It is unfortunate that I was born into that kind of family. It is fortunate that I have worked (the interviewee used the word 'walked' rather than 'worked' as her metaphor) out my own way and many people have helped me. I am proud of myself that I have created a way for myself. Each life has its own points that a person needs to develop by him or herself. I do not know how I can help others but I will do my best to find peace in my own life and spirit. I want to be my real self, to love myself, to have confidence and to have rational thinking. I can take responsibility for my life. I do my best to think about the positive part of this world and create a nice part in my life. I have known so many tragedies already. Therefore, I do not want to think about the negative part of this world. Otherwise, it can make me vulnerable again. I need to settle myself down first (No. 5-2, p.53).

2. I had hidden the facts that my mother sexually abused me and a few family male friends assaulted me. I have admitted and accepted these facts. I have tried to transcend my history and the abuse. Each life has fortunate and unfortunate parts. Even a dog has

these two parts in its life. Thus, I let my past go and create my future happiness. I have rebuilt my life and my inner self. I have helped myself to recover from the pain. If I can transcend my history I do not need to bear it. It is too heavy to bear (No. 5-2, p.35).

3. I had felt shame about my experience of abuse because I am not a virgin. I realised that I am a victim and that this is an unfortunate tragedy in my life after I came to the Garden of Hope. I have been hurt by this experience. This society does not respect the victim of sexual abuse but I disagree with this value system. I am a victim. The abuser hurt me when I was very small. Of course, I was not able to fight back. They (the group's members) are victims and do not need to bear so much pain from this society's value system. The belief strengthened in my mind that I am a victim and do not need to carry so much pain from others' judgement about my experience of abuse, when I witness others' pain in our group. The abuse is not my fault. This process has helped me to regard my experience with a more mature and adult view. This has released my pain and decreased my shame. I am more at peace with myself (No. 10-1, p. 23).

4. I am very friendly to people and easy going. Thus, I have much support from friends. It is a helpful factor in my life's journey. I am very proud of myself that I can educate myself so well in the issue of my experience of abuse. I do not need to be overwhelmed by my experience of abuse and I can still have a nice life (No. 10-2, p.17).

5. I learn new concepts, new values and new ideas throughout my life development. I can use these new concepts to determine the meaning of my experience when I have a chance to review my past. This society values a virgin greatly. If a woman is not a virgin she is worthless and not pure. It is not true for me. A virgin is nothing to do with being pure or not. Virginity is also nothing to do with a person's value. I would bear a great pain if I accepted society's value system. There is no point for me to do so. I need to find a way out. One way for me is to have my own value system. I affirm myself and my personal value does not stand on society's value system. After I came to this group, I affirm my concepts of sexuality that an experience of abuse cannot determine my worth (No. 10-2, pp. 4, 5).

6. I have become more flexible in my thoughts and I am able to judge things from different_aspects. If I had not experienced the abuse I might not be able to develop my inner concept system and to ponder on the value of human beings. I have learned to view this world from different aspects with my own value system rather than with society's value system in general. This learning process is the main meaning for me of my experience of abuse (No. 10-2, p.14).

7. I take care of myself and I develop my inner self. Therefore, I can avoid some unfortunate situation in the rest of my life. Pain is the most fundamental element in a human being's life. This is the meaning of self-development (No. 11-2, p.19).

8. I am able to enjoy my present life. It seems to be my destiny to notice the issue of sexual abuse (11-1, P14). I do not want to be a victim forever. I want to do something for this society and this venerable group. I am a brave person and a brave mother for my children. It is not intention to accuse anyone but this society needs to notice the issue of sexual abuse (No. 11-3, p.6).

9. I have learned what are positive and what are negative situations in my daily life. I

have created and increased the strength in my life. I also have learned what I can change and what I cannot change. I accept what I cannot change. I create my meaningful life and go ahead for my future. A human being's life is ever changing (anitya in Buddhism). I have learned to accept this ever-changing character in life (No. 5-3, p.63, No. 5-2, p. 54).

10. The abuse affected my life in a particular area, for instance my relationships with male friends. My other life experiences have shaped most of 'I'. In other words, human beings need to learn different tasks throughout our lives. Life's tasks not only come from the experience of abuse but also from other stages of development in a person's life. In the same way, both survivors of sexual abuse and non-survivors need to learn their life's tasks. For me, I have learned the value of human beings. I have read applied psychology journals and have joined self-awareness groups. These processes have helped me to affirm human beings' value in this universe. The more I affirm human beings' value the more I affirm the value of myself as a human being. The more I can affirm the value of myself, the less my experience of abuse can destroy the value of myself in this universe (No. 10-2, p.16).

11. I am very friendly to people and easy going. Thus, I have much support from friends. It is a helpful factor in my life's journey. I am very proud of myself that I can educate myself so well in the issue of my experience of abuse. I do not need to be overwhelmed by my experience of abuse and I can still have a nice life (No. 10-2, p.17).

12. I assumed that a normal person should be happy and I was not happy. I felt that I was very different to others. For instance, I have talked very little and suppressed my thoughts. This was because there was a secret (my experience of abuse) in my heart. I had much sadness but I could not show it. I pretended that I was happy. I was very tired. I have come here (the Garden of Hope) and have found out my real self. I also have learned to respect my feelings of sadness in my journey (No. 7-1, p.2).

13. I gradually have found my 'real' self more and more. I had worn a mask. I was very frustrated but I needed to pretend that I was OK. It was very tiring. I can be myself. If I am sad, I allow myself to be sad. If I need to cry, I allow myself to cry. I will gradually change rather than to 'overcome' my weakness. It is more natural by gradually changing rather than to 'conquer' my weakness (No. 7-2, p.11).

14. I am able to express my feelings and myself freely here (The Garden of Hope). Everyone here accepts me; thus I do not need to pretend that I am a happy person all the time (No. 7-1, p.3).

16. I feel that I am a nice person. I know how to refuse others requirement if I am not able to do. I have learned that I do not force myself to bear or to do what I cannot. In other words, I give myself more space and forgive myself. I know how to protect myself from harm and love myself more. I have become mature, although this process has been very painful. However, I am more capable of helping others and have a deeper understanding about human beings. My life still has a long way to go. I have been through my pain and I am becoming better and better. This is a good feeling that I feel myself gradually becoming better (No. 7-3, p.5).

17. The therapist had been a medium to help me to enter my inner self. The therapist

stayed with me to enter my inner helplessness, hopelessness, confusions and darkness. This process had helped me to take these emotions into reality. This process had also helped me to organise my emotions again, to build up my new value systems, to become close to people and to have new ideas about parent-child relationships. The drawing methods helped me to express my conscious and sub-conscious feelings. It also helped me to find out (realise) some of my naviety of childhood (No. 3-4, pp.3, 4).
I was very fearful when I have started to touch my inner self although I now have less fear. It is expected that I can accept myself better (No. 3-4, p.4).

18. I needed to divide my heart into many boxes and put my different pressures into different boxes before my experience of being counselled. I no longer needed to divide my heart into sections after I dealt with my pressures. My heart is a whole rather than many boxes (No. 3-4, p.12).

19. I am thinking what human being is and what the most fundamental issue is in my life. I try to understand myself deeper. I continue to explore my past experience, my present life and my future. My past experiences are not only the abuse experiences but it also include the other developmental experiences in my life. The most important point is 'I'-the self. For instance my self-image and my self-wroth. My self-esteem is increasing but not good enough. I can learn to improve it. I am preparing myself to face the feeling of lacking confidence because I might go through this kind of feeling again and again. I am able to go through it because I have experienced it already. This kind of feeling will happen many times in our life not only in me (No. 4-2, pp. 11, 12).

20. I had been proud of myself as a survivor. I had had confidence because I have gone through my recovery process. My self-worth had depended on the role of a survivor. However, I started to identify myself as a person rather than a survivor after I had read your paper but I lost my self-worth as a survivor. In other words, if I identified myself as a survivor I knew what my value was. On the other hand, if I identified myself as a person, I did not know what my value was. Therefore, The issue for me now is to create my own value system. I do not need to be dependent on any role to give me confidence. The confidence is from how I view myself. My self-image does not depend on what kind role I play but who I am as a person in this world (No.4-2, pp.18-20).

21. Although I had experienced the rape, I still have the other nice parts in my life. For example, I did well in different kinds of exams and I have a nice job (No. 7-3, p. 3).

22. I was still seeking a person whom I could depend on when I was in my working place. I relied on my feelings to access whether any one of them could find out that I had something (sadness and secret) within me. I found no one. My husband is nice but he does not like me sharing my feelings. He gave me a position of a wife role. It means that I am not alone. I am myself and I am someone's wife. If anyone feels that it seems to be something strange with me, the person may change this kind of impression because I am not only myself but also a wife of my husband. This implies that it is OK if I am not good because I can share my husbands good appearance. People will see us (my husband and I) as a union rather than I (No. 7-1, PP. 18, 19). However, I feel that the distance had created beauty between two of us before we got marry. I had felt that he was so great. Sometimes, I feel that I am as nice as he is, apart from his communication skills are better than I have (No. 7-1, p.20).

23. I felt that I was the strangest person in this world because I did not know the other survivors. I do not feel in this way after I have gone through my process. I feel that I am similar to other people in this world (No. 7-3, p.6).

24. I needed my boyfriend to give me all his attention. I had felt that it was his problem whenever he could not satisfy me. This is because I felt that it is very natural for me to have this need. Later on, I did not want to have his attention because he could not satisfy me. I started to consider that this might be my problem when I have begun being counselled. I have understood myself better. I had needed a 'prefect audience (he needs to give me all his attention)' when I talked. My boyfriend also had responded to me about this situation. His response had helped me to be more aware of myself. Therefore, I forced myself to control this habit. I tried to say to myself that the content of our communication was not an important matter so I did not need him (my boyfriend) to give all his attention to it. I have found my need decreasing in my later recovery stages. This is because I write a diary and I understand this need. The experience of being counselled also helps me to decrease this need because my counsellor takes her time to understand me. I always ask myself what I want and what I am thinking. This inner communication also helps me to decrease my need for all my boyfriend's attention (No. 9-5, p.6).

25. There were many past scenes on my mind. It seemed to stick on my body and I could not get ride of them. The past experiences appeared in my mind and they mixed with present situations. I realise that the scenes have gone gradually. I feel bleak when the past scenes come back to my mind but I know it is in the past already. It no longer sticks to me. I feel more relaxed now. (No 3-2, p.13.)

26. I felt that I was inferior to a male. I felt that I did not have a right to upset a male and I needed to tolerate a male. I realised that I do not need to care about any man_ s looking in public gradually. I can relax and walk past them. I can look around anywhere that I like. I could not do that in the past. I can love myself with action and positive thinking. I can separate many people and events in the past from my present time. I also can separate them from myself. In other words, I do not mix them with my life and my inner self (No. 3-2, pp.14, 15).

27. My memories of the abuse could not disturb me 24 hours a day. My problem was that I extended these unhappy memories to all my life. I have sought help from outside (counselling) to train me to control this disturbance in a specific time. Therefore, I can enjoy myself and do what I need to do in the rest of my time. Moreover, I can communicate with others better when I am not in that specific disturbed time. For example, I provide good quality of care for my children. It is better than before that I was with them all the time but my mind was not always there(No. 11-2, p.19).

28. I could not distinguish the present time and the past time. Thus, my mind was always flying between my inner little child and my present adult mind. I can distinguish these two states so I know what to deal with them. I have not been able to do my duty well as a mother when my mind has been in my inner weak little child state. I need my own space (in my room and no one disturbing me) and time for me to come back to my present time and role. It does not need long and my children know that is what I need. I can be an effective mother after I come out of my room (No. 11-3, p. 4).

29. I experienced a feeling of flowing in my life when I was in the psychodrama therapy group. I was too rigid and 'stuck (fixed)' myself in the moment of being abused (in the world of my little weak inner child). This experience has affected me a lot. I realise that a healthy life should be flowing. I could not continue with happy feelings but I could easily experience my sadness all the time. This was because I was worried that may something bad happen when I was happy. I have learned to stay and enjoy my happiness. I like my roles and my duties at the present time and my adulthood life (No. 11-3, p.5).

30. What I can lean from my experience of abuse? I am thinking about the future rather than this experience. I prefer to take care of my own children when I have children. My husband accepts me and loves me. This helps me that I do not think about the past. I just let it go. I felt a bit guilty because of this experience (abuse) and I took the abuser's money. It was like a prostitute's behaviour but I do not think about it now (No. 2-1, p.13).

31. My grandmother is a person with a morbid fear of getting dirty. She had trained me to clean the floor again and again. I was very nervous every day. This affected me a lot mentally and physically. I had to force myself to clean my place after I came back from evening school (I worked during day- time) every day, otherwise I felt that I did not do the right thing. However, the psychiatric treatment taught me to resist this inner voice that ordered me to clean my house. I have released my inner self. I seem to have a rule in my mind against which I measure what is right and wrong. I have a strong motivation in wanting to change myself. I have learned more healthy thoughts and I have internalised these thoughts (No. 5-2, p. 41, p. 42).

32. I set aside time to deal with my difficulties. I do not deal with them 24 hours a day. I do many other things that I want to do. They are more positive and relaxing. I create my happiness for my present life and for my future. I do not only stay in the past pain. The psychiatric treatment, stress management, social skills training and medicines are all-helpful to me. I have internalised the context of psychodrama therapy and have released my internal tension. I have released my internal tension bit by bit through each psychodrama therapy session. I can release my tension because I have decided to do so. My mind did not only stay in the past or in the psychodrama therapy setting because I could have done something else after the sessions. I cannot face too much stress at once so I have learned to manage my stress. I have listed all my stress situations and thought through the sources of my stress. I can assess my strength first and decide which stress I can deal with. If there is any situation that I cannot cope with, I just leave it alone until I have enough strength to deal with it. I accept that I can not change some situations. Thus, I have learned to accept the situations that I cannot change (No. 5-3, pp. 59-61).

33. I feel great pity for myself for being a solitary person. No one understood me. I was isolated from my peer group at school and at my working place. My mother did not allow me to speak to anyone. I did not have any friends to talk to. I have learned social skills since I started the psychiatry treatment. This lack of social skills has made my life very difficult. I have been very sensitive wondering if people would do something bad to me. This situation is gradually getting better during these years of therapy (No. 5-2, p.40).

34. I consider how my parents value me after I told them about my experience of abuse. Although I do not know what this society is I still think about how this society values me as a result of my experience. I internalised this society's value to determine my value because of my experience of abuse. I cannot change others' value system about my experience and me. How can I fight against this huge value system in society? I need to go back to my 'inner self'. The abuse is not my fault. It is a fact. This society does not know this truth so its value system cannot determine my value. I am more willing to value myself from my own view whenever I remember that this society does not understand me so its value system cannot determine my worth (No. 9-3, pp.15, 16).

35. I feel more comfortable with my self and my body when I see my body that it is a 'human being's body' rather than a 'woman's body'. Society and culture give a woman's body some particular meanings. They also control and use a woman's body. I am seeking a human being's meaning for my body. This meaning is beyond culture and society's value of a woman. I want to develop my own system of making meaning to view my experience and myself. This meaning making system is beyond culture and society's value and it is from my inner self. If I can have my own meaning making system others' value system cannot hurt me or affect me (No. 9-4, pp. 8, 9).

36. I understand that my fear of pregnancy is not based on reality but I am resistant to changing this fear in my heart. If I change this method of coping it implies that this method is not right. I would feel very powerless if I needed to admit that my method is not right and I have used it for many years. I listened to a speech and you also say that the methods of coping might be suitable for that time but may not for the present time. It means that there is nothing wrong with this method. I change my method because I can choose the most suitable one rather than because the previous method is wrong. Then, I feel more powerful to be in charge of my life and my own ideas. I can choose and I have the right to choose what is the best for me. I also consider that what I see and what I feel may not be the truth of the matter. My feelings are very real but they are not necessarily the truth of my unsolved issues. There is no truth. It depends how I view it. Therefore, I am more willing to view the unsolved issues in my life in a more positive way in order to help myself to have an easier life (No. 9-5, pp. 1, 2).

37. I am able to enjoy my present life. It seems to be my destiny to notice the issue of sexual abuse (11-1, P14). I do not want to be a victim forever. I want to do something for this society and this venerable group. I am a brave person and a brave mother for my children. It is not intention to accuse anyone but this society needs to notice the issue of sexual abuse (No. 11-3, p.6).

38. I was only five so I did not have any power to against him (her uncle, the abuser). I had blamed myself why I did not fight with him to protect my virginity. I can accept that I had chosen the most important thing -to survive. If I did not survive, I could not have my life, my children and the good time with them (No. 11-1, p.10). I had felt that my past experiences were full of powerlessness. I am not thinking in this way now. I feel that I had chosen what I want. For example, I had chosen to survive rather than to fight back. I had chosen the most important thing. My life is more important than my experience of abuse and virginity (No. 11-1, p.24).

39. I feel that I was an active child, apart from the secret of my experience of abuse. I had had fear before my junior high school. It was like waters overwhelming me. I did

not know that it was called sexual abuse. I could not understand why my uncle took off my underwear and controlled my body. I had a great shame because I knew that I was not a virgin when I was in junior high school (No. 11-2, p.12).

40. I still have difficulty trusting other people. It is a bit better than before because I understand why I cannot trust people. It also becomes better because I admit (accept) that I have this difficult to trust people (No. 11-2, p.14).

41. The feeling of shame is from the outside world because society assesses a girl according to whether she is a virgin or not. This value system had encouraged that a woman needed to use her life to protect her virginity. I did not use my life to fight against the abuser in order to keep my virginity. Therefore, I was not a good woman in this society. Moreover, I did not have self-confidence in junior high school and high school because my body figure was not good enough, I was not good looking and no boys went out with me. To sum up, I was not a standard girl to fix in society's image how a nice girl should be. I feel very angry about this society because of it. Although it is becoming better about the ideas of the worthiness of women it had hurt many survivors already (No. 11-2, p.15).

42. I feel that God has found me and takes me home. I am able to have a new birth in Him. I did not ask him why this experience had happened in my life. It is more important for me in building up a relationship with him. I trust him totally rather than let the distrust and doubt full of my life (No. 11-2, p.18).

43. I wear my armour since I was small because I needed to protect myself (p. 10). I did not know who I was and I did not listen to my inner voice (No. 13-1, p.15). I always remember that you said 'listen to your own voice of wisdom within you and you can do it' (No. 13-1, p. 13). The more I can understand myself the more I can understand others. Therefore, I focus on myself and to understand my inner world and all my experiences from the past (No. 13-1, p. 15). I can encourage myself even when I meet some problems and I listen to my inner voice and feelings (No. 13-1, p.16). I learn to express my feelings and my thoughts when I feel that it is necessary. I am becoming my real self (No. 13-3, p.7). I take back my peace (No. 13-1, p.17). This therapeutic process helps me to find out myself. I have more confidence in myself because of this (No. 13-3, p.18).

44. I had felt confused why people offended me. I had a thought that it might be because I seduced others to offend me. Therefore, this was my fault. However, I known that was not my fault after this therapeutic process. I also read some books. They helped me to understand that the assault was not my fault because a child knows nothing about sex. (No. 13-3, p.27).
If I viewed this abusive experience as a task in my life, I will become mature after I conquer this task. No. 13-2, p.17. I also increase my inner strength after I conquer this hurtful experience. No. 13-3, p.7).

Appendix C: Narrative in Chapter 13

Section 13.3 The issue of fear and anxiety

Table 13.3: Narratives of Fear by the participants[3]

No 1	1. I was afraid of my father's violent tendency. 2. I was afraid of men and marriage. 3. I was afraid that people might know about my experience of abuse. 4. I was afraid of sex. 5. I was afraid of my dreams (she wished that her father die in her dreams).
No 3	1. I am afraid of people in general but am getting better. 2. I was afraid of my emotions because I did not know how to manage them. 3. I am afraid of people's looking at me. 4. I always had fear without knowing why. 5. I am scared of men.
No 4	I was afraid of initiating making physical contact with my partner because it implied that I was a lewd woman.
No 5	1. I became fearful after I move from my grand mother's home to my parents' home when I was about 6. 2. I had fear when my mother passed me to different families and they mistreated me. 3. I was afraid of being a woman due to my experience of sexual and emotional abuse. 4. I am afraid of authority figures. 5. I had fear because of my experience of sexual abuse from my mother.
No 6	1. I am afraid of men' penises. 2. I am afraid of authority figures.
No 7	1. I am afraid of reading out loud in front of people. 2. I am afraid of my voice because people may hear my weakness within my voice. 3. I extended my fear of reading. Therefore, I became to be afraid of my peer group.
No 9	1. I am fearful when I get lost in my adulthood. 2. I have fear when I am in unfamiliar situations. 3. My father biting scares me. 4. I have the fear of becoming pregnant, although my knowledge teaches me that it is impossible. 5. I am afraid of sick or have any virus in my body because my experience of abuse in my childhood.
No 10	1. I was very sensitive to my environment at night-time and experienced fear without knowing why during my childhood. 2. I am scared of men looking at my body. 3. I remember the feeling of fear about the abuse, even though I cannot remember the details. 4. I touched my brother's private parts a few times. I was afraid my brother might offend against me afterwards. 5. I was afraid of being the feeling of 'being forsaken'[4] by my friends (housemates), so I moved away first.
No 11	1. I do not trust people but it is getting better. 2. I was afraid of being an attractive woman because it could be dangerous. 3. I have fear in my daily life, for instance, I go to see different doctors, and I always empty a hand preparing to defence any possible harm, and cross my legs unconsciously during my sleep. 4. I had fear when the abuse happened because I guessed that if I did not obey I might dead.
No 12	1. I was afraid that my mother found out that my brother sexual assaulted me.

[3] If the writer use present tense it means that the participant have this feeling during the interview sessions. If the writer use the past tense, it means that the participant had this feeling before or during her childhood.

[4] Her housemate has a boyfriend and she guesses that she will no longer to share the house with her. If her housemates move out first because she has a boyfriend, she will feel be forsaken and very lonely. Therefore she rather move out before her friend.

	2. I am a bit worried that my future partner may find out that I am not a virgin.
No 13	1. I was afraid that my parents might forsake me if I said my experience of abuse. This was because the abuse was shameful to the family. 2. I had fear to face my parents. 3. I have fear when I have flashback or in some 'dangerous' situations[5]. 3. 4.I am afraid of having different feelings because I am not familiar with them.

1. One of the reasons that I do not want to change any of my coping methods is because I am familiar with my old system. I know what will happen if I use old methods. If I try a new one, I do not know what will happen. I am sacred. I used a feeling of fear to tell myself that I was not able to change. I feel safe if I use the old one, although it is not the best one. Moreover, I do not feel confident that I will succeed in using a new method. I feel powerless and I do not have the ability to change anything (No 9-5, p.3).

2. I realised from my drawing that I was so afraid to get infected from outside from my drawing. I know that this fear connects with my experience of abuse. I felt that my brother put some bad things into my body due to the abuse events. I felt so powerless and helpless because I could not put the bad thing out of my body. Therefore, I have learned to protect myself to stop anything getting into my body again. I also realised from my drawing at different times that I feel safer than before about the world around me (No 9-4, p.9, 10).

3. I realised why I was so afraid of my voice. This was because I am afraid that people may notice my vulnerability and fear through my voice (No 7-3, p.9).

4. I used to isolate myself whenever I was sad or felt fear. I feel tried and I am thinking that I may need to change this method (No 10-1, p.15).

5. I married my husband for security. I realise that I always keep one of my hands empty in order to protect myself from attack by others at any time (No 11-1, p.2).

6. I realise that my body remembers my experience of abuse. For instance, my legs will tangle with each other if I am still asleep when my husband wants to have sex with me during the night. When I remember that my childhood experience is past already, I do not have feelings of fear (No 11-1, p.3).

7. I realised that I did not want to be an attractive woman and I put on weight, becoming a strong woman. I felt safe in this way (No 11-1, p.1).

8. I can suddenly feel my fear but I am able to tell myself that I am safe in this space because many people are around and they are safe (No 3-2, p.12).

9. In my individual therapy, I realised that the feelings of anger and fear are very important in a person's life. It is helpful to have this concept, although I cannot get in touch with my anger (No 3-4, p.3).

10. Suddenly, I have fear when I am in the room transcribing the interview cassettes. I

[5] In terms of 'dangerous situations' mean that the participant feels that she may be assaulted.

am able to tell myself that I am safe in this room because many people are outside this room (No 3).

11. I was afraid of authority figures and I took the opportunity to practise with some nice teachers in different self-developmental courses. I can really relax myself now in front of authority figures. I just keep practising (No 5-2, p.24).

12. I try to make myself safe in my room, e.g. I have an alarm system, and I have security windows. Therefore, I will know if my brother tries to come in my room (No 9-4, p.11).

13. I used a method to help myself when I was in a fearful situation. I thought that he (the person she felt fearful of) was very poor and did notknow what he was doing. I viewed me with my adult self. If I viewed him with my fearful child self, I could only feel fear. Therefore, I was able to face this person and did not stay in my flashback situation (No 13-1, p.12).

14. I say to myself that I am growing up now and I have the ability to protect myself when I flashback. I can stand up again in the place where I had fallen over. No. 13-1, p.8.

15. I talk to my inner child and say to her that I understand her and her feelings (No. 4).

16. Once I believed in Christ, I felt more stable within me. I also feel more peace in my relationship with others and God (No 1, p.35).

17. I am not afraid of my emotions because I have more self-confidence. I feel that I am as nice as others are. Therefore, I do not need to be afraid of myself (No 3-1, p. 14).

18. I was very afraid of my grandmother. In these two years, I have more confidence to face her as an authority figure. She has always given my parents a hard life because my parents obey her in everything. Once, I told her that she was not right to do so (No 6-2, p.6).

19. It is not necessary for me to change my weakness directly, for example, my fear of reading in public. If I can continue to love myself, my weakness will become stronger gradually (No 7-3, p.7).

20. I dealt with my nightmare in psychodrama therapy sessions. I did not have that nightmare after that (No 5-2, p.23).

21. I realised that how much I was afraid of men's penises in my psychodrama therapy session (No 6-4, p.13).

Section 13.4 The issue of forgiveness

Table 13.4. Narratives of Forgiveness by different participants

No 1	1. My religion helps me to forgive although I still feel angry when I think about the experience. I know that I will feel more relaxed if one day I am able to forgive him totally. I am able to live in present rather than the past with the help of my religion (No 1, p.47, p.60). 2. He shows he is sorry through his religion. He becomes gentler than before. I am less anger because of this (No 1, p.60).
No 3	I realised that I am responsible for my recovery from the negative impacts not my mother. I do not expect her to help me to solve my difficulties (No 3-2, p.8).
No 4	1. I am able to think about whether I will forgive the abuser when I am not angry with myself and can forgive myself (No 4-3, p.13). 2. I am able to forgive myself after I understand meaning of my initial action in the abuse situation. I know that it was a passion to love and be loved. I also accept that it is natural for my body to experience pleasure in physical intimacy.
No 5	1. Although my father did not know that my mother sexually abused me, he wrote a letter and apologised to me. I feel that he accepts me (No 5-2, p.29). 2. My sisters have said if I need to say anything about the past I can talk to them because my mother is too old to remember the past. I can sense their caring and love.
No 6	My uncle's family is not in a stable condition. I feel that he has been punished already for his bad behaviour. I do not need to say anything to him. The most important part is my own life (No 6-4, p.9).
No 7	About three years ago, she was able to forgive her parents because her parents apologised to her about their negative attitudes and language when the took place.
No 9	1. I still love my parents and I feel so sorry for them. They have nor stopped worried about my brothers' bad behaviour until now. Therefore, I am willing to forgive them and to teach them how to understand my experience of abuse (No 9-3, p. 8-10). 2. I learned to listen and to support my mother as my counsellor does for me (No 9-3, p.12).
No 10	1. Although my uncle hurt me he also gave me a lot of caring and love. So, because of this I do not hate him. 2. I believe that he (the abuser) feels very guilty because I do not marry until now. So, I tend to forgive him rather than feel angry with him (No 10-1, p.8).
No 11	1. My uncle (the abuser) dead already. He got his own punishment for his bad behaviour. I do not need to say anything now. 2. I feel too sorry to blame my parents because they did not have good education. So, I prefer to think that society is responsible for child sexual abuse (No 11-2, p.6 and 7). 3. After I have dealt with my anger with my parents, I do not think that I will talk about my experience of abuse anymore with them. If my condition is fine I will stay close to them, if I am not in a good way, I will stay away from them (No 11-1, p.18).
No 12	I understand why this happened. I accepted my body's feelings about the touching. So, I forgive my brother and myself. I do not think that my brother can

	do anything for me. His condition is worse than mine. Therefore, I do not expect anything from him.
No 13	1. I believe that good behaviour will bring good consequences in one person's life. Bad behaviour will bring bad consequences. Each of us is responsible for the consequence in our lives. I feel better when I am thinking in this way. I do not need to punish the abuser. 2. I try to analyse why the abuser did this. If I can understand more their inner world it can help me to forgive the abuser (No 13-2, p.18).

Section 13.5 The issue of anger

Table 13.5 The narratives of anger by different participants

No 1	1. I am so angry with my mother because she did not deal with the abuse well. She said nothing. 2. I am so angry about my mother's attitude to me. She criticised me.
No 3	1. I can feel my anger when I see any male stranger in public. I hope that I can deal with this emotion better so I can have peace (No 3-2, p.8). 2. I know that my anger is toward my brother (the abuser). I never express my anger toward him. In the past, I thought that my anger was toward my daily situation but I now realise that my anger is connected to the abuse and the male gender. I am angry with men in general at this moment (No 3-2, p.9). 3. In the past, I hated and was angry with myself. I do not hate myself now because the abuse is not my fault (No 3-2, p.19). 4. I even have difficulty feeling my anger toward my brother (the abuser) in my mind. One day, I felt very angry and hated him suddenly without knowing why (No 3-2, p.11). 5. In my first experience of therapy, I knew that I transferred all my anger to my mother. I hated my mother without knowing why. I felt relaxed after I knew where the anger was from and put it back to the place where it should be (No 3-2, p.18). 6. I did not go crazy when I was angry with my self and my mother. Thus, I think that I do not go crazy if I get angry with my brother (No 3-2, p.19). 7. My anger and fear will appear in my mind when I feel that any man may try to come close to me. My body will become very rigid and I do not know what to do, asking myself to think or to relax (No 3-3, p.17). 8. Once, I was very angry in the group when I sensed a feeling of isolation. I am so familiar with this kind of feeling (No 3-3, p.19). 9. I have realised that anger is a very important emotion in my individual therapy.
No 4	It is difficult for me to express my anger toward someone (including the abuser). It is part of my nature. I may get angry for a while and then do not feel angry any more.
No 5	Yesterday, I realised that I had so much anger and hatred when I listened to the psychodrama therapy session (about a year ago) again. I do have so much anger now about my abuse and my mother (the abuser). I guess that this is because I express my feelings in these years. I pour out the anger as if I pour out the rubbish from my mind (No 5-3, p.61).
No 6	1. I expressed my anger towards the abuser figure in the psychodrama therapy session. I feel much stronger after this process. I experience that I have power and I can actively do something for myself rather than feel powerless. This strength increases my self-confidence. Whenever I lose my confidence, this process reminds me that I have power (No 6-3, p.15). 2. I could do nothing when I was small. I was weak and could not protect myself. If I could go back to the abusive situation I would confront the abuser. In the psychodrama therapy group, I against the abuser with all my strength. I feel good about myself because I do something for my inner child through this action (No 6-3, p.26). 3. I found out that I have become braver after I expressed my anger toward the abuser in the psychodrama therapy group. I released my energy and I was able to fight back for myself. I became more positive in facing my difficulties in general (6-4. p.16).
No 7	1. After these years of my journey, I am able to love my inner child. My parents did not give me comfort when I needed it and now I have the ability to comfort my inner child and feel less angry with my parents (No 7-3, p.11). 2. I understood more about my parents' feelings and expressed my feelings in the psychodrama therapy session. I felt very relieved. I realised that I had two kinds of

	emotions at the same time, one was to love them and the other was to hate them. All my energy wasted on this struggling (No 7-3, p.11).
No 8	1. I always felt very frustrated when I stayed at home with my mother . She did not know my needs and my feelings. I got angry with her (No 8-1, p.2).
No 9	1. I was angry with my parents a lot because they could not educate their children well and only gave us food. I explored reasons for my anger toward them and my brothers (the abuser) in order to put my anger down. I have less anger toward my parents. They are responsible for the abuse but they are not the people that I can blame. This is because they did not have a good educational environment in their childhood, too (No 9-1, p.1). 2. I can get angry very easily. This is because I sense the outside environment makes me feel an unhealthy shame and guilt. I get angry in order to react against this shame and guilt (No 9-1, p.3). 3. I get angry if my family criticises me in anything (No 9-1, p.5). 4. My father cannot communicate with us in a rational way. He uses his violence and power. I feel very angry that he hit me and I am not a child any more. I am also angry with myself because I cannot fight back. I can only cry and feel sacred. I feel so powerless (No 9-1, p. 8). 5. I feel angry because there is no reason for me to feel fear but I do. I cannot understand. The abuse is in the past, how can I still feel so afraid. I feel angry with them (the parents and brothers) because they did not treat me in a right way. My parents did not educate my brothers in a right direction (No 9-2, p.31).
No 10	1. I cannot have very strong feelings of anger toward my uncle (the abuser). This is because he took care of me, although he hurt at that time. The other reason is because I did try to touch my younger brother. Thus, I understand the feeling of guilt. I believe that he might not have known what he was doing (No 10-1, p.8). 2. Sometimes, I think that I do not like to go home maybe because I have some anger toward my family. Recently, I have been thinking whether I should ask my uncle (the abuser) to apologise to me about his behaviour. This is because when he did that (the abuse) he was old enough to know what he did was not right but he still continued. I feel angry about this (No 10-3, p.3 and 4).
No 11	1. I express my anger toward men. We (survivors) bit pillows in the group together in order to express our anger. I felt good because I took power and fairness back. This reduced my feeling of anger and frustration (No 11-1, p.21, p.29). 2. One day in my house, I used play methods to deal with my anger with my parents and uncle (the abuser). I used my son's gun to kill them and later had reconciliation coffee with them. I could not really kill them in the process but my son helped me. I also changed my parents' name to names in the Bible to write it in my ID card. This game was not true but it was as if it were true in the process. I can let my feeling of hatred go after these processes (No 11-1, p.18).
No 12	1. Normally, I am very rational rather than emotional. Therefore, I do not sense much of my emotions. 2. I do not have much anger toward my brother. In the past, it might have been because of my suppression. Art time has gone on, I do not have any anger because I consider the whole event and I forgive myself. Therefore, I do not have anger (No 12-2, p.15). 3. Normally, I do not express my anger immediately. I will consider that person's limitation. I will try to communicate with that person later on and I feel that I am able to change something. I feel that I have power to change (No 12-2, p.16).
No 13	1. I felt that my grandfather forsook me because of his death. I was very passive and full of hatred. My school gave me a hard time. It was hard to survive in my school life (No 13-1, p.2). 2. I always fought with boys in my primary school. I was full of anger. I hated boys at that time. I am not sure why I was so angry with boys. One of the reasons may

	because my father only loved my brother at that time (No 13-1, p.11). 3. I feel angry when I hear of cases of child abuse or violence against women (No 13-1, p.12). 4. I tell myself that maybe the abuser had been abused himself or he did not know what he was doing to me. He was poor as well. Thus, I am able not to get angry with him (No 13-1, p.12). 5. Sometimes, I still feel angry with the abuser. I feel that the abusers are not human beings. They are worse than animals (No 13-3, p.13). 6. I did not sense anger but fear. I sense my anger bit by bit in my process of therapy. 7. I did not sense any anger when my counsellor did a session on anger issues with me. I became very angry the next day without knowing why (No 13-3, p.14).

23. I do not like the way my mother treats me and I try to change her attitude. I feel very angry because she does not change. She criticises me a lot and this makes me angry. I do not want to have an argument with her but she just does not change. If she changed I won't be hurt again by her attitude (No 1, p.51).

24. I cannot forgive the little girl (her inner child), whenever I think about her behaviour. She did not reject the touching (No 9).

25. I felt that it was very bad luck that this happened to me but not to others (No 7).

26. I felt very angry that this (the abuse) happened in my family (No 1).

27. I realised that I transferred my anger to my mother. I was angry with her and hated her because I was not able to get angry with my brother (No 3).

28. Sometimes, I am still afraid of my father, although I know that he is afraid of me now. I have been angry with my mother because she said nothing and did nothing about the abuse (No 1).

29. I cannot blame my parents because I still love them. They did not have a good education. I guess that this society should take the responsibility for child sexual abuse. This society needs to educate people (No 11).

30. I remind myself that I am an adult now and I have power. I also start to analyse rationally why that person makes me feel scared. I will feel stronger (No 13).

Section 13.6 The issue of sadness

Table 13.6: Narratives of sadness by the participants[6]

No 1	1. I feel so sorry and sad for my childhood and the experience of incest. 2. I feel very sad that my mother cannot support and accept my emotions and experience of abuse with a positive attitude. 3. I feel very sad that my uncle and mother put me off to present their love.
No 3	1. I felt very depressed and sad about my life and childhood. 2. I feel very sad that my mother cannot support me when I had shared my experience with her. 3. I feel sad because I lost my childhood. 4. I felt so sad after I know why I was so depressed in my life.
No 4	1. I felt very sad because my ex-boyfriend could not accept and support me about my experience of abuse. 2. I feel sorry for myself about the experience of abuse.
No 5	1. I felt very sad that my mother gave me away for at least for three times in my childhood. 2. I feel very sad why my mother had sexually abused me in my childhood. 3. I feel sad about the abuse and my unhappy childhood. However, if I can give myself a good life at present time, it is good enough for me.
No 6	1. I feel so sorry and sad about my relationship with my first lover (a girl). We were not able to keep a friendship. 2. I felt so sad for myself that I was so powerless in the relationship with my first love.
No 7	1. I felt so sad for my childhood because I became very lonely and isolated I lost my self-confidence. If my parents had a right attitude to deal with the rape with me. I will have a different childhood. I feel sad about this as well.
No 8	1. I feel sad when I look back. If I was mature enough, I might have a successful relationship with my first love.
No 9	1. I feel sad for my body because she works very hard to protect me from any possible harm. She is very poor so I have to take a good care of her. 2. I feel very sad that I have to be very careful to protect myself at home in order to survive there. People can feel relax at home but not for me.
No 10	1. I feel very sad that I had lost my childhood and virginity. 2. I tend to isolate myself from others and become very depressed. I feel sad for this tendency. 3. I feel so sad and sorry for my experience of abuse. I wish that my mother knew my experience and comforts me. However, it is impossible. I feel sad about this as well.
No 11	1. I felt that I lost my right to love a nice man because I was not a virgin. 2. I feel sad about the abuse when I listen to the psychodrama therapy cassette again. 3. I feel sad that my life seems to become the other colour flower due to the abuse rather than my original colour. Although the other colour is beautiful, I wish I had my original colour.
No 12	1. I felt sad about what had happened. I still feel sad when I think that I have

[6] If the writer use present tense it means that the participant have this feeling during the interview sessions. If the writer use the past tense, it means that the participant had this feeling before or during her childhood.

	difficulty to have a close relationship with male friends.
No 13	1. I feel very sad and great regret because no one in my family had loved me in my childhood, apart from her grand father. 2. I feel sad because I have been scared to tell my family about the abuse at that time. I had imagined that they might forsake me because of my experience.

31. I realise that I have isolated myself from my experiences in order to 'deal with' them. Therefore, although I spend so much energy on it, I just push them away. I recognise that I need to get close to my inner world and inner child with my passions rather than with knowledge (logical thoughts). My inner child needs to be accepted and understood by me (No 3-3, p.21, 22).

32. I wish that the abuse did not happen but it has happened already. I cannot change it. In the past, I could not admit it so I had to use so much effort on it in order to separate it from my mind. I do not need to waste my energy doing this any more (No 3-3, p.5).

33. I have realised that everyone is responsible for oneself when I listened to the cassettes (she translates the interview cassettes for me). For instance, I feel so sorry and sad for participant No. 5 but all my feelings will go away after a period of time. She (No 5) is the only person who can carry her story and work out her own issues. Therefore, I realise that I need to give people and myself more space. It means that I give space to myself to accept myself rather than to blame myself. I also give others space, for them to be able to take responsibility for their lives. I intend to accept the things (or impacts) that I am not able to change at this moment (No 3-2, P.11).

34. My mother gave me to an old couple and I did not know my mother had forsake me until the night time. I was very scared and cried. The couple said if I continued to cry they would just throw me out to feed the dogs. I was full of terror. I did not know what would happen to me, I did not know where I had a place for me to sleep and where found food. I even feel sad at this moment. However, I have to face it. This is part of life. Everyone has different experiences and each of us needs to face our own experience. I need to face it and to accept it. If I can treat myself better to repair what I have lost, it is good enough for me (No 5-1, p.4).

35. I have learned to accept what has happened because I cannot change it (No 5-2, pp. 46, 47).

36. Sometimes, you just cannot understand why something bad happened in your life. Therefore, I may have to let some experiences go and not hold onto them (No 5-2, p. 37).

37. I realise that how I perceive things will affect my feelings and coping methods toward them. If I perceive things in a very negative way, I may lose my motivation to change them. If the other way around, I can encourage myself to do something for myself (No 13-2, p.21).

38. Life needs new things to come in. This will help the old trauma go out from the person's life. If a person does not have new experiences in life he or she just keeps all the old things. The abuse is not the victim's fault. On the other hand, if he or she does

not increase new insights for oneself, it will be their fault (No 12-2, p.1).

39. What is the meaning of forgiving myself? I accept my physical responses and needs. Thus I got into the temptation. After all, I followed my physical needs to have this relationship with my brother. Moreover, it was very difficult for me to speak out due to my age so I did not have the ability to do so. Also I tried to keep my family safe. If I told my parents at that moment, I do not think that they would have been able to handle this. Therefore, the abuse continued because it did not threaten my life. I already did all what I was able to do at that time No. 12-2, p.6).

40. I blamed myself because I did not reject my brother, enjoyed my body's feelings and even sometimes expected this. However, I told myself that it was very natural for my body having this feeling. My body's needs do not mean that I tempt my brother. I did not know what to do in the beginning and did not reject him later. This process does not mean that I tempted my brother (No 12-3, p.1).

41. I cannot change what has happened already. I can change my thoughts and views about this experience. I feel that it is very important how you view your experience in the process of recovery. I have made a big change in my attitude toward this experience. I feel comfortable to be with my experience. I am able with myself, and to accept myself. I do not care too much how other's view my experience and me (No 12-3, p.5).

42. The turning points for me in my journey are from self-blame to self-acceptance and to accept the sex feelings in my body. Although, sometimes, I feel helpless to accept all these I have to learn to accept. I do not want to have had these experiences, but they happened (No 12-3, p.7).

43. It is very difficult to say what is fair or unfair in a human being's life. Many of my friends are willing to share their inner self with me. They trust in me. If I had not experienced this abusive there is no point in spending all of my money and time to get a deeper understanding about human beings. (No 1, p.54.)

44. I am able to understand people with similar experiences and develop a better ability to accompany them. I develop wider and deeper understanding of human beings (No 4-2, p.15).

45. I give myself more space and forgive myself. I know how to protect myself from harm and love myself more. I have become mature, although this process has been very painful. However, I am more capable of helping others and have a deeper understanding about human beings. My life still has a long way to go. I have been through my pain and I am becoming better and better. This is a good feeling that I feel myself gradually becoming better (No. 7-3, p.5).

46. As a Chinese saying goes 'if you will become a great man, you have to pass trials in your life'. This is the way that I view my experience of abuse in my life (No 9).

47. The most important direction in my life is that the ability to give love rather than to complain about my past and my parents' neglect. In the same way, it is not necessary that a man needs to take care of a woman rather than the other way around (No. 11-2, p.20).

48. The more I can understand myself the more I can understand others. Therefore, I focus on myself and to understand my inner world and all my experiences from the past (No. 13-1, p. 15).

49. I believe that every suffering has its meaning. I ask what I can learn from this suffering so I can jump out from the painful event itself. Moreover, I am able to consider the meaning of this even in my life. I will have more patience to wait for the meaning to appear. I am not in a hurry to see the meaning of the event. If the meaning does not appear, it does not mean that it is a meaningless painful event. Therefore, I am willing to wait. I will use different methods to cope with the feeling of pain. Although I still feel pain, I have hope to wait (No 12-3 p.11).

50. I have dealt with my impacts of the different types of abuse since my childhood for 8 years. I feel that now is the time for me to do something else, rather than to stick myself in the past. I am also able to create and increase my happiness in my life. I feel that I am able to let the past go to the end and start my new life (No 1).

51. I seemed not to have a life history and a future because I separated myself from the past and the future. I can sense my life history and my future once I do not separate myself from the past. My life starts to move like a fluent river rather than a stagnant pool (No 3-3, p.6).

52. In this period of time, my feelings of past and present come out of my mind a lot. I realise that I developed an ability to distinguish the past and the present. I realise that all the experience of the past is really past already when I am in a flashback situation. I felt that the past experience always stock on my body and mind. I feel that I am separated from the past (No 3-2, p.12, p.13).

53. I am able to separate many past experiences and people from myself. In the past, I mixed them all together (No 3-2, p.15).

54. I become more and more able to develop my cognitive (rational) and spiritual development. I hope that I am able to put my experience of abuse into a container with my rational ability. Although there were some repeated feelings in my relationship with my ex-boyfriend, I will put these in a container because I have dealt with them already. Therefore, I am able to spend more time with my own sense of 'self'. For instance, my self-confidence and self-image are not good enough and how I can help myself in these matters (No 4-12).

55. Life has many things to do. I do not want to deal with my experience of abuse throughout my life. Some of it cannot be dealt with. I will accept them and leave them (No 5-1, p.8).

56. The only way is for me to face my difficulties and work them out (No 5-1, p.8).

57. I believe that sex or sexual abuse is not everything in a person's life. As human beings, we are valuable in different things and contents. We learn different tasks in our lives and not just to overcome the impacts of sexual abuse (No 10-2, p.16).

58. I consider the meaning of life a lot. I think that I do not need to use the hurt to explain why I cannot do something well. I still believe if my life is going ahead, the hurt will be past (No 12-2, p.13).

59. Now is the time for me to go ahead for my new life. I feel that any person should do something good for this society. I can be a helper and not just a survivor in this area (No 11-3, p.6).

60. I realised that my difficulties were not because my mother did not help me at that time (when the abuse had happened) but because of my experience of abuse. I have learned to give up my expectation on my mother gradually after I realised that some group members transferred their anger to their mothers (No 3-2, P.7).

61. I can talk to my second older sister about my feelings towards my experience of being counselled, my mother and my experience of abuse. She understands me and supports me (No 3).

62. My two younger sisters are very supportive in these two years. They always phone me and care about me. I feel much better. They say that my mother is old already. Thus, it is not helpful for me to talk to her again about the past but I can talk to them (No 5-1, p.18).

63. I had stress management training in hospital. It is very helpful for me to assess my own stress and to reduce my stress with some methods. For example, I write it down and I set my timetable to deal with my stress situations one by one (No 5-1, p.11).

64. I am very lucky that I have sisters. I have shared with them my conflicts and feelings since I was in high school. They are very important to me. They support me (No 6-3, p.3).

65. I shared my flashback with my colleague and she was very supportive. One of my friends wrote to me to encourage me. This support helps me to calm down my emotions (No 13-1, p.17).

Section 13.7 The issue of loneliness

Table 13.7: Narratives of Loneliness by the participants[7]

No 1	1. I felt lonely because of my low-self esteem, family background (poor), and my experience of abuse. 2. I was very isolated from my peer group because of my low self-esteem.
No 3	1. I felt lonely when I realised that I was able to separate from my mother two years ago. 2. I isolate myself from other people in order to experience my feelings and emotions.
No 4	My loneliness was the most difficult task for me.
No 5	1. My mother passed me to different families and this experience caused my loneliness. 2. I moved to different places during my childhood so I did not have the chances to have long-term friendships. 3. My childhood experiences caused me to become a very sensitive person. So, I have difficulty making friends because of this sensitivity. 4. The abuse and the other negative childhood experiences caused my loneliness. 5. I feel that I do not have much connection with this world. 6. I felt very lonely when my mother passed me to different families and I missed my grandmother a lot.
No 6	1. I love girls more than boys since high school but I could not show it. Thus, it was a very lonely feeling.
No 7	1. I guessed that my peer group did not like me because I felt that I became a strange person as a result of the rape. 2. I took my inner child with my counsellor after I started being counselled so I felt less lonely. 3. I lost my confidence after the abuse and could not do well at school. So, I became very isolated and lonely.
No 8	I felt lonely when I did not have stable love in my life.
No 10	1. I was aware of my loneliness since I was a child. I asked once for the abuse because I wanted love from the abuser. 2. I realised that I was very lonely in my family during one of the psychodrama therapy sessions. 3. I tend to isolate myself from friends when I am depressed. 4. I realised that no one can solve any problem for me, although they can keep me. 5. I wish that I could have a nice partner to overcome my loneliness. 6. I think that it is not enough to overcome my loneliness, even though I have a strong inner self. 7. My birth order and abuse affected my tendency of loneliness.
No 11	1. I felt very lonely when I thought about my experience of abuse. 2. I lived in a confused and lonely situation in my childhood.
No 12	1. I feel that I am alone in my family. 2. I feel lonely because I do not have a close male friend and most of my close female friends are married already.

[7] If the writer use present tense it means that the participant have this feeling during the interview sessions. If the writer use the past tense, it means that she had this feeling before or during her childhood.

No 13	1. I was a lonely child after my grandfather died. 2. My dreams keep company with my loneliness.

66. I can gradually be easier with myself and I talk to myself more. I comfort myself with nice language and make myself do something else. I allow myself to feel happiness and the self-blame decreases also (4-1, p.8).

67. During the time of loneliness, there is no affection and no man loves me. I tell myself that is OK. I will hug my doll (as my inner self) and cry. I tell my self that I understand you are feeling very sad and lonely. I feel better after this and I can go to work the next day (4-1, p.8)

68. I do not know how to comfort my inner self when I feel very hopeless. I just do not think about it. I will say to myself that it is very normal to have this kind of situation and feelings in life. I have more energy to try things out after I have these thoughts. I also say to myself that my inner situation is not well now so I view things in a more negative way. I will try to calm down first (No. 10-1, p.30).

69. I have got positive feedback from different groups and members. The positive encouragement has helped me to develop my positive self-image. They have been very new experiences to me because some people have viewed me as a nice person. I have increased my self-awareness through different self-developmental groups. I have understood that each of us bears our own pain in life. I feel less lonely and isolated and in my own pain (No. 1, p.11).

70. I felt less isolated after I joined the therapy group. I can see myself clearer because of group discussion. I know that I am not alone in this world after I witness members in the group (No 3-4, p.10).

71. The interaction between the group's members and me has helped me to feel that I am similar to others. I am not a strange person in this world. I feel less lonely (No 3-1, p.13).

72. I got in contact with my sisters again about four years ago. They phone me very often when I am not feeling well. I can sense their support and care (No 5-1, p.18).

73. I felt that I was alone in this world. I had no connection with others. I have learned to interact with different groups of people, for example, my friends in hospital, my colleagues in my work place and my friends on different courses. The trust is increasing and the fear is decreasing in my life (No 5-1, p.22).

74. My sisters are my best friends. I can share everything with them. They understand my thoughts and feelings (No 6-1, p.2; 6-3, p.3).

75. I know that I have a very high expectation of my future partner. I think that if I reveal my inner needs to him this is a way to take care of my inner child. In any case, if I did not have a partner I might be in trouble. Anyway, I will improve my interpersonal relationships first. I can build up affection between friends and me. I used to think if my inner self is strong enough I should be OK. I find that it is not enough because my inner self needs others' care (No. 10-1, p.30).

76. I had social skills training when I was in hospital. It helped me a lot in my interpersonal relationship. I know my boundaries with others. I learned to ask help from others when I was in hospital. I learned to accept others' care. I continue to practise to give and to take others' care in my work place. I feel very happy (No 5-1, p.21).

77. I was very happy that I had been accepted by the patients in hospital. I was able to accept others because of these experiences in hospital. I witnessed that they had been accepted by workers and doctors, no matter how mad they were. Therefore, I tried to close to works (nurses and doctors in the hospital) and play around. They really accepted me (No 5-2, p.25).

78. God is like my close friend. I can talk to him whenever I meet problems in my life. I also can complain to him. Therefore, I do not feel lonely. I felt very upset when I separated with my ex-boyfriends. I talked to God about my feeling of hopeless and upset. However, I maintain a hope in a hopeless situation in my prayer life. I know that I am not really in a hopeless situation (No. 2-2, p.20).

79. I feel that my Lord is my best friend. I can talk to Him whenever I feel lonely. Therefore, I am alone but I do not feel lonely (No 4).

80. A Catholic father does the inner healing with me. One of my friends prays with me when I feel very lonely. They are all helpful to me. However, there is no-one apart from God with me all the time in the valley of my loneliness and hopelesness. Thus, I start to believe, He (She) is there with me and He understands my pain. I begin to talk to Him. I seem find a "home" for my loneliness. (4-1, p.8).

81. I can go cycling alone or do shopping for myself. I designed my own room and made some changes. I can have a nice bath with music. I dress myself up and I am able to sense a feeling of happiness (No 4).

82. I go to the gallery alone and I enjoy it. Sometimes, I go back to the hospital to see some of my old friends and talk to them. I feel good (No 5).

83. I can do many things at home. I can read, play with my computer games, and I can have fun with my niece and nephew (No 12).

84. I stop blaming myself now. I can distinguish loneliness is an issue for everyone in this world. It is not only for me because I am a survivor of sexual abuse. I have become more rational in my thinking (4-1, p.8).

Section 13.8 The issue of security

Table 13.8: Narratives in the issue security by the participants[8]

No 1	My family could not give me security. My friends, my experience of being counselled and my religion has built my security gradually.
No 2	My parents' love is giving me a secure foundation.
No 3	1. I felt that I could not control my own body. 2. I feel very nervous when I walk on the street. I was afraid of people looking. 3. I hope that I can become independent financially.
No 4	1. My family's love gave me a foundation of security.
No 5	1. I had a sense of security when I lived with her grandmother before my age of six. I lost this feeling after I lived with my parents. 2. I have learned to manage my emotions so I feel more secure. 3. I am independent financially so I feel a sense of security.
No 6	My family's love provides a foundation of security.
No. 7	1. I lost my security because my family's negative attitude to my experience of rape. 2. I have reconciliation with my family about three years ago. I also realise that many nice friends around so I can have security again.
No 9	3. I felt very insecure when my parents left me at my aunt's home alone. 4. I feel insecure when I am alone at home with my brother. 5. I needed all my boyfriend's attention due to my feeling of insecure. 6. I feel insecure when I wear something nice at home. I feel that my brother may attack her because of this. 7. I feel secure because I have good qualification.
No 10	1. I used 'escape' or 'flight away' from my mind to feel safe. 2. I have a nice to help me to be independent. I also have a few close friends to help me to have security.
No 11	1. I feel that I am married to safety rather than a lovely man. In other words, I chose my husband because he gave me a sense of safety due to his financial background. 2. I did not have a feeling of security because of her parents' neglect. 3. Safety is more important than others for me are. 4. My God helps me to have a peace mind and to feel secure.
No 12	1. I still remember the feeling of being loved by my family members. 2. I have a stable job and my finances independent.
No 13	1. I always woke up in the mid-night during her childhood. 2. I used like to hide myself under the table to feel safe during my childhood. 3. I feel that I wore her 'armour'[9] to protect herself. 4. My family did not provide security for me. 5. I have reconciliation with my family about two years ago.

85. Everyone has their own life tasks to work on. Many life tasks are for everyone, not only for the survivors of sexual abuse (No 5).

---

[8] If the writer use present tense it means that the participant have this feeling during the interview sessions. If the writer use the past tense, it means that the participant had this feeling before or during her childhood.

[9] In terms of 'armour' means her defence mechanism.

86. I needed to divide my heart into many boxes and put my different pressure into different boxes before my experience of being counselled. I have no longer needed to divide my heart into sections after I dealt with my pressure. My heart becomes a whole rather than many boxes (No. 3-4, p.12).

87. I married my husband because of security. I realise that I always keep one of my hands empty in order to protect myself from attack by others at any time (No 11-1, p.2).

88. I realise that my body remembers my experience of abuse. For instance, my legs will tangle with each other if I am still asleep when my husband wants to have sex with me during the night. As soon as I remember that my childhood experience is already past, I do not have feelings of fear (No 11-1, p.3).

89. I went with a small group to Europe. That was a self-help-travelling group. We helped each other. This experience gave me a great confidence. The light shined into my sky (No 1, p.19).

90. I have got positive feedback from different groups and members._The positive encouragement has helped me to develop my positive self-image. They have been very new experiences to me because some people have viewed me as a nice person. I have increased my self-awareness through different self-developmental groups. (No. 1, p.11).

91. I did not know who could help me because even my parents (I trusted them the most) could not help me and comfort me. I did not know whom I could turn to. I am more willing to trust in people because I have met many nice people (No. 7-3, p.).

92. My managers gave me encouragement both in words and in a financial aspect. One of them fought for my salary with the director. This action gave me a message that I was good (No 1. p.12).

93. I never feel regret that I have spent so much time and money to deal with my inner self and the aftermath. I know what I am doing and what I want. Although others might not know, I know that I want to heal myself. It was very painful but I went through it. I have confidence about myself and I have a deeper understanding about human beings (No 1, p.45)

94. I found out that I have become braver after I expressed my anger toward the abuser in a psychodrama therapy group. I released my energy and I was able to fight back for myself. I became more positive in facing my difficulties in general (6-4, p.16).

95. My family's love is a very important foundation to help me trust people and my sense of security (No 4-2, p.8).

96. I remembered all their (my parents) language and attitudes when the rape happened. These scenes were repeated again and again in my mind as a film. This affected my self-esteem. I gradually threw this film away after I had talked to my parents last year and they said sorry to me. I believe that they were too nervous to deal with the situation and they still love
me (No. 7-3, p. 10).

97. It is unfortunate that I was born into that kind of family. It is fortunate that I have worked (the interviewee used the word 'walked' rather than 'worked' as her metaphor) out my own way and many people have helped me. I am proud of myself that I create a way for myself. Each life has its own points that a person needs to develop by him or herself. I do not know how I can help others but I will do my best to settle down my own life and spirit. I want to be my real self, to love myself, to have confidence and to have rational thinking. I can take responsibility for my life. I do my best to think about the positive part of this world and create a nice part in my life. I know so many tragedies already. Therefore, I do not want to think about the negative part of this world. Otherwise, it can make me vulnerable again. I need to settle myself down first (No. 5-2, p.53).

98. In the past, I did not allow myself to feel or to express my sadness. I found my 'real' self. I am able to be honest to my own feelings. I take off my mask. I do not try to change anything with all my energy because I will change gradually. As long as, I love myself enough and encourage myself, I am on the right path (No 7-2, p.10).
I relieved a lot of stress within my mind. I do not have as much hatred as before (No. 7-2, p.10).

99. I went to the USA for a year. I become a Christian there. I feel that I can rely on God. I believe God loves me no matter how good or bad I am. I can talk to God and I can share myself with brothers and sisters in my Church. I have felt more stable within me. I also feel more peace in my relationships with others and God (No. 1, p.26, p.35).

100. God gives me peace in my unstable journey. I think that God is more powerful than I am. I feel that my God takes me back to his kingdom. I have been writing my diary for many years. I feel as if those survivors are children without mouths. Thus, I write my dairy to express myself (No 11-1, p.33).

Section 13.9 The issue of sexuality

Table 13.9 : Narratives in the issue of sexuality by the participants

No 1	1. Whenever I though about marriage, sex came into my mind. I felt that sex was very dirty. 2. I internalised a healthy concept of sexuality in psychodrama therapy session. 3. The teaching of sexuality in my religion is healthier and positive than the message in society.
No 2	1. I started masturbating when I was in year 6 of my primary school. 2. I had a flashback when I was physically intimate with my boyfriend (husband now) the first time.
No 3	1. I felt that I had to please men. I was not as nice as they were. 2. I always very nervous if any men go pass me. It is a bit better. 3. In my dream, I wish to be intimate with a girl but I am very nervous.
No 4	1. I was afraid that I was a lewd woman because I wanted the physical intimacy. 2. I blamed myself about my eager of masturbation and the physical pleasure.
No 5	1. I used to believe that men came to me for sex and hurt me only. 2. I used to believe that I was a lewd woman since I was a child because my grandmother said this all the time.
No 6	1. I am afraid of physical intimacy with male friends. 2. I do not want to be married because I cannot. I like girls but not men. 3. I am so afraid of men's penis. 4. I do not like to watch erotic films. I feel very sick. 5. I cannot take off my underwear when I masturbate due to my experience of abuse. 6. I feel very guilty when I masturbate. I feel that it is not the right thing to do.
No 7	1. I involved in sex with my first boyfriend to avoid my psychological pain when I was in my university. 2. I was always seeking a strong man for me to rely on. 3. I felt that I was powerless than male.
No 8	I did not feel comfortable the first few times I had physical intimacy with my husband. I ignored the feelings and later on I had no problems.
No 9	1. I feel safer to be with girls or gay men than hetrosexual men. 2. I am afraid my private part being touched by my boyfriend's private part. Even though we do not take off our trousers I still feel scaring. 3. I do not like my female characteristics because they make me feel vulnerable in society. 4. I have masturbated since I was very small due to my experience of abuse. 5. I feel that my inner organ has been damaged by the experience of abuse. 6. I am afraid to relax when I have physical intimacy with my boyfriend; I may loose my ability to protect myself because I am not careful enough.
No 10	1. I do not like to reveal my female characteristics. I do not feel safe. 2. I feel that I am weaker than male gender. 3. I hope that I can find someone stronger for me to rely on. 4. I have realised how nervous I always am when I have a date with a male friend.
No 11	1. I use to have flashbacks when I had sex with my husband. Now is much better.

	2. I feel a man is stronger than a woman is. I feel that my son can help me but not my daughter. 3. I have realised that my body remembers the experience of abuse. Therefore, I close my legs very tight unconsciously. 4. I felt that I did not have a right to choose a 'nice' husband due to my experience of abuse. 5. I realised that I never used a mirror in my daily life. I started to use it and gave it to my children to use as well.
No 12	1. I do not know how to talk to male friends and I always become very nervous. I feel very sad about this.
No 13	1. I feel sick when I think about sex personally. It is fine if I view it in an academic way.

120. My family also scolded me all the time with sexual words. My grandmother said that 'it is my nature and my destiny to be a prostitute and I will be used by men' and 'I will be a lewd woman and will run away with a man'. I was so scared about any word connected with men, women and sexual organs. Moreover, my mother always said that 'I will sell you when you are 15'. I ran away when I graduated from primary school. The police took me back and my mother scolded me saying that I ran away because of men. The abusers (my family's friends) assaulted me. They came to me in order to satisfy themselves. They threatened me and hurt me on purpose. My low self-esteem, interpersonal relationship problems, and irrational thinking about men were because of these experiences. As a result, I have had difficulties in dealing with my emotions and thoughts (No. 5-2, p.42).

121. I was very poor and helpless. No one could understand what had happened to me. I do not want to understand why all these experiences happened. I want to have a stable life in physically and mentally. In the very beginning, I thought that my nature was bad and that I would be a prostitute as they (mother and grandmother) said. Later on, I started to wonder why I should be like this. If I had not had these experiences, my life could have been better than it is now. I should have had good care from my family because that was my right. However, I do not think about all these questions. It will be more worthwhile for me if I use my energy to create my own future rather than to think about these questions. I can create and seek my own happiness. It is not a tragedy if I cannot find my happiness. It will be a tragedy if I do not seek for it (No. 5-2, p.44).

122. I used to think that if a man invited me to go out or was nice to me it meant that this man wanted sex from me that's all. Thus, I rejected them. I have read books and listened to different speeches. I felt there was something wrong in my ideas about sex. Once, we listed all the irrational thoughts about sex in the group. I started to consider my own ideas about sex. I have started to think about sex in a healthier way. I also have tried to change my behaviour. I take the initiative in making relationships with male colleges. I have learned bit by bit what is the right behaviour and what harassment is between men and women. I am not scared of relationships with men. I know that they come to me not necessarily for sex. The rational thoughts about sex are a foundation for me to change my attitude to sex (No. 5-2, p.26, and p.27).

123. I feel more comfortable with my self and my body when I see my body that it is a 'human being's body' rather than a 'woman's body'. Society and culture give a woman's body some particular meanings. They also control and use a woman's body. I

am seeking a human being's meaning for my body. This meaning is beyond culture and society's value of a woman. I want to develop my own system of making meaning to view my experience and myself. This meaning making system is beyond culture and society's value and it is from my inner self. If I can have my own meaning making system others' value system cannot hurt me or affect me (No. 9-4, pp. 8, 9).

124. I understand that my fear of pregnancy is not based on reality but I am resistant to changing this fear in my heart. If I change this method of coping it implies that this method is not right. I would feel very powerless if I needed to admit that my method is not right and I have used it for many years. I listened to a speech and you also say that the methods of coping might be suitable for that time but may not for the present time. It means that there is nothing wrong with this method. I change my method because I can choose the most suitable one rather than because the previous method is wrong. Then, I feel more powerful to be in charge of my life and my own ideas. I can choose and I have the right to choose what is the best for me. I also consider that what I see and what I feel may not be the truth of the matter. My feelings are very real but they are not necessarily the truth of my unsolved issues. There is no truth. It depends how I view it. Therefore, I am more willing to view the unsolved issues in my life in a more positive way in order to help myself to have an easier life (No. 9-5, pp. 1, 2).

125. The fear may form so that I do not notice whom I have physical intimacy with in the present time. If I remind myself that I am with my boyfriend but not my brother, I may have less fear of pregnancy. However, it is very difficult for me to stay in the present time. I find it very difficult to take myself back to the here and now (No. 9-2, p.21).

126. She (mother) scolded me, grabbed my hair and pushed my head down the toilet. She said that "eventually, you will know how hard it is to be a woman, you will know how difficult childbirth is". I had been scare of my periods, children and being a woman. I had felt that it was my fault for being a woman. I had felt that I was not a 'normal' person physically and mentally (No. 5-2, p.38).

127. My family also scolded me all the time with sexual words. My grandmother said that 'it is my nature and my destiny to be a prostitute and I will be used by men' and 'I will be a lewd woman and will run away with a man'. I was so scared about any word connected with men, women and sexual organs. Moreover, my mother always said that 'I will sell you when you are 15'. I ran away when I graduated from primary school. The police took me back and my mother scolded me saying that I ran away because of men. The abusers (my family's friends) assaulted me. They came to me in order to satisfy themselves. They threatened me and hurt me on purpose. My low self-esteem, interpersonal relationship problems, and irrational thinking about men were because of these experiences. As a result, I have had difficulties in dealing with my emotions and thoughts (No. 5-2, p.42).

128. I do not think that a woman is inferior to a man in society. I had felt that a woman was under more pressure in society. I hated myself for being a woman. I feel men and women have similar pressures after these years of my journey. To be a woman, it is as good as to be a man, if I can deal with my life well and take good care of myself (No. 5-2, p.39).

129. I said to myself that I was similar to others but I still did not feel that I was confident of myself. I asked myself why I have not had confidence, why I have withdrawn from people and why my emotions have been up and down. I did not have the answer when I was in high school. These emotions are still there, but I am in charge. I know why I have these emotions and why I am different from others after two years of therapy. I am not overwhelmed by these emotions. The degree of fear of people decreases gradually. I lost my purity of childhood. It has been impossible for me to be a child. This has made my emotions going up and down (No. 3-1, pp. 11, 12).

130. I can deal with the feeling of fear better. I can accept the fear and anxiety and I know where they are from. I had nightmares all the time. It took up most of my energy and I felt exhausted after I waked up. I feel much better now and I get more energy after I wake up. I have learned to relax myself. I could not relax when I needed to relax. Therefore, I would burn out before I needed to concentrate on something important. Other people might not be able to trust me due to the fact that I got nervous easily. Therefore, this has affected my interpersonal relationships (No. 11-2, p. 14).

131. I still have difficulty trusting other people. It is a bit better than before because I understand why I cannot trust people. It also becomes better because I admit (accept) that I have this difficult to trust people (No. 11-2, p.14).

132. I have realised that some stuff can induce my fear and anxiety. Those are scapegoats. For example, I was scared to see a doctor. Actually, this was because I experienced the feeling of powerlessness again and I was anxious that I could not fight back. I viewed the powerless situation with an understanding of being 5 years old (the age of being abused) rather than the understanding of being a 38-year-old woman. In other words, there is a deep trap that is full of fear in my mind and I had entered this trap unconsciously. Thus, I always spent my energy running around inside the trap. I have learned to stop running and have used my energy to climb up from the bottom of the trap. I have learned to judge events with my understanding of a 38-year-old woman rather than a five-year-old child. I have realised this trap and I am less anxious, when I am inside the trap because I know how to climb up from it (No. 11-3, p.4).

133. I experienced a feeling of flowing in my life when I was in the psychodrama therapy group. I was too rigid and 'stuck (fixed)' myself in the moment of being abused (in the world of my little weak inner child). This experience has affected me a lot. I realise that a healthy life should be flowing. I could not continue with happy feelings but I could easily experience my sadness all the time. This was because I was worried that may something bad happen when I was happy. I have learned to stay and enjoy my happiness. I like my roles and my duties at the present time and my adulthood life (No. 11-3, p.5).

134. I had held my inner weak little child very tightly for two years. It was very natural because I needed to protect her (she uses a doll as a symbol). I have felt safe gradually. Thus, I do not need to hold her as tightly as before. I can put her down. It is a nice feeling that she can accompany me whenever I am alone. Thus, I do not feel lonely. If my husband comes to me and wants to make love with me, I can put her aside. I do not mind at all because my husband cannot make love with me 24 hours a day or every day. Thus, I still have private space with my inner child (No. 11-3, p.5).

Appendix D: Narrative in Chapter 14

Table 14.3: Relationship with this world

No 1	1. My world was dark ten years ago because of my experience of abuse and family relationships. 2. I have learned to change what I can change and to leave what I cannot change. I believe that my God will carry my burden with me together so I do not need to worry about things. I believe that the Lord will give a best way for her.
No 2	I still believe that this world is a nice place because most people are trustworthy. I believe that I could still trust in people after my experience of abuse because I lived in a loved environment, for example, the church and my family.
No 3	1. I am scared of people looking at her so I use the feeling of hatred to overcome the fear. 3-2, p. 2 2. I have realised that whether people like me or not, this cannot change my inner self because no one can carry any of my experience or emotion for me. 3-2, p.11 3. I have learned to distinguish the present and the past. 3-4, p.1 4. I thought that the God should help me in my will and in my way. I allow the God to help me in His (her) way. 3-4, p.15.
No 4	I had felt that I was a survivor of sexual abuse and I was proud of myself because I went through a process of recovery in dealing with my experience. However, I identified myself as a member in this universe rather than a survivor from two years ago. Therefore, I perceived myself as a 'person' rather than a 'survivor'.
No 5	1. I have felt that I was alone in this world and without any connection with others. 5-1, p.22 2. I have learned to think about the positive parts of this world. I believe that I am able to take responsibility for my own life. I have helped myself to have peace in my mind. 5-2, p. 53 3. I have experienced that my family and the whole environment are changing. If something cannot change at this moment, it does not mean that it cannot change in the future 5-3, p.62
No 6	I do not trust that this society will accept a lesbian so I will continue to keep this secret in order to protect my family and myself.
No 7	I did not trust people but I have learned to trust people again after these four years of my process. I have found that there are still many nice people around me.
No 9	I realised that I internalised society's value system to criticise myself so I have externalised this value system.
No 10	1. I feel that I am very weak and vulnerable compared to others. 10-1, p.9 2. I realised that no one could cure or carry my psychological pain for me, although my friends could keep company with me. Thus, I needed to rely on myself. 10-1, p.12 3. My work gives me great satisfaction. 10-2, p.9
No 11	1. I did not trust human beings so I enjoyed being alone. 2. I could never relax in my daily life and I did not know what I was worried about. 3. I feel that my inner world and safeties are more important than the material world. 11-1, p. 2 4. I believe that the God will make everything into good in the end. I have this faith after I go through my journey in these years. 11-1, p.30, p31. 5. I perceived that men are stronger than women are. 11-3, p.2 6. I feel that it is the time for me to change my victimised role to a helper's role in this society. 7. I believe that the truth of my life is to give love rather than to complain about my past. I have this belief after I go through my process in these years11-2, p.20.
No 12	1. I believe that a human being's life always needs new things to rich our experiences. Therefore, the life can go forward and the experience of hurt can become lighter. I also

	believe that a person is not responsible for what had happened but is responsible for her own recovery. 12-2, p.1, p.12. 2. I tend to view others' needs before my own needs and I have tried to change this. 12-2, p.10 3. Although I had suffered from the experience of abuse, I feel very thankful for what I have, for example my health, my knowledge and understanding about human beings.
No 13	1. I stayed in my own world with my dog in my childhood and did not have much communication with the outside world. 2. I believed that everyone needed to rely on herself or himself after my grandfather died. I identified myself as a strong person figure, although I felt weak within. 3. I felt that I wore armour since I was small and no one could protect me. Thus, I needed to protect myself. 4. I want to have peace in her daily life. If I forgive the abuser, I will have more peace because I do not need to get angry or to feel fear. 5. I felt that if someone loved me or was nice to me, they would go away from me in the end. 6. I realised that everything depended on how I perceived it. My perception influenced how I feel.

Table 14.4: Relationship with their parents

No 2	1. I have had a very good and close relationship with my father since my childhood. 2-1, p.1 2. My parents easily become worried and I have this tendency. 2-1, p.2 3. My parents' anxiety always affects my emotions. 2-1, p.3 4. I also has arguments because my parents' and her husband's attitudes are different in many things. 2-2, p.29 5. My parents' communication style is worried about things rather than to resolved things. I have this tendency when I communicate with her husband. However, I have tried to change myself. No 2-1, p.2 6. My family's religion has positive effect on my parents' relationship. I feel that I am in a loved family. 2-2, p.27,28
No 3	I guess that my father liked beautiful and intelligent children but I was not the one. 3-1, p.7, 8
No 4	1. I guessed that my father gave me a lot of attention and embarrassed me until my sister was born. 2. My mother was becoming sick when I was very young. This trained me to become a caring person. I also have realised that I always find the issue of separation difficult. 3. I hoped that my parents could still support me if I had decided to have sex before marriage with my boyfriend.
No 5	My father did not stand by me when my mother physically abused me. He also did not know that my mother sexually abused me. However, my father started to write to me two years ago to send his apology.
No 6	My father is an authority figure to me. This relationship affects my fear of authority figures.
No 7	I disliked my father because he scolded me seriously when the rape had happened. His language and attitude affected my self-esteem and my perception of my experience. I perceived that my parents did not love me any more because of my experience. I felt much better because my parents made an apology to me about two years ago.
No 8	1. I cannot understand why my parents worked so hard to build up a family but their children cannot to be independent in their adulthood. 2. I am afraid that I cannot to be a good mother because of my parents' parenting style.
No 9	1. I am my parents' favour child and they give all their attention to me but not my brothers. I guessed my brothers envied me so they attacked me. 2. My parents do not know how to deal with my brothers' bad behaviours. I feel sorry for them. 9-3, p.13 3. I was close to my father in my childhood. 9-1, p.8. I feel that my family is full of violence. 9-1, p.7, 8 4. I feel that her father is irrational and uses violence to deal with things. 9-1, p.9-p.11 5. I want to have good relationships with my parents so I have told them about my experience and have hoped that they could understand my emotions. 9-3, p.8 6. I have tried to help my parents to feel good about themselves and have listened to my mother's complaining. 9-3, p.14; 9-3, p.10-12
No 10	1. My parents have expected me to be an independent child so I am not close to my parents. I feel lonely because of this. 10-1, p.5, 23 2. I feel a bit angry with my parents because they are not close to me. 10-3, p.3 3. I wish that my mother can comfort me about the abuse but I do not want and cannot tell them about this experience. They are not able to handle it.
No 11	1. My father neglected my brothers and me. 11-2, p.4. Sometimes, I feel_it's unfair that my parents did not take care of me but I need to take care of them now. I will be nice to them when I feel OK. I also prefer to keep a distance when I feel the feeling of unfairness. I can manage these conflict feelings well after I deal with my anger toward them. I have realised that they did not have enough ability to response what had happened to me.
No 12	1. I do not share my personal emotions and thoughts to my parents, although I love them. My parents expect me to help my sisters, for example, to talk to them. I have realised that I have the ability to teach my mother how to present her language. Thus, my sisters do not misunderstand my mother's intention. 2. I do not blame my mother or my parents for what my brother had done to me because my parents did not teach my brother to do so. They have limited education and knowledge about the whole issue of sexuality. They did not do anything wrong intentionally.
No 13	1. I was not close to my parents. 2. This situation changed after I was sick last year. I experienced my parents' love and I also

	changed my attitudes towards them.

Table 14.5: Relationship with their mothers

No 1	1. I have so much anger with my mother. I always argue with her in many ideals in my daily life. It is a bit better during these years. 2. I feel angry toward my mother because my mother's attitude toward my experience of abuse is very negative. 3. I also feel angry because my mother always uses a very negative attitude to judge my behaviour or value systems. 4. I have tried to change my mother to be a good enough mother in order to support and understand my feelings. However, I am not successful.
No 2	I feel that my mother is attached to her children or children's own families too much. For example, my mother does not realise that I have my own family now. I cannot be with her as much as before.
No 3	1. I felt that my mother was very nervous since my childhood. This made me to feel very frustrated. 3-1, p.4 2. I sensed that my mother felt stressful because of children. Thus, I tried to be a good girl and did not give her trouble in my childhood. 3-1, p.7 3. I wished that my mother could support me and understand my experience of abuse. I gave up this wish two years ago. 3-4, p.17; 3-2, p.20; 3-2, p.2, 3; 3-3, p.12 4. I have realised that my aftermath was from my experience of abuse rather than because my mother did not help or support me. 3-2, p.7, 8 5. I am not afraid of the separation with my mother since two years ago. 3-3, p. 3, and 4
No 4	My mother was sick since I was small so I have learned to take care of my mother and myself.
No 5	My mother sexually, emotional and physically abused her I feel that my mother is like a snake so I do not like to think about her in my mind.
No 6	My mother is a very good mother because she takes care of my family very well. Although she did not discover the abuse, I do not blame her.
No 7	My mother took me to go to see a counsellor because of her experience of abuse when she was in her junior high school.
No 8	My mother could not understand children well so she always felt frustration when she was at home. My mother always discusses things with me in these years.
No 9	1. I feel sorry for my mother because she has two sons who do not have good behaviours in their adulthood. My mother shares her worry with me. The dynamic between us has changed after I have the experience of being counselled. 2. She (my mother) showed her sadness and worry when I told to her (my mother)about what my brothers had done to me.
No 10	I feel that my mother was not friendly to me in my childhood so I felt difficult to say anything personal to my mother. I wish my mother could comfort my sadness toward my experience of abuse but it is impossible. I do not think that she has the ability to do so.
No 11	1. My mother abandoned my family. 11-2, p.4, 5 2. I felt sorry for myself because my mother did not take care of me when I needed her care. I have felt so up sad about this history. 11-1, p.6 3. I need to take care of her parents but I do not feel happy about this sometimes.
No 12	I have tried to help my mother to be aware of her negative language and some concept about sexuality and her mother changes a bit by bit.

Table 14.6: Participants' experience of being counselled

	The experiences of being counselled helped the participants to deal with some issues as follows:
No 1	I had learned to know my emotions in a group counselling setting. I spent all my money; energy and time in attending different types of group counselling in order to organise my inner self. My experience in the group counselling provided encouragement, positive feedback, and reduced my loneliness. My experiences of being counselled offered me a chance to explore, organise and understand myself. I was able to make different choices due to my self-understanding. These experiences also gave me new thoughts and ideals. Therefore, I was able to manage my own thoughts and emotions.
No 3	1. I am not afraid of my depression, although I do not know why I have depression. 2. I have realised that I lost my childhood and I was different from others because of the abuse. 3. I changed my thoughts about my experience of abuse. My experience of abuse was an experience in my life but not part of my nature. 4. I feel more relaxed because I know how to manage my emotions. 5. I have taken responsibility for my life rather than expecting my mother to take care of me. 6. I am able to sense a whole self rather than pieces. I also increase my ability to accept myself as I am. 7. The feeling of isolation decreased after I attended group-counselling sessions. 8. The counsellors were a medium to help me to get in touch with myself. My counsellor has great courage to into my inner world with me.
No 4	1. I am able to be proud of myself when I take the initiative in making acquaintances rather than feeling ashamed about it. 2. I forgave myself that I enjoyed the physical touching when the abuse happened. I also accepted that it was natural for a child to enjoy physical intimacy with adults. It was the abuser's fault in taking advantage of me. 3. I realised that I was angry with my aftermath rather than with the abuser. 4. I did not need to continue to ask "why?" questions about my experience of abuse after I played a theme about the abuser and me in a group counselling setting.
No 5	1. I learned to stay in the present time. 2. I have learned to manage my fear. 3. I had learned social skills to make friends. 4. I have learned to have rational thoughts and have clear boundaries between people and me. 5. I expressed my psychological pain in a group setting and I felt relief.
No 6	1. I felt relief after I said to the group that I am a lesbian because the group is a safe place to express myself. 2. I realised what kind of responses I will get from this society, if I told others that I am a lesbian. Therefore, I decided to keep this secret in order to protect my family. 3. I have realised how much I am afraid of men's penises. 4. I have learned not to suppress my feelings.
No 7	1. I found out her 'real' self. 2. I realised that my problem was that I did not love myself and that I punished myself.

	3. I believed that the rape was not my fault. 4. I felt that I had been understood in the group counselling and I felt it was a safe place for me to do something for myself. 5. I realised that survivors can still live after abuse and they are still able to create good quality lives. 6. I realised that my sorrow was from loving and hating my parents at the same time and this sorrow took all my energy away. 7. I realised that I did not need to hurriedly change my appearance but to learn how to love myself.
No 9	1. I realised that I had some difficulty due to my experience of abuse. I felt happy about this because I was able to become better. 2. My counsellor helped me to deal with my confusion therefore; I was able to find a new way out. 3. I realised the value of listening from my experience of being counselled, therefore, I was able to listen to my mother better.
No 10	1. I realised how nervous I was when I had a date with my male friends. One of the reasons for this nervous was my experience of abuse. 2. I realised how lonely I was in my family through the dramatherapy session. 3. I went through my sadness and grieving. I felt that the group understood my feelings toward my experience of abuse. It was a sense of being accepted. 4. I realised that I did not tell anyone about the abuse at that time because I suffered myself in order to keep harmony in my family. 5. I never thought that the abuser should apologise for the offensive behaviour and I considered why I did not have this expectation. I considered about this because the other members tended to have this expectation.
No 11	1. I reconnected with my inner child. The better the relationship I had with my inner self, the better the relationship I had with others. 2. I became a whole person rather than in pieces. I increased my self-awareness. 3. I was able to express my feelings of sadness and anger in-group setting. 4. I had learned to love my body and myself. 5. I was also to distinguish the present time and past. I was also able to distinguish 'adult I' [10] and 'child I'[11]. 6. My experience of being counselled has helped me to develop myself better.
No 13	1. I had learned to encourage myself. 2. I became more flexible in my thoughts. 3. The counselling encouraged me to face my 'real self'. I realised that I wore 'armour[12]' to protect myself and because of this I could not see her 'real self'. 4. I have learned to listen to my own inner voice. 5. I transform my experience of abuse into my inner strength. For example, I am able to understand people better.

[10] It means the self is an adult.
[11] It means that a part of the self as if she was a child when the abuse happened.
[12] It means that she has used different methods to be her defence mechanism, for example, a passive attitude in her counselling sessions.

Table 14.7: Relationship with the abuser

No 1	1. I was so afraid of my father because he was very violent in my childhood. 2. My father changed a lot in these years. He became a Buddhist. I can sense that he has tried to repent what he had done to my sisters and me. However, my anger towards him is still up and down. I know that he cannot hurt me anymore but sometimes, I am still afraid of him. I guess that I have more ability to forgive him because of my religion. 3. On one hand, I hate my father. On the other hand, I would like to forgive my father because he shows his repent in his religious behaviour. 47, p.59
No 2	I guessed that the abuser loved me because he sent me to school every day. He also took care of my daily life. 2-1, p.4
No 3	I felt angry with the abuser but I had difficulty in expressing it. 3-2, p.9,10 I do not want to think about the abuser (the second elder brother) or talk about him. 3-1, p.5
No 4	I felt angry with myself because I had been hurt but why I still cared about the abuser. I could not understand why the abuser (baby -sitter) loved me but hurt her at the same time. However, I gradually accepted this fact after the psychodrama therapy group.
No 5	The abuser is my mother. I still feel scared of my mother so I do not like to think about my mother.
No 6	I did not think about the abuser afterwards. I believe that the abuser will have Komai consequence.
No 7	I believe that the abuser will have Komai consequence so I do not need to think about him.
No 8	I did not think that my brother was responsible for his offensive behaviour but my family was. This was because my mother ignored my second brother and he needed to express himself.
No 9	I am still scared of my brothers. I have tried to respect them in order to protect myself. I feel very powerless because my parents can do nothing about my fear. I respect them because no one respects them including my parents. I guess that if I respect them, they will also be nice to me. I have felt that my parents were responsible for the abuse because they did not teach my brothers or me about sex. My parents also did not pay any attention to my brothers. Therefore, my brothers envied me and attacked me.
No 10	I do not think about my uncle (the abuser) afterwards. I forgive him because I believe that he will feel guilt about what had happened.
No 11	I always wanted to have a justice in my abuse. I felt more relaxed after my uncle died a few years ago. I guessed that death was his Komai consequence (punishment) for what he had done to me,
No 12	1. I did not have any communication with my brother (the abuser) when the abuse was still going on. We did not look at each other in the morning after the abuse took. 2. I do not have any interaction with my brother, although we live in a same building. 3. I prefer to keep a distance from him in the future although I have good relationship with my nieces and nephews. 4. I have a better life than he does now so I do not expect him to apologise for what had happened. His apology cannot affect my life and my self-image. We are two individual persons. I never think about the issue of forgiveness because nothing to forgive. I am responsible for my own life and he is responsible for his own life.
No 13	I imagine that the abusers will be very old already and I believe that they will have Karmic consequence in their lives. Therefore, I feel a bit better sometimes.

Table 14.8: Relationship with their friends

No 1	1. I felt inferior to others because of my family background and the experience of abuse. 2. My friends accept me as a person rather than as a survivor of abuse. 3. My friends always encourage and support me. They also give positive feedback about me.
No 3	1. I felt that I was a strange person and felt it difficult to be with people from high school. 2. I had learned to distinguish whether my feelings are my empathy to others or towards my own situations and the past experience. 3-4, p.8. 3. I have realised that each person needs to carry oneself own burden and past experience. Thus, I need to give more space and respect to people and myself. 3-2, p.11 4. She has learned to believe friends' caring and admiration. 3-4, p.13.
No 4	I felt inferior to others. I have long-term friends after university.
No 5	1. I was too sensitive to be with people. I imagined that people might do something bad to me. 2. I had social skill training in hospital and I have practiced these skills in my place of working. I have learned to make friends and to distinguish suitable boundaries between people.
No 6	I can manage well the differences between a female friendship and a female lover relationship. I had learned not to involve too soon in a female friendship in order to change the friendship into a lover relationship.
No 7	I felt inferior to others. I feel satisfied if she only has a few good friends.
No 8	1. I do not have one close female friend since I was married. 2. My friend felt that I was a cold person but I could not understand why. This was because my parents have not been able to express their feelings and had difficulty in their interpersonal relationship. Therefore, I did not learn how to make friendship with others. 8-1, p.3
No 9	I feel safer to be with female than male friends.
No 10	Friends are very important to me because they satisfy my needs for intimacy.
No 11	I could not trust people. I was also afraid that people might do something bad to me. Thus, I preferred to be alone. I learn to trust people again in these few years.
No 12	I feel a bit lonely because most of my friends became married and I am not good in keeping friendships.
No 13	I did not share any my sadness to my friends. This situation changed when I started to deal with my experience of abuse. I have a group of good friends to share with.

BIBLIOGRAPHY

Adams-Tucker, C. (1981) A sociological overview of 28 abused children. Child Abuse & Neglect. Vol. 5, pp. 361-367.

Alexander P. C. (1993) The differential effects of abuser characteristics and attachment in the prediction of long-term effects of sexual abuse. *Journal of Interpersonal Violence.* Vol.8 (3) pp. 346-362.

Alexander, P.C. (1992) Application of attachment theory to the study of sexual abuse. *Journal of Consulting and Clinical Psychology.* Vol. 60, pp. 185-195.

Allan, G. and Skinner, C. (1991, eds.) *Handbook for research students in the social sciences.* The Falmer Press.

Anderson, J. C., Marin, J. L., Mullen, P.E., Romans, S.E., & Herbison, P. (1993) The prevalence of childhood sexual abuse experiences in a community sample of women. *Journal of the American Academy of Child and Adolescent Psychiatry.* Vol. 32, pp. 911-919.

Baars, B. J.; Mcgovern, K. (1995) Steps toward healing – False memories and Traumagenic amnesia may coexist in vulnerable populations. *Consciousness and Cognition.* Vol. 4 (1) pp. 68-74.

Bagley, C. (1990) Is prevalence of child sexual abuse decreasing? Evidence from a random sample of 750 young adult women. Psychological Reports. Vol. 66, pp. 1037-1038.

Bagley, C. (1990) Is prevalence of child sexual abuse decreasing? Evidence from a random sample of 750 young adult women. *Psychological Reports.* Vol. 66, pp. 1037-1038.

Bagley, C., & Ramsey, R. (1985, February) *Disrupted childhood and vulnerability to sexual assault: Long-term sequels with implications for counselling.* Paper presented at the conference on Counselling the sexual Abuse Survivor. Klinic Community Health Centre. Winnipeg, Manitoba.

Bandura, A. (1982) The psychology of chance encounters and life paths. *American Psychologist.* Vol. 37, pp. 747-755.

Bandura, A., Adams, N. E. and Buyer, J. (1977) Cognitive processes mediating behavioral change. *Journal of Personality and Social Psychology.* Vol. 35, pp. 125-134.

Baron, R.A. & Byrne, D. (1991) *Social psychology: understanding human interaction.* Boston: Allyn & Bacon.

Bass, E. & Davis, L. (1988) *The courage to heal: A guide for women survivors of child sexual abuse.* New York: Harper & Row.

Baumeister, R. F. (1999, ed.) *The self in social psychology.* Philadephia Hove: Psychology Press.

Beauchamp, T., L. and Childress, J. F. (1979) *Principles of biomedical ethics.* Oxford, England: Oxford University Press.

Beck, A. T. (1961) A systematic investigation of depression. Comprehensive Psychiatry. Vol. 2, pp. 162-170.

Beck, A. T. (1963) Thinking and depression. Archives of General Psychiatry. Vol. 9, pp. 324-333.

Beck, A. T. (1976) *Cognitive therapy and emotional disorders.* New York: New American Library.

Beitchman, Joseph H., Zucker, Kenneth J., Hood, Jane E., DaCosta, Granville A., Akman, Donna and Erika, Cassavia. (1992) A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect.* Vol. 16, pp. 101-118.

Berger, P. L. & T. Luckmann (1967) *The social construction of reality.* Garden City, N.Y.: Anchor.

Berry, M. (1998) Child sexual abuse: What practitioners can learn from the research regarding the long term effects. *Rugby: British Association for Counselling.*

Betz, W. L. (1998) *Mediators of long-term consequence of childhood maltreatment in a clinical sample.* Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol. 58 (9-B), p. 5106.

Bowlby, J. (1952) *Maternal care and mental health.* WHO Monograph Series. No. 2. Geneva: World Health Organization.

Bowlby, J. (1969/1983) *Attachment and loss: Attachment (Vol. 1).* New York: Basic Books.

Bowlby, J. (1980) *Attachenmt and loss: Loss (Vol. 3).* New Ypork: Basic Books.

Breakwell, G. M., Hammond, S., and Fife-Schaw, C. (1995) *Research Methods in Psychology.* Thousand Oaks, New Delhi, London: Sage Publications.

Breakwell, G.M., Hammond, S. and Fife-Schaw, C. (1994, eds.) *Research methods in psychology.* London: Sage.

Briere J. and Runtz M. (1993) Childhood sexual abuse- long-term seqelae and implications for psychological assessment. *Journal of Interpersonal Violence.* Vol. 8 (3) pp. 312-330.

Briere, J, Conte, J. (1993) Self-reported amnesia for abuse in adults molested as children. *Journal of Traumatic stress.* Vol. 6 (1) pp.21-31.
Briere, J. (1984) *The effects of childhood sexual abuse on later psychological functioning: Defining a post sexual abuse syndrome.* Paper presented at the Third National Confence on Sexual Victimization of Children. Washington DC.

Briere, J. and Elliott, D.M. (1993) Sexual abuse, family environment, and psychological symptoms: On the validity of statistical control. *Journal of Consulting and Clinical Psychology.* Vol. 61 (2) pp. 284-288.

Briere, J. and Runtz, M. (1987) Post sexual abuse trauma: Data and implications for clinical practice. *Journal of Interpersonal Violence.* Vol. 2, pp. 367-379.

Briere, J. and Runtz, M. (1989) The trauma symptom checklist (TSC-33): Early data on a new scale. *Journal of Interpersonal Violence.* Vol. 4, pp. 151-163.

Briere, J. and Runtz, M. (1993) Childhood sexual abuse -long -term sequelae and implications for psychological assessment. *Journal of Interpersonal Violence.* Vol. 8 (3) pp. 312-330.

Briere, J. and Runtz, M.. (1987) Post sexual abuse trauma: Data and implications for clinical practice. *Journal of Interpersonal Violence.* Vol. 2, pp. 367-379.

Briere, J. E., Diana M., Harris, K. and Cotman, A. (1995) Trauma symptom inventory: Psychometrics and association with childhood and adult victimization in clinical samples. *Journal of Interpersonal Violence.* Vol. 10 (4) pp. 387-401.

Briere, J., & Runtz, M. (1986) Suicidal thoughts and behaviours in former sexual abuse victims. Canadian Journal of Behavioral Science. *Vol. 18, pp. 413-423.*

Brown, L. S. (1996) Politics of memory, politics of incest: Doing therapy and politics that really matter. *Women and Therapy.* Vol. 19, No. 1, pp. 5-17.

Browne, A. & Finkelhor, D. (1986) Impact of child sexual abuse: A review of the research. Psychological Bulletin. *Vol. 99, pp. 66-77.*

Browne, A. (1991) The victim's experience: Pathways to disclosure. *Psychotherapy.* Vol. 28 (1), pp. 150-157.

Brunngraber, L. S., 1986, Father-daughter incest: Immediate and long-term effects of sexual abuse. Advances in Nursing Science. *Vol. 8, pp. 15-35.*

Bryer, J. B., Nelson, B. A., Miller, B. A., et al (1987) Childhood sexual and physical abuse as factors in adult psychiatric illness. American Journal of Psychiatry. *Vol. 144. pp. 1426-1430.*

Burgess, R. G. ed. (1984) *The research process in education settings.* Lewes: Falmer Press.

Burns, R. B. (1982) *Self- concept development and education.* London: Holt, Rinehart and Winston.

Carter-Clark, D. (1997) *Doing quantitative psychological research-From design to report.* Psycgology Press.

Catherall, D. (1991) Aggression and projective identification in the treatment of victims. *Psychotherapy*. Vol. 28 (1), pp. 145-150.

Cevantes, R.C., &Castro, F. G. (1985) Stress, coping and Mexican American Mental Health: A systematic review. *Hispanic Journal of Behaviour Sciences*. Vol. 8, pp. 1-73.

Chaplin, J. (1988) *Feminist counselling in action*. London: Sage.

Chard K. M., Wearver T. L., and Resick P. A. (1997) Adapting cognitive processing therapy for child sexual abuse survivors. *Cognitive and Behavioural Practice*. Vol. 4 (1) pp. 31-52.

Cohen, L. and Manion, L. (1994, fourth edition) *Research Methods in Education*. London and New York : Routledge.

Cohen, T. (1995) Motherhood among incest survivors. *Child Abuse and Neglect*. Vol. 19, No. 12, pp. 1423-1429.

Cole, P. M. and Putnam, F. W. (1992) Effect of incest on self and social Functioning: A developmental psychopathology perspective. *Journal of Consulting and Clinical Psychology*. Vol. 60 (2) pp. 174-184.

Cone, J. R., and Schuerman, J. R. (1987) Factors associated with an increased impact of child sexual abuse. *Child Abuse and Neglect*. Vol. 11, pp. 201-212.

Conte, J. R., and Schuerman, J. R. (1987) Factors associated with an increased impact of child sexual abuse. Child Abuse and Neglect. Vol. 11, pp. 201-211.

Cooley, C. H. (1902) Human nature and the social order. New York: Scribner.

Coons, P. M. & Milstein, V. (1986) Psychosexual disturbances in multiple personality: Characteristics, etiology and treatment. *Journal of Clinical Psychiatry*. Vol. 47, pp. 106-110.

Courtois, C. A. (1988) *Healing the incest wound – Adult survivors in therapy*. New York: W. W. Norton & Company.

Coutois, C. A. (1991) Theory, sequencing, and strategy in treating adult survivors. In J. Briere (Ed.) Treating victims of child sexual abuse. *New Directions for Mental Health services*. Vol. 51. San Francisco: Jossey-Bass.

Creswell, J.W. (1994) *Research Design-Qualitative and Quantitative Approaches*. London: Sage.

Dale P. (1993) *Guidebooks for counsellors counselling adults who were abused as children*. British Association for Counselling.
Davies, M. (1995) *Childhood sexual abuse and the construction of identity: Healing Sylvia*. London: Taylor & Francis.

de Shazer, S. (1985) *Keys to solution in brief therapy*. New York: Norton.

de Shazer, S. (1988) *Clues: Investigating solutions in brief therapy.* New York: Norton.

Denzin, N. K. & Lincoln, Y. S. (1994) Strategies of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.) *Handbook of qualitative research.* pp. 199-208. Thousand Oaks, CA: Sage.

Denzin, N.K. and Lincolh, N.Y. (1994, eds.) *Handbook of qualitative research.* London: Sage.

Dewey, J. (1887) *Psychology.* New York: Scribner's

Dewey, J. (1890) *On some current conceptions of the term "self".* Mind. Vol. 15, pp. 58-74.

Deyden W. (1996, ed.) *Handbook of Individual Therapy.* London: Sage.

Diagnostic and Statistical Manual of Mental Disorders (1994) American Psychiatric Association.

Diener, E., and Crandall, R. (1978) *Ethics in social and behavioural research.* University of Chicago Press, Chicago.

Dolan, Y.M. (1991) *Resolving sexual abuse – Solution-Focused Therapy and Ericksonian Hypnosis for adult survivors.* New York and London: W.W.Norton & Company.

Downs W.R. (1993) Developmental Considerations for the effects of childhood sexual abuse. *Journal of Interpersonal Violence.* Vol. 8 (3) pp. 331-345.

Downs, W.R. & Rose, S. R. (1991) The relationship of adolescent peer groups to the incidence of psychosocial problems. *Adolescence.* Vol. 26, pp. 473-492.

Draucker C.B. (1992) *Counselling survivors of childhood sexual abuse.* London: Sage.

Draucker, C. B. (1989) Cognitive adaptation of Female Incest Survivors. *Journal of Consulting and Clinical Psychology.* Vol. 57, pp. 668-670.

Draucker, C. B. (1995) A coping model for adult survivors of childhood sexual abuse. *Journal of Interpersonal Violence.* Vol. 10 (2) pp. 159-175.

Dryden and Palmer, S. In S. Palmer and G. McMahon (1997, 2nd edition) *Handbook of counselling.* London and New York: Routledge.
Dunmore, E., Clark, D. M., Ehlers, A. (1999) Cognitive factors involved in the onset and maintenance of posttraumatic stress disorder (PTSD) after physical or sexual assault. *Behaviour Research and Therapy.* Vol. 37(9) pp. 809-829.

Edwards, T. (1980) *Spiritual friend: Reclaiming the gift of spiritual direction.* New York: Paulist Press.

Elkins, D.N. et al (1988) Towards a Humanistic-Phenomenological Spirituality. *Journal of Humanistic Psychology.* Vol. 28 (4) pp. 5-18.

Elliott, R. (1985) Helpful and nonhelpful events in brief counseling interviews: An empirical taxonomy. *Journal of Counseling Psychology*. Vol. 32, pp. 307-322.

Elliott, R. (1986) Interpersonal Process Recall (IPR) as a psychotherapy process research method. In L.S. Greenberg and W.M. Pinsof (eds.) *The Psychotherapeutic Process: A Research Handbook.* New York: Guilford Press, pp. 503-528.

Ely, M., et al (1997) *On writing qualitative research: Living by words.* London: The Falmer press.

Epstein, S. (1991) The self-concept, the traumatic neurosis, and the structure of personality. *Perspective in Personality.* Vol. 3, Part A, pp. 63-98.

Erickson, E. (1968) Life cycle. In D. L. Sills (eds.) *The international journal of the social sciences* (pp. 286-292). New York; Crowell Collier and Macmillan.

Erikson, E. (1998) *Life cycle completed*. New York: W. W. Norton.

Erikson, E. H. (1963) *Childhood and society*. New York: Norton.

Erikson, E. H. (1980) *Identity and the life cycle.* New York: Internal Universities press.

Erikson, E.H. (1950) *Childhood and society.* New York: Norton, Penguin Books.

Eth, S, & Pynoos, R. (1985) *Post-traumatic stress disorder in children* (progress in psychiatry series). American Psychiatric Press.

Fairbairn, W. R. D. (1963) A synopsis of an object-relations theory of the personality. *International Journal of Psycho-Analysis*. Vol. 44, 224.

Fairbirn W. R. D. (1952) *An object-relations theory of the personality*. New York: Basic Books (Original work published 1949).

Feinauer, L. L. (1989) Relationship of treatment to adjustment in women sexually abused as children. *American Journal of Family Therapy.* Vol. 17 (4) pp. 326-334.

Fergusson, D. M. & Mullen, P. E. (1999) *Childhood sexual abuse – An evidence based perspective.* London: Sage.

Fergusson, D. M. & Mullen, P. E. (1999) *Childhood sexual abuse- An evidence based perspective*. London: Sage.

Finkelhor, D. (1979) *Sexually victimized children.* New York: Pree Press.

Finkelhor, D. (1984) *Child sexual abuse: New theory and research.* New York: Free Press.

Finkelhor, D. (1987) The trauma of child sexual abuse. *Journal of Interpersonal Violence.* Vol. 2, pp. 348-365.

Finkelhor, D. (1988) The trauma of sexual abuse: Two models. In G. E. Wyatt & G. J. Powell (Eds.) *Lasting effects of child sexual abuse,* pp. 61-82.

Finkelhor, D. and Dzuiba-Leatherman, J. (1994) Victimization of children. *American Psychologist.* Vol. 3, pp. 325-330.

Finkelhor, D. and Hotaling, G. T. (1984) Sexual abuse in the national incidence study of child abuse and neglect: An Appraisal. *Child Abuse and Neglect.* Vol. 8, pp. 23-33.

Finkelhor, D., & Browne, A. (1985) The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry.* Vol. 55, pp. 530-541.

Finkelhor, D., and Browne, A. (1986) Impact of child sexual abuse: A review of the research. *Psychological Bulletin.* Vol. 99, pp. 66-77.

Finkelhor, D., Hotaling, G., Lewis, A. and Smith, C. (1990) Sexual abuse in a national survey of child abuse and neglect: An Appraisal. *Child Abuse and Neglect.* Vol. 14, pp. 19-28.

Frenken, J., and Van Stolk (1990) Incest victims: inadequate help by professionals. *Child Abuse and Neglect.* Vol. 14 (2), pp. 253-262.

Friedrich, W. N. (1990) *Psychotherapy of sexual abused children and their families.* New York: W. W. Norton & Company.

Friedrich, W., Urqiza, A. J. & Beilke, R. L. (1986) Behavir problems in sexually abused young children. *Journal of Pediatric Psychology.*

Friedrich, W.N. (1988) Behavior Problems in Sexual Abused Children. In G. E. Wyatt & G. J. Powell (Eds.) *The lasting effects of child sexual abuse* (pp. 171-191). Newbury Park, CA: Sage.

Fromuth, M. E. (1986) The relationship of childhood sexual abuse with later psychological and sexual adjustment in a sample of college women. Child Abuse and Neglect. *Vol. 10, pp. 5-15.*

Furniss, T. (1983) *Multiprofessional handbook of child sexual abuse: integrated management, therapy, and legal intervention.* Newbury Park, CA: Sage Publications.
Ganje-Fling, M. A., and McCarthy, P. (1996) Impact of Childhood Sexual Abuse on Client Spiritual Development: Counseling Implications. *Journal of Counseling & Development.* Vol. 74, pp. 253-258.

Gil, E. (1988) *Treatment of adult survivors of childhood abuse.* Walnut Creek, CA: Launch Press.

Gill M. (1993) Foster care: the protection and training of carers' children. *Child Abuse Review.* Vol. 2, 15-22.

Glaser, B. G.; & Strauss, A. L. (1967) *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.

Glaser, B.G., and Strauss, A. L. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research.* Weidenfeld and Nicolson.

Godbey, J. K.; Hutchinson, S. A. (1996) Healing from Incest – Resurrecting the buried self. *Archives of Psychiatric Nursing.* Vol. 10 (5) pp. 304-310.
Goffman, E. (1959) *The presentation of self in everyday life*. New York: Anchor Books.

Gomes-Schwartz, B., Horowitz, J. M., & Sauzier, M. (1985) Severity of emotional distress among sexually abused preschool, school-age, and adolescent child. *Hospital and Community Psychiatry*. Vol. 36, pp. 503-508.

Gomes-Schwartz, B., Horowitz, J. M., Cardarelli, A. P. & Sauzier, M. (1990) *Child sexual abuse: The initial effects.* Newbury Park, CA: Sage.

Gorcey, M., Santiago, J. M. & McCall-Perez, F. (1986) Psychological consequences for women sexually abused in childhood. *Social Psychiatry*. Vol. 21, pp. 129-133.

Greeberg, J. R. & Mitchell. S. A. (1983) *Object relation in psychoanalytic theory*. Cambridge, MA: Harvard University Press.

Greenberg, L. S. (1986) Change process research. *Journal of Consulting and Clinical Psychology.* Vol. 54, pp. 4-9.

Greenberg, L.S. and Pinsof, W.M. (1986, eds.) *The Psychotherapeutic Process-A research Handbook.* The Guilford Press.

Groth (1979) Men who rape. New York: Plenum.

Guba, E. G., & Lincoln, Y. S. (1989) *Fourth generation evaluation*. Newbury Park, CA: Sage.

Hall, C.S. and Lindzey, G. (1970) *Theories of personality.* John Wiley & Sons, Inc.

Hall. L. and Lloyd, S. (1993) *Surviving child sexual abuse.* The Falmer Press.
Harris, J, M. (1986, May) *A model training seminar for adult incest survivors.* Paper presented at the Fourth National Conference on the Sexual Victimization of Children, Children's Hospital National Medical Center, New Orleans, LA.

Harter, S., Alexander, P. C., & Neimeyer, R.A. (1988) Long-term effects of Incestuous Child Abuse in College Women: Social Adjustment, Social Cognition and Family Characteristics. *Journal of Consulting and Clinical Psychology.* Vol. 56, pp. 5-8.

Harter, S., Alexander, P., and Neimeyer, R. (1988) Long-term effects of incestuous child abuse in college women: Social adjustment, social cognition, and family characteristics. *Journal of Consulting and Clinical Psychology.* Vol. 54, pp. 466-470.

Harter, S.L. (2000) Quantitative measures of construing in child abuse survivors. *Journal of Constructivist Psychology.* Vol. 13 (2) pp. 103-116.

Hatch, J. A. and Wishiewski, R. (1995, eds.) *Life History and Narrative.* London and Washington, D.C: The Falmer Press.

Hazler, in Capuzzi, D. and Gross, D. (1999) *Counselling and psychotherapy-Theories and interventions.* Merrill an imprint of Prentice Hall: Upper Saddle River, New Jersey; Columbus, Ohio.

Hazzard, A., Rogers, J., Angert, L. (1993) Factors affecting group therapy outcome for adult sexual abuse survivors. *International Journal of Group Psychotherapy.* Vol. 43 (4) pp. 453-468.

Heppner, P. P., Kivlighan, D., M., and Wampold, B. E. (1992) *Research Design in Counseling.* Brooks/Cole Publishing Company.

Herman, J. L. (1981) Father-daughter incest. *Cambridge, MA, Harvard University Press.*

Herman, J. L. (1992) Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. Journal of Traumatic Stress. *Vol. 5, pp. 377-391.*

Herman, J. L. (1992) Trauma and recovery. *New York: Basic Books.*

Herman, J. L. and Schztzow, E. (1987) Recovery and verification of memories of childhood sexual trauma. *Psychoanalytic Psychology.* Vol. 4, pp. 1-14.

Herman, J. L., Rusell, D., & Trocki, D. (1986) Long term effects of incestuous abuse in childhood. American Journal of Psychiatry. *Vol. 143, pp. 1293-1296.*

Hill, C.E. (1984) A personal account of the process of becoming a counseling process researcher. *The Counseling Psychologist.* Vol. 10 (4) pp. 7-20.

Himelein, M and McElrath, J. A. V. (1996) Resilient child sexual abuse survivors: Cognitive coping and illusion. *Child Abuse and Neglect.* Vol. 20 (8) pp. 747-758.

Hogan R. (1991, ed.) *Perspectives in personality.* Vol. 3, Part A. London: Jessica Kingsley.

Hoghughi, M. S. (1997, eds.) *Working with sexually abusive adolescents.* London: Sage.

Holstein, J. A. & Gubrium, J. F. (1994) Phenomenology, ethnomethodology, and interpretive practice. In N. K. Denzin & Y. S. Lincoln (Eds.) *Handbook of qualitative research.* pp. 262-272. Thousand Oaks, CA: Sage.

Horney, K. (1937) *The neurotic personality of our time*. New York: Norton.

Horney, K. (1939) *New ways in psychoanalysis*. New York: Norton.

Horney, K. (1946) *Our inner conflicts; A constructive theory of neurosis*. London: Routledge & Kegan Paul.

Horowitz, M. (1986) *Stress response syndromes* (2nd ed.) New York: Aronson.

Hoshmand, L.L.S.T. (1989) Alternate research paradigms: A review and teaching proposal. *The Counseling* London: Sage.

Hoyle, R. H., Kernis, M. H., Leary, M. R., and Baldwin, M. W. (1999) *Selfhood-identity, esteem, regulation.* Westview Press.

Hung, S.C. (1994) *An examination of attitudes to child sexual abuse and training needs of social workers in Taiwan and the United Kingdom.* Durham University (UK): MA thesis.

Hung, S.C. (1997) *An evaluation research for a child sexual abuse protection programme in Taiwan*. Education Department in Taiwan.

Hunt, J. C. (1989) *Psychoanalytic Aspects Fieldwork.* London: Sage.

Hunter, M. (1990) Abused boys: the neglected victims of sexual abuse. *Lexington MA: Lexington Books.*

James, W. (1892/1961) *Psychology: The brief course.* New York: Harper Torch Books.

James, W. (1950) *The principles of psychology, Vol*. New York: Dover (First published in 1890).

Janoff-Bulman, R. (1985) The aftermath of victimization: Rebuilding shattered assumptions. In C.R. Figley (ed.) *Trauma and its wake: The study and treatment of post-traumatic stress disorder.* Vol. 1, pp. 15-25. New York: Brunner/Mazel.

Janoff-Bulman, R., & Frieze, I. H. (1983) A theoretical perspective for understanding reactions to victimization. *Journal of Social Issues*, Vol. 39 (2), pp. 1-17.
Jehu, D., Gazan, M. and Klassen, C. (1988) *Beyond Sexual Abuse - Therapy with women who were childhood victims.* John Wiley: New York.

Jennings, A. G., & Armsworth, M. W. (1992) Ego development in women with histories of sexual abuse. *Child Abuse and Neglect*. Vol. 16, pp. 553-565.

Johnson, A. W. (1978) *Research methods in social anthropology.* London: Edward Arnold.

Jordan, J.V. (1984) *Empathy and self boundaries.* Wellesley, Massachusetts; Wellesley College, Stone Center for Developmental Services and Studies.

Josephon, G. S., and Fong-Beyette, M. L. (1987) Factors assisting female clients' disclosure of incest survivors counselling. *Journal of Counselling Development.* Vol. 65, pp. 475-478.

Jumper, S. A. (1995) A metaanalysis of the relationships of child sexual abuse to adult psychological adjustment. Child Abuse & Neglect. Vol.19 (6) pp. 715-728.

Jung, C. G. (1961) *Works-Freud and psychoanalysis*. Translated by R.F.C. Hull. London: Routledge & Kegan Paul.

Justice, B., and Justice, R. (1979) The broken taboo. New York: Human Sciences Press.
Kagan, N. (1984) Interpersonal process recall: basic methods and recent research. In D. Larsen (ed.) *Teaching Psychological Skills.* Monterey, CA: Brooks/Cole.

Kahn, M. (1997) *Between therapist and client: the new relationship* (2nd ed.). New York: WH Freeman and Co.

Kalodner, in Capuzzi, D. and Gross, D. (1999) *Counselling and psychotherapy-Theories and interventions.* Merrill an imprint of Prentice Hall: Upper Saddle River, New Jersey; Columbus, Ohio.

Karp, M., Holmes, P. and Tauvon, K. B. (1998, eds.) *The handbook of psychodrama.* London and New York: Routledge.

Kaufmann, G. (1985) *Shame: The power of caring*. Cambridge, MA: Schenkman.
Kearney, M. H. (1999) *Understanding women's recovery from illness and trauma.* London:SAGE.
Kearney, M. (1999) *Working with women facing illness and trauma.* Sage.

Kelly, G. A. (1955) *The psychology of personal constructs*. New York: Norton.

Kempe, C. H. (1980) Sexual abuse: Another hidden pediatric problem. In J. V. Cook & R. T. Bowles (eds.) *Child abuse: Commission and Omission*. Toronto, Canada: Butterworth.

Kinard, E. M. (1995) Perceived social support and competence in abused children: A longitudinal perspective. *Journal of Family violence*. Vol. 10, pp. 73-98.

Kincheloe, J. (1991) *Teachers as researchers: Qualitative enquiry as a path to empowerment.* London: Falmer Press.
Kitchener, K.S. (1984) Intuition, critical evaluation and ethical principles: The foundation for ethical decision in counseling psychology. *The Counseling Psychologist.* Vol. 12 (3) pp. 43-55.

Klein, M. (1975) *Love, guilt and reparation and other works*, pp. 1921-1945. New York: Delta Books. (Original work published 1946).

Klein, M. (1975) The writings of melanie Klein. Vol. 1 (4) London: Hogarth.

Kohut, H. (1959) Introspection, empathy, and psychoanalysis: An examination of the relationship between mode of observation and theory. *Journal of American Psychoanalytic Association*. Vol. 7, pp. 461-462.

Kohut, H. (1971) *The analysis of the self.* New York: Internal Universities Press.

Kohut, H. (1977) *The restoration of the self.* New York: International Universities Press.

Krystal, H. (1984) Pyschoanalytic views on human emotional damage. In B. A. Van der Kolk (Ed.). *Post-traumatic stress disorder: Psychological and biplogical sequelae.* Washington, DC: American Psychiatric Press.

Kuhn, T. S. (1996, 3rd , ed.) *The structure of scientific revolutions.* The University of Chicago Press, Chicago and London.

Laidlaw, T. A. & Malmo, C. (1990) *Healing Voices – Feminist approaches to therapy with women.* Oxford: Jossey-Bass Publishers.

Lebowitz L., Harvey M. and Herman J. L. (1993) A stage-by-dimension model of recovery from sexual trauma. *Journal of Interpersonal Violence.* Vol. 8 (3) pp. 378-391.

Lemme, B. H. (1995) *Development in adulthood.* London: Allyn and Bacon.

Leonard, B. J., Hellerstedt, W.L., Josten, L. (1997) Association of maternal psychological functioning to pathology in child sexual abuse victims. *Issues in Mental Health Nursing.* Vol. 18 (6) pp. 587-601.

Levitt, E. E., Pinnell, C. M. (1995) Some additional light on the childhood sexual abuse psychopathology Axis, *International Journal of Clinical and Experimental Hypnosis.* Vol. 43 (2) pp. 145-162.

Lincoln, Y. S. (1995, April) *Standards for qualitative research.* Paper presented at the annual meeting of the American Educational Research Association, San Francisco.

Lincoln, Y. S., & Guba, E. G. (1985) *Naturalistic inquiry*. London: Sage.

Lindsey, R. T. (1984) Informed consent and deception in psychotherapy research: An ethical analysis. *The Counseling Psychologist.* Vol. 12, pp. 79-86.
Lundberg-Love, P. (1990) Treatment of adult survivors of incest. In R. Ammerman & M. Herson (Eds.) *Treatment of family violence.* New York: Wiley.

Mannarino, A. P. and Cohen, J. A. (1996) A follow-up study of factors that mediate the development of psychological symptomatology in sexually abused girls. *Child Maltreatment.* Vol. 1, pp. 246-260.

Markus, H., & Sentis, K. (1982) *The self in information processing.* In psychological perspectives on the self, edited by J. Suls, Vol. 1, pp. 41-70.

Maslow, A. (1968) *Toward a psychology of being* (2nd ed.). Princeton, NJ: Van Nostrand Reinhold.

Maslow, A. H. (1970) *Motivation and personality* (2nd ed.). New York: Harper and Row.

Maslow, A. H. (1987) *Motivation and personality* (3rd ed.). New York: Harper and

Row.

Matorin, A. I.; & Lynn, S. J. (1998) The development of a measure of correlates of child sexual abuse: The traumatic sexualization survey. *Journal of Traumatic Stress.* Vol. 11 (2) pp. 261-280.

Matsunaga, H.; Kaye, W.; McConha, C.; Plotnicov, K.; Pollice, C.; Rao, R.; & Stein, D. (1999) Psychopathological characteristics of recovered bulimics who have a history of a history of physical of sexual abuse. *Journal of Nervous & Mental Disease*, Vol. 187 (18) pp. 472-477.

McCann, I. L. and Pearlman, L. A. (1990) *Psychological trauma and the adult survivor – Theory, therapy and transformation*. New York: Brunnor/Mazel.

McLeod, J. (1994) *Doing Counselling Research.* London: Sage.

Mead, G.H. (1934) *Mind, Self and Society from the Standpoint of a Social Science Behaviorist.* Chicago, IL: University of Chicago Press.

Meichenbaum, D. (1995) Changing conceptions of cognitive behavior modification: Retrospect and prospect. In M. J. Mahoney (Ed.) Cognitive and constructive psychotherapies: Theory, research, and practice, pp. 20-26. New York: Springer.

Meiselman, K. C. (1978) *Incest.* San Francisco: Jossey-Bass.

Mennen, F. E., and Meadow, D. (1992) Process to recovery: In support of long-term groups for sexual abuse survivors. *International Journal of Group Psychotherapy.* Vol. 42 (4) pp. 29-44.

Mertens, D.M. (1998) *Research Methods in Education and Psychology.* London: Sage.

Miles, M. & Huberman, A. (1994, 2nd ed.) *Qualitative data analysis.* Newbury Park, CA: Sage.
Miles, M. B. & Huberman, A. M. (1984) *Qualitative data analysis.* Beverley Hill: Sage.

Miller, D.T.& Porter, C. A. (1980) *Consequences of Adolescent Drug Use: Impact on the lives of young adults.* Beverly Hills, CA: Sage.

Miltenburg, R., and Singer, E. (1997) A theory and support method for adult sexual abuse survivors living in an abusive world. *Journal of Child Sexual Abuse.* Vol. 6 (1) pp. 39-63.

Mitchell, J. (1975) Psychoanalysis and feminism. Harmonds worth: Penguin.

Mitchell, S. A. (1993) Aggression and the endangered self. *Psychoanalytic Quarterly*, Vol. 62, pp. 351-382.

Moggi, F. (1996) Patterns of child sexual abuse and impairment of mental-health in adulthood. *Zeitschrift Ful Klinische Psychologie-Forscgung Und Praxis.* Vol. 25, No. 4, pp. 296-303.

Moreno, J. L. (1940) *Mental catharsis and the psychodrama*. Beacon, N. Y.: Beacon House.

Moreno, J. L. (1946. 3rd ed.) *Psychodrama, Vol. 1.* Beacon, N. Y.: Beacon House.

Morse, J., & Carter, B. (1996) The essence of enduring and expressions of suffering: The reformulation of self. *Scholarly Inquiry for Nursing Practice*. Vol. 10, pp. 43-60.

Morse, J., & Cater, B. (1995) Strategies of enduring and the suffering of loss: Modes of comfort used by a resilient survivor. *Holistic Nursing Practice*. Vol. 9 (3) pp. 38-52.

Mullen, P. E. & Eckenrode, J. (1992) Protective personality characteristics among adolescent victims of maltreatment. *Child Abuse & Neglect.* Vol. 16, pp. 743-754.

Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., and Herbison, G. P. (1993) Childhood sexual abuse and mental health in adult life. *British Journal of Psychiatry*. Vol. 163, pp. 721-732,

Mullen, P. E., Romans-Clarkson, S. E., Walton, V. A. *et at* (1988) Impact of sexual and physical abuse on women's mental health. *Lancet*. Vol. i, pp. 841-845.

Mullen, P.E.; Martin, J. L.; Anderson, J. C.; Romans, S. E.; and Herbison, G P. (1994) The effect of child sexual abuse on social, interpersonal and sexual function in adult life. *British Journal of Psychiatry.* Vol. 165., pp. 35-47.

Murphy, S. M., Kilpatrick, D. G., Amick-McMullan, A., Veronen, L. J., Paduhovich, J., Best, C. L., Villenponteauz, L. A., & Saunders, B. E. (1988) Current psychological functioning of child sexual assault survivors. *Journal of Interpersonal violence*. Vol. 3, pp. 55-79.

Murray, H. A. (and collaborators) (1938) Explorations in personality. New York: Oxford University Press.

Murray, H. A., and Kluckhohn, C.(1953) Outline of a conception of personality. In C. Kluckhohn and H. A. Murray (eds.) *Personality in nature, society, and culture* (2nd ed. Rer) pp. 3-49. New York: Knopf.

Nash, M. R., Hulsey, T. L., Sexton, M. C., Harralson, T. L., and Lambert, W. (1993) Long-term sequelae of childhood sexual abuse: Perceived family environment, psychopathology and dissociation. *Journal of Consulting and Clinical Psychology.* Vol. 61, pp. 276-283.

Neimeyer, R.A., Harter, S., Alexander, P.C., 1991, Group perceptions as predictors of outcome in the treatment of incest survivors, Psychotherapy Research, Vol. 1, No. 2, pp. 148-158.

O'Hanlon, B., & Bertolino, B. (1998) *Even from a broken web*. New York: John Wiley & Sons, INC.

O'Hanlon, W. H., & Weiner-Davis, M. (1989) *In search of solutions - A new direction in psychotherapy.* New York: Norton.

Offer, D., Ostrov, E.; Howard, K.I.; and Atkinson, R. (1988) The teenage world-Adolescents' self-image in ten countries. New York and London: Plenum Medical Book Company.

Olio K.A. and Cornell, W.F. (1993) The therapeutic relationship as the foundation for treatment with adult survivors of sexual abuse. *Psychotherapy.* Vol. 30 (3) pp. 512-523.

Olio, K. (1989) Memory retrieval in the treatment of adult survivors of sexual abuse. *Transactional Analysis Journal.* Vol. 19 (2), pp. 93-100.

Patton, M.Q. (1994) Decelopmental evaluation. *Evaluation Practice.* Vol. 15 (3), PP. 311-320.

Perloff (1983) Perceptions of Vulnerability to Victimization. *Journal of Social Issues.* Vol. 2, pp. 41-61.

Perrott, K., Morris, E., Martin, J., and Romans, S. (1998) Cognitive coping styles of women sexually abused in childhood: A qualitative study. *Child Abuse and Neglect.* Vol. 22 (11) pp. 1135-1149.

Perrott, K.; Morris, E.; Martin, J.; and Romans, S. (1998) Cognitive coping styles of women sexually abused in childhood: A qualitative study. *Child Abuse and Neglect.* Vol. 22, No. 11, pp. 1135-1149.

Peters, S. D. (1988) Child sexual abuse and later psychological problems, In G. E. Wyatt and G. J. Powell (Eds.) *Lasting effects of child sexual abuse* (pp. 101-117). Newbury Park, CA: Sage.

Pettigrew, J; Burcham, J, 1997, Effects of childhood sexual abuse in adult female psychiatric patients. *Australian and New Zealand Journal of Psychiatry.* Vol. 31 (2) pp. 208-213.

Phares, E.J. (1988) *Introduction to personality.* London: Scott, Foresman and Company.
Phares, E.J. (1991) *Introduction to personality.* New York: Harper Collins.

Piaget, J. & Inhelder, B. (1969) *The psychology of the child, trans.* Pp. 127-129. New York: Helen Weaver.

Piaget, J. (1954) *The construction of reality in the child.* New York: Basic Books.

Pidgeon, N. and Henwood, K. (1996) Grounded theory: practical implementation. In J.T.E. Richardson (eds.) *Handbook of Qualitative Research Methods-for Psychology and the Social Sciences (pp. 86-101).* BPS Books.

Pidgeon, N. and Henwood, K. (1996) Grounded theory: theoretical background, In J.T.E. Richardson, (Eds.) *Handbook of Qualitative Research Methods-for Psychology and the Social Sciences* (pp.75-85), BPS Books.

Pruyser, P. W. (1974) *Between Belief and unbelief.* New York, p. 142.

Punch, M. (1984) *The Politics and Ethics of Fieldwork.* London: Sage.

Punch, M. (1986) *The politics and ethics of fieldwork.* Newbury Park, CA:Sage.

Ramsey, P. (1970) *The patient as person.* New Haven: Yale University.

Reinharz, S. (1992) *Feminist methods in social research.* New York: Oxford University Press.

Rennie, D. L. (1990) Toward a representation of the client's experience of the psychotherapy hour. In G. Lietaer, J. Rombauts and R.Van Balen (eds.) *Client-Centered and experiential therapy in the nineties.* Leuven: University of Leuven Press, pp. 155-172.

Renzetti, C. M. and Lee, R. M. (1993) *Researching sensitive topics.* London: Sage.

Richard, S. (1996, ed.) *Understanding the self.* London: Sage Publications in association with the Open University.

Richardson, J.T.E. (1996, ed.) *Handbook of qualitative research methods-for psychology and the social sciences.* Biddles Ltd., U.K.

Rogers, C. R. (1942) *Counseling and psychotherapy: newer concepts in practice.* Houghton Mifflin.

Rogers, C. R. (1951) *Client-centered therapy: its current practice, implication and theory.* London: Constable.

Rogers, C. R. (1961) *On becoming a person.* London: Constable.

Rogers, C. R. (1977) *Carl Rogers on personal power.* New York: Delacorte Press.

Rogers, C. R. (1980) *A way of being.* Boston: Houghton Mifflin.

Romans, S., Martin, J., and Mullen, P. (1997) Childhood sexual abuse and later psychological problems: neither necessary, sufficient not acting alone. *Criminal Behaviour and Mental Health.* Vol. 7, pp. 327-338.

Roseler, T. A., Mckenzie, N. (1994) Effects of childhood trauma on psychological functioning in adults sexually abused as children. *Journal of Nervous and mental Disease.* Vol. 182 (3) pp. 145-150.

Rosenberg, M. (1979) *Conceiving the self.* New York: Basic Books.

Roth S. and Newman E. (1993) The process of coping with incest for adult survivors. *Journal of Interpersonal Violence.* Vol. 8 (3) pp. 363-377.

Roth, S. and Newman, E. (1991) The process of coping with sexual trauma. *Journal of Traumatic Stress.* Vol. 4, pp. 279-297.

Roth, S. and Newman, E. (1992) The role of helplessness in the recovery process for sexual trauma survivors. *Canadian Journal of Behavioural Science.* Vol. 24 (2) pp. 220-232.

Rush, F. (1980) *The best kept secret: Sexual abuse of children.* New York: McGraw-Hill.

Russell, D.E. H. (1986) *The Secret Trauma: Incest in the Lives of Girls and Women.* New York: Basic Books.

Sanderson, C. (1995, 2nd ed.) *Counselling adult survivors of child sexual abuse.* London: Jessiea Kingsley.

Sarason, B. R., Pierce, G. R., Shearin, E. N., Sarason, I. G., Waltz, J. A., and Poppe, L. (1991) Perceived Social Support and Working Models of Self and Actual Others. *Journal of Personality and Social Psychology.* Vol. 60 (2) pp. 273-287.

Satre, J. P. (1956) *Being and nothingness.* Translated by H. E. Barnes. Secaucus. N. J.: Citadel, Originally published in 1943.

Schoer, L. R., Friedman, J. M., Weiler, S. J., Heiman, J. R. & LoPiccdo, J. (1980) *A multi-axial descriptive system for the sexual dysfunctions: Categories and manual.* Stoney brook, New York: Sex Therapy Center.

Schutz, A. (1964) *Collected paper II: studies in social theory.* In A. Broderson (ed.). The Hague. The Netherlands: Martinus-Nijhoff.

Sedney, M. A. & Brooks, B. (1984) Factors associated with a history of childhood sexual experience in a non clinical female population. *Journal of the American Academy of Child Psychiatry.* Vol. 23, pp. 215-218.

Sgroi, S. M. (1982) *Handbook of clinical intervention in child sexual abuse.* Lexington MA Lexington Books.

Sgroi, S. M. (1988) *Vulnerable populations: Evaluation and treatment of sexually abused children and adult survivors* (Vol. 1) Lexington, MA: Lexington.

Sgroi, S. M. (1989) Stages of recovery for adult survivors of child sexual abuse. In S.M.Sgroi (Ed.) *Vulnerable populations.* Vol. 2, pp. 111-130. Lexington, MA: Lexington Books.

Sieber and Lewis, in Capuzzi, D. and Gross, D. (1999) *Counselling and psychotherapy-Theories and interventions.* Merrill an imprint of Prentice Hall: Upper Saddle River, New Jersey; Columbus, Ohio.

Simonds, S.L. (1994) *Bridging the silence – Nonverbal modalities in the treatment of asult survivors of childhood sexual abuse.* New York and London: W.W.Norton &

Company, INC.

Somer, E. (2000) Effects of incest in aging survivors: Psychopathology and treatment issues. *Journal of Clinical Geropsychology.* Vol. 6 (1) pp. 53-61.

Spradley, J. P. (1980) *Participant observation.* New York: Holt, Rinehart & Winston.

St. Clare M. (1996) *Object relations and self psychology-An introduction.* New York and London: Brooks/Cole Publishing Company.

Stainback, S., & Stainback, W. (1988) *Understanding and conducting qualitative research.* Dubuque, IA: Kendall/Hunt.

Steier, F. (1991, ed.) *Research and reflexivity.* London: Sage.

Stiles, W.B. (1993) Quality control in qualitative research. *Clinical Psychology Review.* Vol. 13, pp. 593-618.

Strauss, A.,and Corbin, J. (1990) *Basics of qualitative research.* Newbury Park, CA: Sage.

Strauss, A.,and Corbin, J. (1994) Grounded theory methodology:An overview. In N.K.Denzin and Y.S.Lincoln (Eds.) *Handbook of qualitative research* (pp.273-285). Thousand Oaks, CA: Sage.

Studzinski, R. (1986) Remember and forgive: Psychological dimensions of forgiveness. In C. Duquoc and C. Floristan 91986, eds) Forgiveness. Concillium, 184, pp. 12-21. Edinburgh: Stichting Concilium and T. &T. Clark Ltd.

Sturdivant, S. (1980) *Therapy with women: A feminist philosophy of treatment.* New York: Springer.

Sullivan, H. S (1953) *The interpersonal theory of psychiatry.* New York: Norton.

Summit, R. & Kryso, J. (1978) Sexual abuse of children: A clinical spectrum. *American Journal of Othopsychiatry.* Vol. 48, pp. 237-251.

Summit, R. C. (1988) Hidden Victims, Hidden Pain: Societal avoidance of child sexual absue. In G. E. Wyatt & G. J. Powell (eds.) *The lasting effects of child sexual absue* (pp. 39-59). Newbury Park, CA: Sage Publications.

Summit, R. C., 1988, Hidden Victims, Hidden Pain: Societal avoidance of child sexual absue. In G. E. Wyatt & G. J. Powell (Eds.), The lasting effects of child sexual absue (pp. 39-59). Newbury Park, CA: Sage Publications.

Swink, K. K., and Leveille, A. E. (1986) From victim to survivor: A new look at the issues and recovery process for adult incest survivors. *Women and Therapy.* Vol. 5, pp. 119-141.

Taylor, J.M., Gillgan, G. and Sullivan, A. (1996) *Between voice and silence: Women*

and girls, race and relationship. Harrard University Press.

Taylor, S. E. (1983) Adjustment to Threatening Events: A therapy of Cognitive Adaptation. *American Psychologist.* Vol. 38, pp. 1161-1173.

Taylor, S. E., and Brown, J. D. (1994) Illusion of mental health does not explain positive illusions. *American Psychologist.* Vol. 49, pp. 927-973.

Tedeschi, R. G., & Calhoun, L. G. (1995) *Trauma & Transformation.* London: Sage.

Teja, S., & Stolberg, A. L. (1993) Peer support, divorce, and children's adjustment. *Journal of Divorce and Remarriage.* Vol. 20, pp. 45-64.

Tesch, R. (1990) *Qualitative research analysis types and software tools.* New York: Falmer.

Tremblay, C. T.; Hébert, M. and Piché, C. (1999) Coping Strategies and social support as mediators of consequences in child sexual abuse victims. *Child Abuse & Neglect.* Vol. 23 (9) pp. 929-945.

Tsai, M., and Wagner, N. N. (1978) Therapy groups for women sexually molested as children. Archives of sexual Behaviour. Vol. 7 (5), pp. 417-427.

Tsai, M., Feldman-Summers, S., & Edgar. M. (1979) Childhood molestation: Variables related to differential impacts on psychosexual functioning in adult women. *Journal of Abnormal Psychology.* Vol. 88, pp. 407-417.

Tuchman, G. (1994) Historical social science: Methodologies, methods, and meanings. In N. K. Denzin & Y. S. Lincoln (Eds.) *Handbook of qualitative research.* pp. 306-323. Thousand Oaks, CA: Sage.

Turnbull, H. R., (1997, 3rd, ed.) *Consent handbook.* Washington, D.C.: American association on Mental Deficiency.

Turner, K., DeRosa, R., Roth, S., Batson, R. and Davidson, J. (1996) A multi-modal treatment for incest survivors: Preliminary outcome data. *Clinical Psychology and Psychotherapy.* Vol. 3 (3) pp. 208-219.

Ullman, S. E. (1999) Social support and recovery from sexual assault: A review. *Aggression and Violent Behavior.* Vol. 4 (3) pp. 343-358.

Van der Kolk, B. (1984) Post-traumatic stress disorder: Psychological and biplogical sequelae. Washington, DC: American Psychiatric Press.

van der Kolk, B. (1987) The role o the group in the origin and resolution of the trauma response. In B. Van der Kolk (Ed.) *Psychological trauma.* Washington, DC: American Psychiatric Press, Inc.

Vogeley, K., Kurthen, M., Falkai, K. and Maier, W. (1999) Essential functions of the human self-model are implemented in the prefrontal cortex. *Consciousness and Cognition.* Vol. 8, pp. 343-363.

Walters, R. (1984) Forgiving: An essential element in effective living. *Studies in Formative Spirituality*. Vol. 5 (1984) pp. 366-367.

Watkins, C. E. and Schneider, L. J. (1991, eds.) *Research in Counseling.* Lawrence Erlbaum Associates Publishers.

Weeks, J. (1989) *Sex politics and society.* Longman.

Westbury, E. and Tutty, L. M. (1999) The efficacy of group treatment for survivors of childhood abuse. *Child Abuse & Neglect.* Vol. 75, pp. 26-35.

Westgate, C.E. (1996) Spiritual Wellness and Depression. *Journey of Counseling and Development.* Vol. 75, pp. 26-35.

White, M.D., and White, C.A. (1981) Involuntarily committed patients' constituted right to refuse treatment. *American Psychologist.* Vol. 36, pp. 953-962.

Whitfield, C. L. (1987) *Healing the child within.* Health Communications, Inc.

Williams, AS. (1989) *The passionate Technique.* Routledge: London.

Willis, P. E. (1977) *Learning to labour*. London: Saxon House.

Wilson, J. P. (1980) Conflict, stress and growth: The effects of war on psychosocial development among Vietnam veterans. In C. R. Figley and S. Leventman (eds.) *Strangers at home: The Vietnam veteran since the war*. Pp. 123-165. New York: Prager.

Wing, J. (1991) Ethics and psychiatry research. In S. Bloch and P. Chodoff (2nd, eds.) *Psychiatric Ethics.* Oxford University Press, pp. 415-34.

Winnicott, D. W. (1958) The capacity to be alon. *International Journal of Psychiatry.* Vol. 39, pp. 416-440.

Winnicott, D. W. (1965) *The family and individual development.* London: Tavistock.
Wise, M. L. (1985, April) *Incest victim survivor paradox: Therapeutic strategies and issues*. Presented at the annual convention of the American Association of Counseling and Development. New York City.

Wolfe, V. V. & Birt, J. A. (1997) Child sexual abuse. In E. J. Mash & L. G. Terdal (Eds.) *Assessement of childhood disorders* (3rd ed.) pp. 569-626. New York: The Guildford Press.

Worthington, E.L., Jr. (1989) Religious faith across the life span: Implications for counseling and research. *The Counseling Psychologist.* Vol. 17, pp. 555-612.

Wortman, C.B., & Brehm, J. W. (1975) Responses to Uncontrollable outcomes: An integration of reactance theory and the learned hopelessness model. In L. Berkowitz (Ed.) *Advances of Experimental Social Psychology,* pp. 277-336, New York: Academic Press.

Wrightman, L.S. (1994) *Adult personality development.* London: Sage.

Wyatt, G.E.& Newcomb, M. (1990) Internal and External Mediators of Women's sexual Abuse in Childhood. *Journal of Consulting and Clinical Psychology.* Vol. 58 (6) pp. 758-767.

Yalom, I. D. (1985) *The theory and practice of group psychotherapy (3rd).* Basic Books, Inc., USA.

Yalom, I. D. (1995) *Treating women molested in childhood.* Jossey-Bass Inc.

Zlotnick, C., Shea, M. T., Begin, A., Pearlstein, T., Simpson, S., Costello, E. (1995) The validation of the trauma symptom checklist-40 (TSC-40) In a sample of inpatients. *Child Abuse & Neglect.* Vol. 20 (6) pp.503-510.

Zlotnick, C., Zakriski, A. L., Shea, M. T., Costello, E., Begin, A., earlstein, T., Simpson, S. (1996) The long-term sequelae of sexual abuse – support for a complex posttraumatic-stress-disorder. *Journal of Traumatic Stress.* Vol. 9 (2) pp.195-205.