


**NARRATIVES
OF SEXUALLY ABUSED WOMEN
IN REFLEXIVE THERAPY:
INTRA-PERSONAL AND PUBLIC VERSIONS OF SELF**

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ABSTRACT

This thesis examines the therapeutic narratives of sexually abused women. It is based on four in-depth case studies and my experience in counselling hundreds of other women.

Two opening chapters outline the methodological and theoretical basis upon which these stories have come to be presented. These accounts unfold through a therapeutic facilitation which has been informed by feminist and narrative therapies, Jungian dream analysis, and a vast array of sexual abuse and related literature. My written translation of these experiences, on the other hand, has been shaped greatly by sociological argument. The foremost of these include feminist standpoint theory, reflexive transformation, and symbolic interaction. The bringing together of these fields serves to create two additional and sometimes conflicting voices -therapist and researcher- which are heard in and around the voices of my clients.

The main body of the thesis develops, in storied form, clients' attempts to define and reintegrate themselves following sexual violations in light of a lack of self-authority, fears around voicing their trauma, fragmented memories, disassociation from their own language and symbolism, and a general sense of personal invalidity. In the face of these and other obstacles the therapeutically facilitated accounts bring to the fore unique and creative strategies for integrating these similarly dehumanizing experiences. Each narrative also speaks clearly of the need for a perspective outside of the client which will, in reflecting it back to her, hopefully disarm some of its horror for her and eventually allow it to be integrated by her.

In addition, popular therapeutic discourse on sexual abuse has inadvertently served to silence many of my clients by removing them from this experience through a reconstruction of it for them in a theory and language that falls short of capturing its essence. These narrative reconstructions alternatively dispense with those and other descriptions of the client's trauma in favour of internally produced symbols and associations. Just as the sexual abuse narrative needs a discourse into which it can flow in order for it to be heard, it needs also to first be made right at the intra-personal level before it can be widely shared. Within the context of this thesis the therapist has mediated the client's story while the sociologist has sought and amplified its social significance.

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I am deeply and lovingly indebted to Ann Millar, who first introduced me to the importance of dreams.

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**Modern stories of sexual suffering and sexual surviving have been strikingly well rehearsed over the last decades of the twentieth century. They are stories with driving, coherent, and linear plots -- of suffering, of coming out, of survival -- which ultimately fit into major archetypal forms of story telling: journeys, homes, consummation. They fit into the narrative plots of both the great literature of the distant past and the trashy Hollywood tales of redemption that have swamped this century. And they have become almost commonplaces: in the recovery and therapeutic literatures, in lesbian and gay studies, in women's studies. They are stories that have been well told and whose time has clearly come.
Plummer, 1995: 131.**

INTRODUCTION

In his study *Telling Sexual Stories*, Ken Plummer deals with the magnitude and content of sexual stories and addresses too their changing character. His exploration of the social climate which permits sexual stories to be told establishes a watermark for sociologists concerned with the broad terrain of the transformation of this particular genre of story. His work helps to explain the popularization process of the sexual abuse story, as he introduces his reader to the many dimensions of this once deeply private information. He calculates generally the personal cost of publicizing such acutely intimate knowledge and analyzes the forms that “coming out” takes. Moreover, Plummer contends that these powerful stories are no longer new and that they have in fact become “commonplaces “ (Plummer, 1995: 131; also see Hochschild, 1983).

Though I begin here with a reference to Plummer, the nature and role of such private recitations and their reflexive relationship in therapy and in their public reception are where my inquiry branches off. There exists in this era a continued need for private and secular “confessions” in so far as they do play a role in the process of personal reconstruction (Foucault, 1980b; Hepworth and Turner, 1982) but the relationship to the “confessor” is now altered. The “confessor” that my clients seek is not one who is neutral (Herman, 1992). Rather, she is an engaged intermediary between the client’s intra-personal experience and her social world. The yearning to tell and to be understood, as I have come ever more to realize and appreciate, is rooted in my clients’ need for a healing that is intra-personal, but also

social. This supports Nikolas Rose's view of the confession as a self-regulating practice serving to connect us to others.

In confessing, one is subjectified by another, for one confesses in the actual or imagined presence of a figure who prescribes the form of the confession, the words and rituals through which it should be made, who appreciates, judges, consoles, or understands. But in confessing, one also constitutes oneself.
Rose, 1989: 240.

Such connections between the intra-personal and social are what I have observed in my practice and seek to amplify herein.

This thesis encompasses two interwoven journeys in which I, as a therapist and more lately as a sociological researcher, have participated. The first journey is one represented in the following study by a purposive sample of once sexually abused clients. To state their experiences in the broadest terms, my clients have often achieved personal re-integration following horrific intimate experiences. This re-integration was accomplished after their experiences were addressed in a reflexive therapeutic dialogue (See Tomm, 1987). Through their own creative process of restructuring their lives, especially in their use of dream imagery and therapeutic narratives to do so -- these victims/survivors/clients have developed a new understanding of themselves in which they have played an integral role.

The second journey represents my path as a therapist, researcher, and student of applied sociology. As a participant in and mediator of my client's stories, I speak with two voices -- the voice of therapist and the voice of sociologist. My therapeutic voice was the first of these to evolve. It represents both my training and thinking as a therapist and attempts to

portray my clients' experiences in therapy. It is from this standpoint that the evidence upon which this analysis is based was initially gathered. The voice of sociologist, my research voice, which is now equally engaged sometimes asks me to reinterpret in a dialogic fashion what I have observed and calls me to view these accounts through a different lens. The challenge of upholding this dual role represents a significant dimension of my own journey. Admittedly, my voices sometimes collide and contradict each other as they attempt to interpret clients' experiences from different perspectives. My intent, however, has been to draw out the commonalities between my therapeutic practice and my sociological research.

My academic history demonstrates what is to me a harmonious merging of disciplines. I began at the graduate level with the study of English literature through which I developed an interest in the cultural forms and importance of literary representations of symbols. I then went in a quite different direction when I completed a graduate degree in counselling and the social sciences, with an internship involving sexually abused girls and women. I subsequently began a private practice, now over a decade old, in which I have provided therapy for hundreds of clients. This practice embraces an earlier and longstanding interest in Jungian theory and analysis and adapts it to my ongoing study of symbols as agencies of expression in the lives of sexually abused clients in therapy.

As I will also explain, these individuals and their stories constitute the bulk of the evidence I have used in a subsequent analysis of collective and social experience. Why this approach? As Dilthey once aptly commented,

"The self-biography is the highest and most instructive form in which the understanding (*Verstehen*) of life is confronting us" (cited in Kohli, 1981: 64).

Several years ago, I decided to bring the stories of my clients out of our secluded therapeutic context. The reasons were principally twofold. One, I wanted to describe and better understand what consistently appeared to succeed in the therapeutic process, when my clients essentially reinvented themselves and found ways to reintegrate themselves socially into their communities. Two, I considered their stories important, not only as individual case studies and therefore principally of interest to other therapists, but as representative of a wider phenomenon -- sexual abuse -- which is now well recognized as a public issue, and of possible interest to an audience beyond the therapeutic community.

In order to make sense and give meaning to this process in its entirety and to make it more accessible to those outside of the therapeutic realm, I decided to turn to the field of sociology. In particular, I wanted to examine the creation of personal narratives used in the therapeutic dialogue through the selective application of sociological literature, and thereby to glean a deeper understanding of the interaction between intra-personal and social worlds. This struck me as a logical course of enquiry because some of my previous readings in feminist theory and social work, which had influenced my therapeutic approach, often incorporated such literature.

My Background

I have drawn the stories in this study from my ongoing private therapeutic

practice. My career in counselling has so far brought me into contact with numerous clients, primarily women, most of whom are native Newfoundlanders (Porter, 1985; Porter, 1988; Stearns, 1974). To date, these women range in age from eleven to sixty-two, they represent a broad educational background, and they reflect a socio-economic cross-section of the population. The great majority of these clients have sustained sexual trauma in one form or another. Their narratives, a small selection of which are gathered for inclusion in this study, were all known to me before I embarked on writing this thesis. I have now been living with some of these stories for as long as I have been counselling. As these individual narratives have accumulated, they have become a collection of stories in my keeping, and I wanted to portray them somehow, to share them, and to give them greater meaning. In short, these narratives are the principal underlying motivation for my engaging in a sociological analysis.

My full-time private practice in counselling began partly out of a growing demand for my services while I was still employed full-time as a counsellor at Memorial University of Newfoundland. There were so few women therapists practicing in our small city of twenty-five thousand people, that I was flooded with sexual abuse cases. Then, as now, a great many sexually abused women and men state a preference for women practitioners with whom they might discuss this most intimate form of abuse.

I began practicing during the early 1990s after a decade of growing interest in child sexual abuse (Bagley, 1984; Schlesinger, 1986; Finkelhor, 1984; 1986b; 1989; Kelly, 1988a; 1988b), just as the abuse of generations of

boys within the province's Roman Catholic run orphanage for boys, Mount Cashel, became widely known and began to make its major impact (Harris, 1990). Prior to these and earlier public exposures of sexual misconduct by Irish/Canadian clergy, as documented, first, in the work of the Winters Commission (Archdiocese of St. John's, 1990) and then in the Hughes Inquiry (Hughes, S. H.S., Q.C., 1991) related police investigations, and press releases revealing abuse at this orphanage had produced little public reaction. Relatedly, a television documentary unveiling claims of inter-generational and widespread abuse of native peoples at residential schools in Ontario was also initially greeted with equal public apathy.

Yet when the complete trial of the great many Irish/Canadian Christian Brothers, who were alleged to have physically and sexually abused boys over decades, was televised live, the province, and indeed the entire nation, took notice. The full publicization of the events at the orphanage triggered the disclosure of other sexual abuse cases throughout the province (Rogers, 1992; Melendy, 1993). It took over a year following the large scale revelations for a victim from Mount Cashel to reach my doors. The fallout from these events is still evident and still slow in coming. For example, though many Christian brothers and other clergy have since been put on trial, and there have been numerous civil cases against the order, the abuse of girls at Belvedere, the province's sister orphanage for girls, is only now emerging.

My clients have come to me from a multitude of sources including the Department of Social Services, employee assistance programmes, the

In order to find a critical alternative viewpoint, I felt that I needed to step outside of my area of expertise. I hoped that by drawing upon a language and viewpoint from another field, namely sociology, I might gain a broader perspective and understanding of what appeared to be a strictly personal and isolated suffering. A rephrasing or reconfiguring of what was now to me a familiar, if not exhausted, theoretical terrain seemed to be a critical first step in breaking out, at least intellectually, from my professional isolation as the keeper of my clients' stories.

The Therapeutic Interpretation and Use of Symbolism

The analytical work with symbolism that “we” (I, as therapist, and she, as client) include in therapy underscores the source of many of my clients' reconstructive processes. For this reason alone I consider it necessary to provide the reader, as part of this introduction, with an overview of my relationship with symbolic expression. Also I will describe the symbolic means by which my clients' express their experiences and how they incorporate symbolic representations into their notions of self. Lastly, I will provide a sketch below of my evolving sense of the relationship between private and social symbols, and their use both in private therapeutic reconstructions and in sociological theories of self (Bynum, 1993; Cummings, 1998; Turner, 1967).

I had studied symbolic expression within the fields of English and American literature at undergraduate and graduate levels before beginning my training in counselling. My interest in symbols was further fuelled by

Newfoundland Constabulary, various law offices, the referral of physicians, as well as by word of mouth. The majority, however, are sent to me through the Victim Services Branch of the provincial Department of Justice. I would have used their narratives too, but this proved impossible. These latter referrals have all been victims of crimes and they have all filed charges against their assailants. Many of these cases are associated with lengthy court trials, some of which remain unsettled. Further, my request to research and write the stories of clients referred to me by Victim Services was denied by the Department of Justice because of concerns surrounding confidentiality. Nevertheless, these cases which I have been forced to exclude also consistently reflect what my other clients experience and narrate.

My formal training, as a therapist, and more pointedly my internship working in a clinical setting with sexual abuse victims, prepared me to discern and address issues of powerlessness, anger, and loss of trust, as well as a whole host of emotional and physiological post-traumatic stress symptoms. It did not, however, prepare me to anticipate the sheer volume of clients that would seek my consultation. Nor had it equipped me to comprehend fully the complex and symbolic nature of my clients' processes of reintegration. I had not expected either that I would be grappling with so many puzzles in isolation, bound by professional confidentiality.

Accordingly, a short while into my practice, I found myself seeking to overcome my professional isolation, to gain insights over and above what the strictly psychological or therapeutic literature was offering.

reading the works of C.G. Jung (Jung, 1958; 1965; 1968; 1972; 1974), long prior to my career in counselling. Perhaps the single greatest influence of Jung's was his interpretation of dreams. My move to counselling was partly motivated by a desire to work first-hand with this type of symbolic expression and to explore its analytical links to healing and to the social and personal reconstruction of self. The writings of Jungian psychoanalyst Marion Woodman (Woodman, 1982; 1990; 1992) contributed much to my own practice of therapy. She added a not only welcome feminist and updated interpretation to this style of analysis but important work on women's symbolic and literal relationships to their own embodiment.

All of my clients have suffered abuses not of their own making. And, as I will later discuss they have subsequently, unfortunately, often to their disadvantage, had these private experiences interpreted for them in a language that was not of their construction. In contrast, personal dream symbols and their expression permit my clients to acquire a sense of ownership over their experience. Moreover, dream analysis satisfies my clients' sense of "truth" which in turn advances an emotional resolution.

For instance, just as their perception of disembodiment following sexual assault is symbolic, so too can their re-connection of those disparate parts of themselves be achieved symbolically. My clients' dreams, for instance, provide a way of revisiting their terrible experiences without re-exposing them to the actual world where it occurred. More importantly, it allows them the assertion of personal authority and self-respect. Consequently, they can locate and adopt their "truth" in whatever form it

presents itself both in their dreams and in the symbolic thinking about their personal reality that is sometimes an off-shoot of dream analysis. In fact, sometimes the validity of a symbol strikes a client with such intensity that their understanding of it can lead to a moment of epiphany.

In order to comprehend what it is that has been done to them, I have discovered that these women need to recognize and to digest the self-rendered words and symbols that are vast and "true" enough to represent their experiences on the many levels which their abuse has affected them. Such a profound effect makes sense in light of Jacobi's description of the impact of the symbol. He writes,

As the uniter of opposites the symbol is a totality which can never be addressed only to one faculty in a [wo]man -- [her]his reason or intellect, for example -- but always concerns our wholeness, touches and produces a resonance in all four of our functions at once. The symbol as "image" has the character of a summons and stimulates a [wo]man's whole being to a total reaction; [her]his thought and feeling, [her]his senses and [her]his intuition participate in this reaction and it is not, as some mistakenly suppose, a single one of [her]his functions that is actualized.
Jacobi 1974: 88.

Throughout both my counselling work and my research, symbols and symbolic expression have held and continue to hold a place of prominence. Within my practice we regularly call upon dreams, as a therapeutic technique, to link the inner events of my clients' lives to outer events and relationships. More specifically, we use internally rendered symbols as a tool for framing, ordering, heightening consciousness of, and communicating their abuse experiences.

The Intersection Between Private and Social Worlds

At the onset of my extended research into sexual abuse came a growing awareness of social theory and its possible application to my work. It influenced my practice of therapy in the sense that I began to re-evaluate and subsequently to de-emphasize my strict analytical focus on the intra-personal. Importantly, my subjective therapeutic work with clients' symbols did not cease with this intellectual shift, as this first approach still proved to be the best method of reaching into, understanding, and communicating otherwise difficult to encapsulate experiences. Yet an application of sociological understandings to therapeutic findings caused me to consider more fully both the clients' processes of forming and communicating their most personal content and the wider social and reciprocal effect making public their experiences had on their narratives (Abrahams, 1986; Denzin, 1987; Goffman, 1961; Goffman, 1963b; Singer, 1990) . As my clients' narrative processes take form in therapy, I see them as operating within a reflexive cycle with both internally and externally rendered symbols feeding into their self productions. Our attempts to re-integrate the client within her own narrative lead us quite naturally to consider a social perspective.

The theory of reflexive transformation, which mirrors the cyclical nature of our therapeutic pursuit, provides a way of applying my clients' awareness of their experiences to various sociological debates while still acknowledging and honouring the significant, in-depth, and oft-times symbolic process of individual transformation in therapy following sexual trauma. Moreover, the reflexive process is one which therapists and

sociologists have sometimes interpreted similarly.

The internal and external processes are quite distinct, yet each feeds into the other so that neither can be entirely separated one from the other. When a once-abused person calls upon me, as a therapist, to participate in her cycle of self understanding, this is a stage of the client's development when private analytical work is actively pursued and highly valued. The private work that is then performed with a therapist, in isolation, is deemed necessary for the initial containment of an overwhelmingly negative experience. Yet the moment my client's intra-personal understandings begin to seek an audience in me, a socially manifested reflexive process is set in motion. Further, isolated work on the self is not deemed by the client to be fully satisfactory or complete until that reconstructed self receives broader social validation. This cycle of reconstruction then moves outward like circular ripples on a pond and admits into the client's perception of self a social and cultural view of herself that has been shaped by her abuse experience.

Much of what I initially hear from my clients represents fertile ground for therapy and holds my interest as a researcher. It is deeply intimate and for the most part otherwise socially inaccessible content. Afterwards, in the wake of the client's first articulation of internally rendered symbols and her newfound understanding of her experience there comes a reformulation of that experience for the therapist and the client together, and a departure from relying upon a pre-existing vocabulary. But then it is already one step removed from pure experience. In contrast to these initial attempts to

articulate her situation, dreams and symbolic reference points remain as content which is less contrived and less accessible to external manipulation. Importantly, for the client, they stand as reminders of *her* personal “truth”. Understanding this micro-level of mediating experience led me to view this process also in social terms, in which reflexive therapy and symbolic interactionism became valuable tools of analysis, because they encompass symbolic forms and interpretations of the social experience.

I found that significant links exist between the intra-personal identification of symbols -- a search rooted in the desire to effectively relay one’s narrative, and sociological interpretations of the symbolic presentation of self. Proponents of reflexive transformation theory have seen the subjective and symbolic aspects of self, as one important dimension in a larger loop, which allows us to examine our internal referential system and to address directly the matter of our inclination to present and perform our stories to audiences of our choosing. In thinking about my clients’ abuses, I also came to include the sociological theory of symbolic interactionism, and what Norman K. Denzin describes as the phenomenological, interactional, linguistic, and ideological dimensions which constitute the biography of the person (Denzin, 1992).

My appreciation of symbolic expression had consistently motivated me to stimulate my clients' use of art, dreams, writing, “active imagination”, and narrative construction as a means of exploring and expressing themselves to both of us. Likewise I was drawn to the social basis of symbolic interactionism and its concerns with the various levels at which

expression -- intra-personal, inter-personal, and social -- is symbolically created and interactive. To illustrate, dramatic personal transformations are viewed by Denzin as stemming from interactional situations in which the private self is spontaneously redefined in the face of a larger social crisis. Although symbolic interactionism is now considered in some circles to be "passé" (Plummer, 1995:184), it still retains much value for evaluating my clients' experiences.

In emphasizing communication as a "symbolic process" (Denzin, 1989b: 98), as my clients' experiences of therapy also consistently demonstrate, Denzin expounds upon James Carey's notion that this process is one wherein "reality is produced, maintained, repaired and transformed" (cited in Denzin, 1989: 98; Carey, 1989: 23) and, in concurrence with Carey, he presents the following point.

I understand communication to refer to an ensemble of social practices, social forms, social relationships, and technologies of representation which construct definitions of reality. The social practices, relationships, and technologies of communication symbolically interact. They do so in concrete historical moments, to produce particular ideological, emotional, and cultural meanings which are connected to the lived experiences of interacting individuals.
Denzin, 1992: 98.

Denzin's perspective here concerning the symbolic nature of communication solidified my own developing attraction to the broader impact of my clients' isolated attempts at intra-personal continuity and so acted for me as an analytical bridge between the intra-personal and social experiences. However, it is Carey's quest for greater depth that punctuates

that inner-level of experience which my clients and I have sought. His gaze is turned inward in a search for a "more substantial domain of existence" (Carey, 1989: 25). Believing that "reality is brought into existence, is produced by communication -- by, in short, the construction, apprehension, and utilization of symbolic forms" (Carey, 1989: 25), Carey seeks to lend expression to the nuances and the ritual nature of a complex process of symbol-making that frequently goes unheeded or has been displaced in favour of competing theories on communication. He aims to view communication through a slightly different lens, in the hope of making "the phenomenon strange," because we, he contends, have become numb "to the mysterious and awesome in communication." Indeed, it is Carey's contention that the social sciences "can take the most obvious yet background facts of social life and force them into the foreground of wonderment" (Carey, 1989: 24), and it is precisely in this spirit that I offer to a sociological audience the material that has been gathered, nurtured, and sometimes symbolically reinterpreted by my clients.

I have sought to explore the subtleties of their private experiences *and* communicative exchanges which together bring about important self revelations. To ensure this result, a fresh set of symbolic reference points, sometimes reached through a deliberate process and frequently attained unconsciously, is crucial for those who are attempting to personalize, integrate, and communicate a tragic story that has identified and labelled them -- one in which the self-understanding of the client has been neglected and one in which personal narrative and self-creation have played only minor

roles.

Symbols integral to making unique each woman's narrative help to shape and define a new and often an innovative self-definition. Those symbols, adopted for the purposes of encapsulating a sometimes unutterable experience, are first tried out in the therapeutic arena where the method of exchange is, in itself, searching, open, and nurturing of efforts at expression. This symbolic process, in all its aspects, is a necessary part of the reconstructive process that the therapeutic experiences of my clients demonstrate.

The work of symbolic interactionists and others who have grappled with the intersection between "inside" and "outside" worlds (see Geertz, 1983) thus has provided a language and theory for me with which to better understand and explain the social dimension of my clients' intra-personal experiences. Aspects of this discourse have proven helpful in easing my transition from the practice of individual therapy with its emphasis on establishing intra-personal meaning, to one of re-searching my clients' symbolic experiences within a broader social milieu. In other words, the type of symbolic understanding which is characteristic of symbolic interactionism (Denzin, 1992) has represented for me a point of intersection between a subjective practice and a social theory, an approach which employs a living social symbol and which places story telling and human communication at its very centre. Such an application is well suited to exploring the themes of integration and reintegration which we (client and therapist), together in the therapeutic process, are continually working towards.

The Social World of Private Therapy

The therapeutic process, in its emphasis on internal processes, demands a tremendous degree of privacy and introspection. Nevertheless, all of my clients have needed to participate in a social world. These people are not functioning in a vacuum, and they are not self-contained. Nor of course should their therapy be. In fact, as I maintain in Chapter Six, the integration of external social perceptions and external descriptions of their abuse, in conjunction with a desire for an eventual reconciliation with their social worlds constitute a substantial underlying element in what motivates my clients in therapy. It also directly and indirectly stimulates their insights.

The client's yearning for social affirmation and understanding, as it is expressed in counselling, is demonstrated first by her pursuit of a morally engaged as opposed to a neutral witness/therapist (see Herman, 1992). My role in this pursuit of affirmation has heightened my awareness of how externally produced perspectives affect my clients and intersect with their intra-personal notion of self. Out of this client/therapist relationship too grew my desire to better understand this process and to create a bridge between the therapeutic narrative and sociological treatment of intra-personal symbols.

In one sense, the symbol, as it is drawn out of dreams for explication in therapy, acts simply as yet another means of communication. It is an exact and crystallized form of expression. But, perhaps due to its subjective origins and qualities, it is a form of communication which is still much overlooked in sociological studies (see Craib, 1989). This intentional

blindness exists for perhaps somewhat of the same reasons that Ian Burkitt identifies in sociology's exclusion of "the body" as a site of serious research. Burkitt suggests that, "Perhaps the body has been excluded from the social sciences for so long because it tended to be thought of as unruly and unpredictable, the seat of the emotions and passions, things which cannot be calculated or represented in any regular way" (Burkitt, 1999: 1; see also Coulter, 1979).

Despite acknowledging these problematic aspects, Burkitt continues to advocate a sociological approach to the body and self, one that reflects my own interests, both at the level of my clients' embodied existence and their unconscious productions. He writes: "I am arguing here for a multi-dimensional approach to the body and the person which conceives of human beings as complexes composed of both the material and the symbolic" (Burkitt, 1999: 2). This is a concept which Foucault terms "bio-history" and then applies towards his analysis of power (Foucault, 1980: 143). He and others (see Douglas, 1966; Turner et al, 1991) were first responsible for bringing the "body" into the realm of sociological arguments and explanations.

Similarly, my clients' view of themselves, as it is shaped by others' perceptions of them, creates an interaction that takes on a symbolic form. Burkitt's work on various dimensions of being and the modern experience of intra- and inter-personal fragmentation has then significant similarities with my study, in my attempt to represent my client's symbolic, physical and inner-personal pursuit of wholeness.

The exploration of symbols remains one avenue for making coherent and expressing, within the therapeutic exchange, that which is spontaneous. The symbols which arise out of dreams are sometimes the basis for an extemporaneous flood of insight which, as I have said can amount to an epiphany for my clients. On the other hand, as I have noted, sociological understandings and applications of symbol have now advanced my understanding of my clients' sense of self within their peopled world. They have also provided me with a vocabulary for interpreting my counselling work to a sociological audience.

Foremost, it is in the role and application of symbolism as a form of communication that I locate common ground between the personal and social symbol. When this subjective and private symbol work of therapy meets with the social and cultural world, symbolism takes on an altogether different dimension of communication than suggested in the therapeutic literature alone. The ritualistic nature, timing, and point-of-focus within any spoken exchange is social, symbolic, and crucial to our private work.

Often, this latter process and its valuable representation of ideas and experiences in therapy resemble what Mary Douglas (Douglas, 1966) has described as symbolic enactment. She says of symbols that they "can permit knowledge of what would otherwise not be known at all. [They do] not merely externalize experience, bringing it out into the light of day, but . . . modif[y] experience in so expressing it" (Douglas, 1966: 64). This dynamic, she writes, serves three functions: "It provides a focussing mechanism, a method of mnemonics and a control for experience" (Douglas, 1966: 63).

Douglas' observations and her surrounding discussion of symbolic employment converges, as will be seen in my later representation of clients' encounters with symbols, and provides us with an insightful synopsis of the contribution of symbols to story telling.

What is perhaps Douglas' most important point, and one which further supports my own findings, is her conclusion that "it is very possible to know something and then find words for it (Douglas, 1966: 62)." Here Douglas parts company with those who contend that reality is inseparable from language (Burke, 1989; Carey, 1989). However this statement captures the essence of the importance of symbolism, as the women who I represent have lived it. The symbol often arrives first and it is only later interpreted within the therapeutic dialogue. In this form, it represents the very seeds of communication about what has been experienced. Herein too lies a sensitive dimension of the explicative and reflexive aspect of therapy. Some symbols must remain undeciphered and therefore private so as not to destroy the essence of their message and thereby trivialize the client's experience. Others demand translation.

Berger and Luckman offer a description of the symbol in sociological terms that functions well for depicting its all-encompassing nature, including, as it becomes evident, in the dream symbolism of my clients.

The symbolic universe is conceived of as the matrix of *all* socially objectivated and subjectively real meanings; the entire historic society and the entire biography of the individual are seen as events taking place *within* this universe. What is particularly important, the marginal situations of the life of the individual (marginal, that is, in not being included in the reality of everyday existence in society) are also encompassed by the symbolic universe. Such situations are experienced in dreams and fantasies as provinces of meaning

detached from everyday life, and endowed with a peculiar reality of their own. Within the symbolic universe these detached realms of reality are integrated within a meaningful totality that “explains”, perhaps also justifies them. . . The symbolic universe is, of course, constructed by means of social objectivations. Yet its meaning-bestowing capacity far exceeds the domain of social life, so that the individual may “locate” himself in it even in his most solitary experiences.

Berger and Luckman, 1967: 96.

My clients’ urge to define and to “locate” themselves in light of another’s description is represented by the private and symbolic self-understanding which develops within the broader social symbolism of language and human interaction. The self developing awareness of what Berger and Luckman call a “symbolic universe” (Berger and Luckman, 1967: 96) provides my clients with a sense of renewed connection to a world that had once betrayed them by allowing their abuse to occur.

Prior to their beginning therapy, all of the women whose stories I explore, felt in varying degrees that their past lives had not belonged to them. They also had endured a sense of shame and a loss of trust in others, resulting from their abuse experiences. A sense of marginalization had subsequently frozen them in their social world. This sense of being marginalized had stifled their willingness and ability to communicate their traumas to others. Consequently, the desire to disown their original stories, ones that defined them unwillingly, had become so compelling, as to fuel suicide attempts, substance abuse, violent relationships, and a whole host of other self-destructive behaviours. These women also shared a deep awareness that those closest to them, those who were "supposed" to protect them, including authority figures, had failed to do so at a most critical

junction in their lives. This abandonment and sense of betrayal, was, in one sense, why I came to consider their private troubles as public issues. For all of them, their previous abuse contributed to a long-term severing of trust in others, and this situation contributed to varying degrees of often unwanted social isolation, or worse. Society, in other words, had made them strangers (Bauman, 1989). This is not who they wished to be.

Over and above their quest for personal authorship, those clients, who I represent herein, sought a reconciliation, a symbolic one at first and then an interpersonal one, in the hope of eventually returning to a trusting relationship both at a personal and at a collective level. This dynamic of a client and therapist discovering fresh aspects of the traumatic experience and then communicating these through symbols within the therapeutic dialogue is certainly not new within psychotherapeutic fields of study and practice. However, uncovering this symbolic content and making sense of it within this particular sociological framework and analysis, is new to me, and it has contributed much to my newfound perception of the importance of the social dimension of my clients' experiences in their search for personal reconstruction. In turn, I have come to perceive that the subjective and often symbolic work of this therapeutic approach has much to offer to sociologists who are interested in that threshold between the subjective and mostly unrecorded experiences of therapy and the well documented social world to which my clients seek a return.

Through my subsequent readings in sociology and anthropology, I soon came to realize that, while my position as a therapist was unique, it

nevertheless shared many features of its sociological and anthropological counterpart, in its role as participant observer (Labovitz and Hagedorn, 1976). In coming to this realization, I also came strongly to understand that my clients' stories offered a body of knowledge based on substantive field work from which theories on the distinction and interrelationship of private and public spaces could be further analyzed. As testimony to and evidence of important personal events, my clients' narratives reveal, sometimes with diary-like intimacy, the widespread and horrifying social practice of forced and/or coerced sexual intercourse on girls and women. The perpetrators are most often (step)fathers, brothers and/or male social acquaintances. How these acts affect their victims is, of course, central to my role as a therapist. In their telling, these narratives facilitate a deeper understanding of the nature and impact of such experiences, and they have been and continue to be vital tools to work with in my role as a therapist.

I have come to recognize, however, that their significance extends beyond the immediate context of therapy. These narratives contain matters of interest and merit in and of themselves to students and researchers, and they also provide potential support for those persons who have endured a similar experience. Necessarily then, my primary goal has also become a bridging of the therapeutic and sociological divide in order to explain to myself, and to others, what happens in my world as a therapist and in my clients' world.

My clients' psychological distress as well as their reconstruction of self is intra-personal, inner-personal, and social in its nature. I have also come

to understand that the therapeutic process acts, on one level, as a form of mediation between a client's individual revelations and external definitions of what these experiences of abuse characterize. Consequently, my clients' narratives represent an avenue of understanding, the 'how to' of self construction and of social construction, linking private and public worlds.

The Approach

The initial chapters of this thesis on method and theory describe, explore, and discuss my approach, in detail. Following this discussion of therapeutic and sociological influences on my research, I present detailed accounts from four clients which are representational of the many clients who have consulted me for counselling. Each of these chapters contains extensive selections from a different narrative which, considered together, present the various stages of a client's remaking, and my own accompanying journey of sociological inquiry. The order in which I address these questions and problems forms a natural sequence. This succession, or pattern, mirrors the client's presentation of her/self in therapy.

She begins by presenting her story from a perspective somewhere outside of herself, as if she is an outsider looking in. This perspective reflects the separation of body from self that most of my clients describe as a result of their abuse. Both the distance from her narrative and her disembodiment create for her an emotional departure from her own story that while initially necessary must eventually be reconciled. The next stage is marked by the client's intimate and emotionally charged relaying of her

account. Subjective and intra-personal analytical work follows which grants the client a sense of re-connection with herself. As the therapeutic process concludes, the client's gaze broadens once again to encompass her view of herself within her body and her social surroundings.

The initial stage of therapy as reflected in one client's story is discussed in great detail in Chapter Three, "The Language of Survival." As the reader will see, my enquiry into the nature of the "survivor" has led me down several roads. The oft-employed terms "survival" and "survivor" have been inextricably linked, of late, to the subject of sexual abuse (Herman, 1992). They represent a far reaching social construction which attempts to describe and then to categorize an individual's capacity for surmounting an ordeal, a symbolic death- in- life and, sometimes literally, a near death. But, though there are benefits, the drawbacks of these and related terms to the client's self-description and self-concept are multiple. Not the least of these has been how the term survival has altered my clients' perceptions of their private experience, in its inherent insistence upon a connection to a wider group of similarly traumatized people, and in its pursuit of a path, its recipe for recovery.

The clients' relationship to such descriptions represents an important part of their changing self concept. At the onset of therapy it is generally their desire to be typical and not to stand alone, as most of them have had to do secretly for many years. This desire usually results in an initial adoption of common descriptions of who they are, for example, a "survivor". Later, my clients typically recognize that such categorization limits who they are and

what they have endured and they begin to reshape this externally imposed identity. This chapter, then, examines in detail how externally manufactured language and definitions have defined my clients' experiences and self perception.

Chapter Four, "The Reflexive Process", allows the reader entry into a further dimension of my clients' private and subjective world of personal reconstruction. It is in this phase of therapy, that the client begins anew her search for effective personal and creative remedies to alleviate her sense of distress. Dreams, the symbolism they contain, and the journals used to record them are now often actively employed to bring this feat to fruition. This chapter looks specifically at "reflexivity," (Giddens, 1991; Tomm, 1987) as the essential process which underscores the narrative and which fuels the client's work on her own reconstruction. For the client, a personal symbol, until it has been spoken, represents material that has been unmanipulated from without. However, in their search for meaning and validation, they need to share their thoughts and imagery. Here the client's "reflexive process" begins to dominate, as the therapist and client interpret and reinterpret personal symbolism. These creative acts, as the experience of my practice illustrates, serve to replace the stagnation of a fixed description, such as "victim" or "survivor", with something more powerful and self-sustaining in the client's search for reintegration. The rewards which emanate from a reflexive inquiry eventually motivate the client to dispense with an objectified and static, and ultimately ineffective "solution" borrowed from an external source.

Chapter Five, "From Silence to Narration", demonstrates the next stage in the client's transition from her private reworking of self to the public presentation of that "new" self. This chapter focuses on the experience of narrative formation and telling, and how and why it is that each client constructs and relays her reconstructed account. In understanding more fully what happens, we examine the sources that the client draws upon for the substance and sustenance of this re-configuration of self-identity. The personal and social significance of each telling, and the transformation which occurs within the client through the act of telling, were matters that first made me conscious of the existence of patterns common to individual accounts and suggested their collective significance.

Of course whether or not a story is believed, or whether there occurs a positive and/or negative reception once it is communicated, necessarily influences my clients' concepts of themselves. Chapter Six, "Sexual Abuse," explores the story form, its public reception, and the private and public pursuits of certainty. There exists a fragile relationship between respecting and honouring the unique qualities of each client's narrative and then searching for the common links between her story and other's in order to facilitate our understanding of these experiences within a broader subjective/objective framework or context.

This tension between subjective and objective perspectives has led us to consider the presence of "truth" in my clients' own storytelling experience. In turn these problems and issues related to "truth", and associated matters of credibility and clarity, have forced us to consider "the

cultural grid of intelligibility" (Anderson and Goolishian, 1988: 37, 497) or, in other words, where my clients' accounts, as sexual abuse narratives, fit into a wider social pattern of acceptance and non-acceptance. Some issues which surface here include how the client and therapist can accept as legitimate memories which are mere fragments in the face of strong public pressures to dismiss them as fabrications or as false memories. In addition, I look at how my client deals with her own lack of surety about certain aspects of her experience. This chapter represents a point of intersection between the client and myself, and a point of departure, as their "going public" allows me to carry these narratives forward for scrutiny by a wider therapeutic and sociological audience.

This thesis, then, addresses the conditions under which different constructions of reality, as I have come to understand them in the course of my therapeutic practice, become reflected in the changing consciousness of self. In particular, I look at the client's evolving self-description as it broadens to encompass an external view of herself. In this regard, I discuss and compare sociological and therapeutic descriptions of self within this context, and I also explore the results of my own twofold journey, as therapist and researcher, as it has been shaped by my clients' narratives.

The first part of my journey, as therapist, has been to recognize that, for many of my clients, the telling process is an act of reconstruction. The question is, how does this reconstruction take place? While from the therapeutic perspective, my role in this process is essential and clear, my therapeutic judgment as to what is happening remains subjective, intuitive,

experiential, reflexive and eclectic. I walk with my clients and gently guide them as they reshape themselves in the wake of profound personal disintegration.

This work has consistently revealed that my clients have passed from an intra-personal reworking of their experience, through narrative, to an inter-personal acceptance of their narrative. I have concluded, as a therapist, that this is the point at which the insights of therapy fuel the insights of social theory. My decision now to take their stories out of the therapeutic context and to hold them up to wider scrutiny, to be examined from the perspective of social theory, reflects my confidence in the validity and value of these narratives, in their contribution to my understanding the phenomenon of sexual abuse and its impact on the self. When I applied sociological theory to my long-term observations as a therapist, I understood better what was happening to my clients. My main findings are summarized, as follows.

One, the rise of feminist theory and a growing interest in theories of the self, as well as a wide acceptance that private troubles frequently are or should be public issues, has helped to explain the timing of my clients in their decision to seek therapy.

Two, in an era where traditional authority has been eroded, it has also become plain that there is less and less place for authority figures, “the experts”, to impose their analysis and recommendations upon the client. Rather, in light of the general precarious state of trust in authority figures noted by numerous writers, and the loss of trust that my clients have

experienced at a personal level, it is incumbent upon the therapist to negotiate trust and to share with the client the nature of the healing process.

Three, in part, mainstream self-help sexual abuse literature, in presenting a well-publicized common experience, has at once helped to open doors for sexually abused women to admit publicly what has happened to them, and has created some serious drawbacks. Though well intentioned, such literature often contributes, through over inflation (Klapp, 1991) of the subject, to the objectification of the “victim” or “survivor”. This unintentional undermining of the individual reconstruction process is a fact often recognized by clients themselves sometimes prior to but most often during therapy.

Four, in reinventing or in reconstructing the self, the client’s identity is inextricably bound to a wider social and cultural identity. What they have experienced is defined in social and cultural terms. More importantly, in my experience, successful therapy cannot proceed by merely treating the symptoms or the individual in isolation. For it is incumbent that the reconstructed self re-establish and measure itself within a wider social framework. This claim is affirmed by certain social interactionists. Moreover, it is not the survivor who knows the only “truth”. Nor is it the therapist. Rather the “truth” of what has happened to the client is a negotiated and evolving sense of validity, one even better understood through the prism of sociological knowledge.

Fifth and finally, it should be noted that there are limits to sociological knowledge and inquiry, especially as it pertains to clients in therapy.

Foremost, no participant observer, as sociologist alone, will ever fully enter the realm of the intimate and the personal. Only a therapist who is trusted by the client, who is entrusted with her narrative, and who engages with the client in this fascinating delving into the self, will see her world so intimately. In effect, my second journey, then, has been to trace and to develop a dialogue between the two disciplines.

In short, each chapter explores a different dimension of the re-creation of self, as viewed through a slightly different lens. Ultimately, it is hoped, the individual chapters will combine to offer the reader a range of focussed reflections upon an interconnected, multi-layered experience which essentially integrates the intra-personal with the public self.

CHAPTER ONE ON METHODOLOGY: A THERAPIST/RESEARCHER'S VIEW "FROM INSIDE THE WHALE"

A great many of my clients undergo a process of change through the course of therapy following sexual abuse which works intra-personally and inter-personally, as well as on a broader social level. Analytical therapy has traditionally placed its emphasis on the intra-personal dimension of such transformations. Sociology has historically placed its focus on the collective aspect of such change. My interest, as a practicing therapist and sociological researcher, is in the space in between the intra- personal and the larger social experience of self.

The stories that I relay, discuss, analyze, and interpret in this thesis have surfaced in therapy, in my clients' attempts to understand and to integrate an experience that has left them alienated from their families and larger social networks, and most notably from themselves. These women did not all consciously enter therapy to reconstruct their stories, and yet, there has existed among the vast majority of them a powerful need and tendency to do just that.

Partly composed and narrated in the course of therapy, the common issue that links one story to the next is, most obviously, the subject of sexual abuse. Most clients begin counselling in order to return, with the audience chosen by them (the therapist), to a chosen point, and from there to reconstruct their experience in their own words, and in a form that only they can make bearable. Details do vary greatly, however, from one story to another as to the frequency and duration of abuse, the client's age at its

onset, and the social environment in which these events took place. Distinct too is each woman's level of identification with the nature of her abuse and, likewise, her reasons for relating her narrative. Subsequently, out of a process that is unique for each person comes an original approach to the telling of her story. Each creative telling allows the client and therapist to search for new meanings during the course of therapy and narrative development, and it facilitates our deeper understanding of the sexual abuse account in general.

In this chapter on methodology, I first discuss the applicability of the case study approach in understanding, both in therapeutic and sociological terms, my clients' sexual abuse history, as expressed in their use of narratives to help them make sense of who they are and what has happened to them. This is followed by sections which describe the methods of therapy which I have used, in which these stories have surfaced, in order to explain the process through which they become articulated and the way in which they are transcribed. A final section discusses the fruitful meeting of the two disciplines of therapy and sociology, in my role, as therapist and as participant observer.

A Case Study Approach

The individual instances of sexual abuse, that I also view in collective terms, consist of personal revelations each of which fit the definition of what constitutes a case study. While the "case" is used in many ways I have found that Denzin's general description applies to how I frame and analyze my

clients' accounts: "A *case* may describe an event, a process, or a person," while "a *case study* is the analysis of a single case or of multiple instances of the same process as it is embodied in the life experiences of a community, a group, or a person" (Denzin, 1989a: 34). This definition, particularly with its emphasis on *process* as opposed to ordered biographical detail, applies to that body of "inner experience" (Gagnon, 1981: 51) that I work with in my practice and which I seek to describe herein.

I draw heavily on four selected cases for this project, which quintessentially reflect my style of close therapeutic analysis. Yet the accounts and experiences of many more clients are also indirectly present, and they have in turn directly influenced my overall discussion. I selected these remaining accounts from hundreds of sexual abuse cases. This process began with my revisiting client files that had amassed from years of counselling in order to discern which of them would be most suitable for transcription to a readership. Thus while these case selections are not quantifiable, for my purposes they reflect a wide sample of case studies.

I did not enter into this project with an overarching notion of how it was to take shape. Nor did I approach this task with hard and fast specifications for selection in mind. Some conditions naturally surfaced, however, as I began to scrutinize each case. I concluded this selection stage with seven fully transcribed cases, one for each chapter, which was narrowed again to four as I reconceptualized my thesis structure. The task of case selection and case elimination forced me to refine my thinking about the themes and problematics around which these accounts might be discussed. My line of

enquiry became further developed through the writing up and positioning of each case. But my decision to employ the case study method extends beyond its usefulness in allowing the description of experiences and processes to surface. This method captures, as well, the essence of my clients' lives more fully than most analytic strategies and certainly in a way that statistics and tables cannot. It allows for images to surface which add to a fuller account. In this regard, I agree with Howard Becker: "The basic operation in studying society is the production and refinement of the thing we are studying. We learn a little something (maybe a lot, who knows?) about something we are interested in. On the basis of that little, we construct a pretty complete story of the phenomenon" (Ragin and Becker, 1992: 213).

The case study thus enables me, more than any other method, to bring the reader into the very centre of the client's role in therapy. It reflects, with the most accuracy and in the greatest depth, the content of the information as it is observed, recorded, and expressed in the resulting accounts. The sense of immediacy that makes it so effective for describing the in-depth quality of an experience, such as the therapeutic one, is, according to many advocates of this method (DeMarrais, 1998; Feagin et al 1991; Ragin and Becker, 1992 and others), one of its most important benefits. Such a sense of immediacy, as the case study is particularly capable of portraying, can encompass both inner and outer experiences and its format allows for the exploration of people in their local context. Because of this quality, it has served well as a tool in my examination of accounts from a marginalized clientele. In this perception and application I am not alone. In introducing *A Case for the Case*

Study, Feagin, Orum, and Gideen argue persuasively: “First and foremost, the case study...may well be the only tool by which social scientists can provide the truly disadvantaged with a voice” (Feagin, et al, 1991:65).

Like any other method for conducting research, the case study method also has its drawbacks. While the case study may importantly serve to lend a voice to marginalized people, such as my clients, I bear in mind that one of its drawbacks is a potential capacity for over generalization. Consequently, in employing this method of analysis we must caution ourselves against allowing subgroups or minorities to overstate the case for the majority. The main problem, as Becker puts it, is “reasoning from the parts we know to something about the whole they and parts like them make up (Ragin and Becker, 1992:213).

Another commonly identified problem with the case study lies in our potential interpretation of the researchers’ accounts as “objective” reports, as opposed to sociological constructions. I do not however claim such objectivity. Herein, my position as researcher, together with the standpoint of the subjects that I describe, provide the reader only with “subjective” standpoints. My clients’ narratives produce perspectives on their experiences that are then rendered, with my co-facilitation, into a sociological discussion. An openness to multiple perspectives allows for many and creative interpretations of an experience as opposed to one fixed view of the client’s narrative. This, in my experience, allows further for a humane accounting of an experience that does not discount or stereotype the individual or the experience she is recounting.

Another related potential problem with the case study approach is the issue of our rendering the sociological subject into an object of study. Denzin states this particular concern as follows. "The classic stance pits the interactionist against the subject. It turns the subject into an object of study. It involves the production of a text that locates the subject inside a world that has been rendered understandable from the sociological point of view" (Denzin, 1992:39). The two- sociologist and subject - merge, according to Denzin, into "a first-order, analytic textual construction" (Denzin, 1992:40) I agree with Denzin that the two cannot be thoroughly uncoupled. Yet this only becomes a research problem if the two perspectives are presented as completely distinct from one other. Herein I consider the accounts of my clients as co-constructions that have emerged out of our shared endeavor.

The manner in which evidence is provided occasionally presents itself as another issue of contention between advocates of the case study and quantitatively orientated social scientists. Case studies, in contrast to the search for verifications and reliability that are characteristic of quantitative research, have an open-ended and naturally emerging quality that also may lead to unanticipated findings (Feagin, et al, 1991:162). I agree with Feagin, Orum, and Sjobberg that such an evolution can produce "the formulation of new questions and foci for investigation, thus making for a dynamic, recursive research process" (Feagin et al 1991:162). Thus, particularly given the historical, narrative type accounts of my clients, questions naturally become more focused as this qualitatively based research (Denzin and Lincoln, 1998a; Denzin and Lincoln, 1998b; Spradley, 1979; Stanley, 1992; Berg,

2001) progresses.

I began my research with a strong inclination to represent my clients' private accounts. They struck me as powerful and socially significant. Bridging therapy with sociology I felt would make these accounts more widely accessible and would augment each discipline with a perspective from the other . I decided that I would select or reject those cases to be included in this study first on the basis of the length of contact which had transpired between myself and the client. I wanted each case to demonstrate the long term commitment to reconstruction that is usual with my clients, as well as to make clear the depth of exploration that is often undertaken over such a lengthy period of therapy. Each case included here thus represents years of client contact. Again, the case method was appropriate for studies of such longitude.

Some clients, however, do enter therapy for only a brief period, and they terminate the process before any obvious resolution of their presenting problems has been reached. These brief contacts, which constitute approximately 10 per cent of my clientele, rarely present the reoccurring themes and puzzles that I have noted in the longer-term clients, simply because such clients choose not to plumb the personal depths in the same way as those committed to long-term therapy. Of these clients there are some who are not prepared to divulge their inner most secrets to another and there are others who, having taken a brief look, do not believe that the therapeutic process has something to offer them. Those who abort their therapeutic inquiry prematurely undoubtedly pose a set of questions which

another thesis might well consider. As yet these people are not represented in therapeutic literature. Until such studies are undertaken, one can only speculate as to what happens to this select group

Other cases were ruled out for use on various other grounds. I decided, for instance, not to include young children in my study because of the obvious issues surrounding consent to release their accounts and my position of greater power as both an adult and their therapist. I had entirely lost contact with other clients, thus permission to use their stories could not be granted. In addition, some narratives proved inadmissible because at the termination of therapy, these clients continued to approach their problems tentatively and were insecure. My telling their story for research purposes, I feared, would erode an existing fragile self-concept.

There was another compelling reason in limiting the number of complete cases in presenting my evidence and observations. Initially, my client case files served as a field journal. They included my thoughts, observations and potential areas of exploration for therapy. As well, they provided a detailed record of my clients' therapeutic subjective processes, including their words, their dreams, their actual journals which were frequently used as a therapeutic tool, their creative writing, their drawings and their photographs. These files were updated with my own notations following each client session, on rare occasions during a consultation, and again prior to meeting that client for their next appointment. This process of in-depth recording was interrupted by the Canadian federal government's decision to allow courts to seize, and to make public in a trial process, at the discretion of

the judge, a practitioner's files, notes, or documents pertaining to his/her client.

This ruling effectively forced me to cease recording any subjective material regarding my clients, because casual observations on their internal states could be used to a client's detriment in a court of law. Only "facts" concerning their cases were henceforth included in my formal confidential files. Consequently, the case studies that I use in this thesis were compiled prior to this ruling. Fortunately, that decision has been recently modified, making it once again difficult for a judge to request client files from practitioners engaged in the mental health professions. It is however only with great caution that we, as therapists and researchers, can begin again to record our musings upon our clients' experiences.

I have carefully considered the ramifications of allowing a few cases to stand as the principal evidence for an entire thesis and I have decided that what favours this micro approach strongly outweighs a macro one given the nature of the long term therapeutic narrative which I seek to represent here. In presenting only these cases, I thus grant myself sufficient space to describe and analyze the nature and complexity of therapeutic work in which my clients and I co-engage.

It should be noted, that even in this selection, what is considered here is obviously limited too, as it would be impossible to attempt to describe everything that transpires throughout the many exchanges between therapist and client. Since it is I who put limitations on and shape the direction of how these accounts are ultimately relayed, in terms of what is recorded, what is

omitted, and what is analyzed here, I play a significant role in the shaping of these accounts over and above my therapeutic influence. This is a role I adopt with reluctance as I am loathe to objectify the experiences of my clients. Yet I am also realistic about my position as participant observer and in this sense I have found the case study to be the least obtrusive method of analysis. In my defense for putting limits on this discussion, I defer to Denzin who aptly comments, ". . . there is no way to stuff a real-live person between the two covers of a text" (Denzin, 1989b: 83). In-depth narrative accounts come closest to providing an accurate representation of the issues, problems, and experiences of sexual abuse and their impact on the client, as they have presented themselves.

The cases that were ultimately chosen for inclusion in each chapter represent a cross-section of sexual violence narratives. One experience primarily details incest by a father, a second involves the gang-rape of a teenager, another tells of childhood incest by both a brother and a grandfather as well as of other sexual assaults by neighbouring men, and a final account deals with a woman's struggle to reformulate her identity in the face of some solid recollections of sexual abuse and despite many missing memories and whose own response to these missing memories was complicated by the widespread public tendency to dismiss incomplete or conflicting memories when presented by sexual abuse victims.

The ordering of these narratives was also quite deliberate. Collectively, they have been situated to give an overview of the journey that many of my clients have taken with me through therapy. I use representative

stories to highlight the essential stages that most pass through. In addition, the positioning of these stories, which are each presented in separate chapters, accentuates the order and process of my own evolution as a therapist and researcher, helping to explain to the reader the insights that continue to refine my therapeutic approach.

Over and above the matters of case selection and notation, there were some additional considerations and frustrations that I experienced in the transcription of my clients' therapeutic processes. For the presence of my two interests -- practice and research -- sometimes created complications and conflicts in the form of competing agendas. A most obvious illustration of this can be seen in my desire to use clients' case studies as a methodological basis for this thesis. These studies, I came to understand contained value as research material, yet the public rendering of stories that had been shared with me, in confidence, posed a potential ethical dilemma.

Therefore, I decided to ask permission to use the stories of only those of my clients who had already terminated therapy. In seeking their permission, I presented each client with a release form which we read together and discussed. I then insisted, because some wanted to grant their permission immediately, that they take the form away with them to consider any possible personal ramifications in releasing this information. This, I hoped, might temper any feeling of vulnerability or sense of obligation on their part in assenting to my request. It also eliminated completely my concerns about influencing the ongoing therapeutic process.

Happily, and without exception, when we met once again to discuss

any thoughts and feelings that my request might have motivated, each client was firm in her resolve to commit her story to purposes of research. Most of them expressed a strong desire to have their story shared by others, in a particular hope that they might serve to enlighten practitioners or offer support to other victims. At this point, I once again assured each client that I would make every effort to disguise her true identity -- the only pressing concern that was ever expressed by these women.

The inclination to share their stories of sexual trauma was surprisingly strong. Yet despite the willingness of each of these women to give their permission, I continued to harbour some ethical concerns. None of them had entered therapy knowing that they would be faced with a request to have their private conversations taken beyond the consultation room. Obviously, here was the point at which my researcher role and my role as therapist collided. As a therapist, I recognized that making public a private human experience comes at the cost of some human disruption. As a researcher, I sensed that meaningful life experiences could not be lifted magically and without disruption from their human context by conceptualizing or categorizing them. Nor could these stories be entirely anonymously employed as research data. While this dilemma remains unresolved, I finally decided that with my clients' assurances, I could employ their invaluable evidence as research material.

With the above in mind, I ultimately centered on accounts that at once remained true to my clients' sense of individualism while heightening our understanding of the reality behind the now almost adage phrase "sexual abuse". The first narrative which details childhood incest experiences, also

serves as a link between the publicly construed notion of “survival” and the private experience of the same. It also shows the reader how the client often bridges the gap by directing our focus to the interrelationship between the social construction of her experience and her lived reality.

The second narrative, about the rape of a teenager, highlights the reflexive and private nature of the reconstructive process undertaken in therapy following a violent and invasive physical and sexual attack. This account assists in demonstrating to the reader what happens after a client has incorporated the public perceptions of what has occurred to her, and keeps what is useful, and sheds what is not. This chapter explores with immediacy the birth of insights which allow a client’s narrative to become an original and potentially productive self-reconstruction. It happens, through the storytelling process, as well as through the client’s recognition that such internally rendered processes, such as dreaming and the epiphany, can be adapted into a working script. In dealing with the creative and subjective aspects of the therapeutic process, the ensuing discussion serves to punctuate the distinctiveness of the work that my clients undertake. For many, this process is a necessity, to move away from the public gaze in order to give expression to their own insights.

The third narrative reveals a child’s experience of multiple instances of sexual abuse by various perpetrators and shows how one client came to mediate the divide between public and familial notions of abuse, with her own experience of it. This particular client lived in a world that was not prepared to hear of her incest and sexual assault, yet she had a powerful need to tell.

Here, I place a representative account into the spotlight, in order to demonstrate, generally, the interrelationship between story telling and the broader reception of stories. The painstakingly slow recreation of her story, in therapy, is symbolic of the gap which often exists between the need to tell and the personal and public resistance to hearing. This particular narrative asks us to consider how we go about reconnecting ourselves, from our position of alienation and isolation, to a collective experience which has dismissed us. It also asks us to explore our sensitivity to storytelling in an age in which we are, to a great extent, being bombarded with personal narratives.

In my final case study, I present a story involving a woman with fragmented memories of various sexual assaults, and possible incest, to highlight issues, such as truth and reliability, with which all of my clients and myself are faced. The “truth” of the sexual abuse experience, in the form that many of my clients eventually accept it, takes us a long way from the general public perception of the experience of sexual abuse. The “truth”, as they define it, through an embodied, symbolic, and generally multi-faceted self is often successfully removed by them from the externally imposed views of their abuses, contributing fundamentally to their reconstructive process.

In generally recounting and reconstructing their experiences, the point where each of these women places her emphasis lends to each story a unique outcome. The differences that exist among these narratives lie not so much in the central act of sexual violence but in what it is that each woman individually locates as that part of her story which most needs reconstructing,

in the face of the violence that has been done to her. Distinct too is how she locates the strategy which will accomplish her reworking. This need, to locate an avenue for rebuilding the self following traumatic abuse, though a common response, remains, at the same time, unique to each individual. This is at once a process through which each individual must pass alone and through which they must glean meaning for themselves.

As I said in my previous chapter, in such a study as mine, some degree of melding practice and research has been unavoidable. It is perhaps inevitable and not unwelcome that, as a result of our therapeutic collaboration, there has been some overlapping of our ideas, beliefs, expectations, and/or analyses. Our journeys have certainly criss-crossed and, hopefully, in acknowledging the possibility of insights derived from the interaction between researcher and subject, as Franco Ferrarotti observes, "It will thus become a mutually shared knowledge rooted in the inter-subjectivity of the interaction, a knowledge all the more profound and objective as it becomes integrally and intimately subjective" (Ferrarotti, 1981: 20).

The case study format represents this interchange well. The benefits of this analytic method to my research outweigh the drawbacks. The case study approach provides an analytic strategy which allows us to express the rich, in-depth detail of my clients' subjective experiences. It has also permitted me to bridge practice and study and it has enabled my clients' voices to surface.

Therapeutic Methods

My therapeutic approach can broadly be described as an insight-based therapy with strong narrative and symbolic leanings. It is an eclectic approach, which sometimes draws on the abundant feminist and post-traumatic stress literature. Pivotal to my work with each client, however, is her own narrative reconstruction (Epston, 1984; McCall, 1990; Ricoeur, 1984). Most clients, who are engaged in the therapeutic dialogue, tend quite independently and spontaneously to create or locate symbols and/or metaphors during the course of analysis and throughout the process of their storied reintegration of self. I view this approach as a natural one which, I have found, holds the most value for myself as therapist and for most of my clients. My applied theoretical orientation is, no doubt, a felt presence in our therapeutic alliance, as we work closely together on the business of the client's restructuring. For this reason I try to make my clients conscious, where possible, of the therapeutic influences which have most directly affected my practice.

Likewise, the explicit pursuits of my clients have had a reflexive effect on my own intellectual interests, and their journeys have struck me and continue to strike me as remarkable. In order to explain and analyze these experiences, no single source or discipline has provided me with a definitive interpretation of a phenomenon which I have repeatedly noted (see Weingarten, 1998; White, 1988; Wolfe, 1986). In seeking to convey the nature of the experiences to which I have been witness, I have therefore adopted a multi-disciplinary approach in researching, explaining, and further

developing this process as a therapeutic model.

My approach and commitment to the therapeutic relationship finds a counterpart in Michael White and David Epston's pioneering work on narrative therapy (White and Epston, 1990), as well as in studies by family therapists Anderson and Goolishian (Anderson and Goolishian, 1988). The latter, for example, delineate below the reflexive therapeutic position that they as therapists cultivate with clients; a positioning which is much akin to my own.

therapist and client in dialogue with one another are always acting on and reflecting their ideologies, their values, and their views. To be in dialogue is to attempt to understand others and to involve oneself in the co-evolution of understanding and meaning. This implies an openness to the "rightness", the logic, and the validity of the ideologies, values, and views of our clients, and the willingness to negotiate the validity of our own.
Anderson and Goolishian, 1988: 385.

I wholly share and advocate this particular emphasis on the therapist's simultaneous "co-evolution of understanding and meaning".

Yet, I also read further from Anderson and Goolishian a strategy that contradicts my approach. They view themselves in the role of "participant-manager" (Anderson and Goolishian, 1988: 372) of the therapeutic conversation. In so doing they address the therapeutic alliance from the position that language generates human systems and construct their therapy around this notion. While I have come to consider my own role, as therapist, as similar to that of a deeply involved "participant observer", I am ever cautious of entering into a relationship with my client bearing an overarching recipe for their reconstruction. Rather, where possible, we together collaborate and negotiate a path.

Anthropologist Barbara Myerhoff proposes a collaborative and participatory role which I share. She views the therapist's work, with clients, as necessarily one which focuses on "clarification of the relationship between the subject and the introjected voices of society." In her view, the therapist reflects the self to the subject, "formally and informally, providing a corrective lens, and sometimes realigning components of the self" (Myerhoff, 1992: 356). This approach, in eliciting clarity and insight from the client, is carried out, as much as possible, in a respectful and unobtrusive manner. Not only do I agree with Myerhoff's approach, it also embodies my ethical commitments to the client in therapy. In describing further the methods I employ in therapy, I interpret the information and material that clients have presented me, within the parameters of Family theory and Feminist Therapy.

Although I now almost exclusively practice individual counselling, the influence of family is ever present in the narratives of my clients. The role of family, and those of other people which the client has surrounding her, is a crucial dimension affecting my client's reality, and one which is ever-present in the therapeutic dialogue. The very general importance of Family theory to my therapeutic approach, then, grows out of my belief that no person or problem can be viewed in isolation from family, its social setting, and the broader culture.

Likewise a woman's experience cannot be assessed apart from the social and cultural dynamics and context in which she is directly living or has lived (Barr and Feldstein, 1989; Belenky et al, 1986; Hester and Radford, 1996; Kelly et al, 1996; Linden, 1993; Smith, 1990c; Spender, 1990; Walby,

1990; Wolfe, 1991) . Exploring how the role of women was defined at other times and places in a person's history, as well as now, is critical if one is to understand the behavior of individuals, couples and families. For instance, men's greater power within families has deep structural roots extending into other social institutions (e.g., McGoldrick, 1991). When working with clients who have been physically and sexually abused, the interrelated influences of family, gender, and society are continuously illuminated in their stories.

A feminist approach to therapy, I have come to understand is also best suited to working with those clients who are attempting to resolve problems which, initially, grew out of their having been manipulated and injured by a misuse of power, and almost always by boys and men (Laidlaw and Malmo, 1990). The cornerstone of this approach rests on an underlying belief that not only are women and men of equal human value but that women continue to constitute an institutionally and culturally oppressed group within our society (see Rowbotham, 1973).

Anderson and Goolishian's therapeutic ideal concerning the negotiation of a validity of one's own through a co-evolution of meaning with the therapist, is supported in Feminist Therapy's emphasis on the egalitarian nature of the relationship between client and therapist. It encourages the client to be a wise and educated consumer, to question and ultimately choose methods of therapy, and to take the lead in pacing and determining the content of each counselling session. I incorporate these values by offering the client the benefit of my therapeutic expertise and providing further a safe and supportive environment in which to work through problems.

Furthermore, as a feminist therapist, I act as a partner in an ongoing enquiry, as opposed to acting merely as an expert, a teacher, or some other authority figure, I place value and respect upon the client as a person of equal worth. The reason is practical as well as ideological. In feminist therapies, the emphasis rests on this more egalitarian relationship between client and therapist which, I consider, promotes the client's capacity for a reflexive transformation, the rebirth of self-trust, and the therapist's active involvement in her own reconstruction of self.

That it is women's experiences which are represented in the following narratives stems mostly from the fact that women seem most willing to entrust the business of their emotional reconstruction to another woman. Perhaps, this is because I, as a woman, seem better able to enter into their experience and facilitate their expression of that integration. The importance of looking at and understanding the world from the woman's standpoint, as it has been discussed by Dorothy Smith, 1987; Liz Stanley, 1990; Carol Gilligan, 1982; Nancy Hartsock, in Harding, 1987; and others, has become integral to my thinking about the therapist-client relationship. Smith describes standpoint as thus: "It is a method that, at the onset of inquiry, creates the space for an absent subject, and an absent experience that is to be filled with the presence and spoken experience of actual women speaking of and in the actualities of their everyday worlds" (Smith, 1987:107).

Feminist sociological literature, and standpoint theory in particular, has enabled me to transport my case studies of women into the realm of analytical research and therein to translate the unfolding dynamics of my

practice by providing a context and rationale for examining this population. But there is also, of course, another reason for why only women's narratives are included here. One of the primary elements of sexual abuse, as I have encountered it, has been its overwhelming gender-related basis (Finkelhor, 1986a). My clients consist primarily of girls and women, whose physical and sexual experiences of violence have been perpetrated against them by men. This is not to say that I see only women victims of sexual assault, but as it happens women do constitute the majority of my clientele. Nancy Hartsock sees this phenomenon as part of the real structure of women's oppression and a basis for standpoint theory. "The construction of oneself in opposition to another who threatens one's very being reverberates throughout the construction of both class society and the masculinist world view and results in a deepgoing and hierarchical dualism" (Hartsock in Harding, 1987: 169). My clients stories then support Smith and Hartsock's contention that feminist theorizing be grounded in material activity.

Making these particular stories and their context intelligible has thus led me to feminist theory and to the question of gender-shaped constructions of reality. My theoretical chapter, which follows, describes in far greater detail much of the sociological literature which has shaped my designation of the experience of sexual abuse as primarily a woman's issue. Here, I will limit myself to a brief description of the main theoretical questions as they affect my methodology, that need to be recognized and considered as unique to the woman's experience of sexual violence, as it is expressed in therapy.

The feminist viewpoint has made itself felt in mainstream self-help,

sexual abuse literature, as well as in the more academic or theoretical literature aimed at a professional audience. A great many of my clients enter therapy having read such literature and having already digested the messages which permeate such popular works as *The Courage To Heal* (Bass and Davis, 1988), *The Right To Innocence* (Engel, 1989), and *The Healing Way* (Kunzman, 1990). Importantly, these works address the silencing of women, women and anger, self esteem and personal power, as well as issues of personal politics surrounding sex and the body. Yet the mutual exposure to the popular literature on sexual abuse also raises, with remarkable consistency, concerns for client and therapist, alike.

My clients' appreciation of and concerns about having their experience and recovery described and defined by external and removed sources are discussed, in detail, in Chapter Three. In short, I have noticed that most clients, sooner or later, balked, as I did, at having their very being thus labeled (Strong, 1979; Foucault, 1977; Goffman, 1961; 1963b). The sometimes fixed and hollow descriptions of sexual abuse survivors generated in such popular literature served mostly to objectify and bind, rather than to liberate, the client in her reconstructive process. The continuous and reflexive nature of her questioning about her own experiences frequently demanded a more rigorous and creative approach than is provided by such sources.

For my part, I have frequently wondered to what extent my clients were presenting issues, as a result of their abuse, in a language and symptomology that had been suggested to them by, for example, talk show

programmes and self-help literature. The plethora of sexual abuse oriented literature and media discussion over the past decade or so reflect the extent to which this subject has become popularized and hence readily available. From the perspective of my practice, the topic has become- to piggyback on Orrin Klapp's term- subject to "inflation" (Klapp, 1991: 2). I would agree too with Ken Plummer that the actual outcome of this popularization, in the long run, has been to produce "a curious blend of personal talk about experience blended into a distancing language of dysfunctional systems, addiction, 'little children within' and trauma -- a quasi-objective language reasserting itself over the personal story" (Plummer, 1995: 105). Moreover, while these public expressions of concerns, and the "distancing" language that has grown up around them has portrayed them as being unique representations of the sexual abuse experience, I have sensed that they were, if at all applicable to my clients' plights, in fact too generalized in their scope and thereby less suitable for understanding an individual's plight in a particular setting. In effect, such neat external categorizations of symptoms and language left me with a suspicion, shared by my clients, that these labels were somewhat more akin to finding one's experience described in a syndicated horoscope or "personal advice" column.

In addition, mainstream "self-help" works frequently are limited in the depth of their description of the topic of sexual abuse in focusing on the obvious and the concrete. This popular starting point speaks to some of my clients, but not to many, and most agree that such remote and external constructions have little sustaining power. For these self-help strategies are

quickly recognized as offering too much formula and their generalized interpretations and recipes shut down the creative side of the client that most needs developing in her process of rebuilding one's self.

Nevertheless, despite these limitations, such literature and its resulting descriptions did provide some clients with an initial, though somewhat abstract, sense of companionship in what is often a lonely and secretive experience. And they do offer a starting point from which to begin the very necessary in-depth work of intra-personal rebuilding. Although I am critical of the limited nature of such works, their service to the client is still sometimes significant, because often they do render issues of sexual victimization more accessible to those who have experienced abuse or those who are living with someone who has done so. These works address the ways in which a vulnerable population, namely women and children, are often powerless to protect themselves from sexual victimization and the way they feel voiceless once such assaults have occurred (see Blume, 1990).

Exposure to such literature assists to address victimization from a woman's point of view, and clients can then place it into the context of a woman's issue. This, in turn, normalizes many of the feelings and side effects, including guilt and fear of telling, which are associated with this form of abuse. By removing the subject from the realm of male authority, such works can serve to remove some of the fear of exploring the subject. In this sense they have played a vital role in popularizing a taboo topic and have attempted to support victims in a language drawn from their own experience.

Such a dilation of the subject matter has thus served constructive

purposes: placing a focus on the sexual victimization of women, and attempting to manufacture a strong collective voice for an otherwise silenced group. This conceptual integration between sexual violence against women and a popular discussion of its effects began as a necessary one, at least in theory, since the recovery of the injured individual cannot occur solely in isolation when its cause is socially manifested. Much of the content of such literature therefore serves as a starting point for exploring my client's feelings of powerlessness, violation, vulnerability and voicelessness.

It is often difficult to separate the feminist influence from the literature of abuse since it pervades and, indeed, defines the subject matter. Therapist Jan Ellis writes, for example: "My basic assumption in working with women in therapy is that all of us have been abused. No one escapes the world's prevailing attitude that women and children are less valuable than adult males" (Ellis in Laidlaw, 1990: 243). Much of the feminist focus associated with the issue of women's sexual victimization is expressed in a broader social context. The feminist literature continues to address the intellectual, economic and political disparities between men and women (see Benjamin, 1998). In so doing, it addresses the ways in which men and women are socialized with respect to sexuality, thus constructing partial explanations for why it is predominately women who are victimized in this manner (Burgess, et al, 1985).

A feminist approach to their sexual victimization has assisted me and my clients in depersonalizing their abuse and, in turn, in alleviating some of their associated guilt. In addition, this perspective provides a framework for

the client within which to address underlying issues of equality and empowerment. A reinterpretation of their notions of sexuality and of equality, among others, is often needed in order for the client to reaffirm and/or reconstruct herself, especially in a world where her existence is characteristically devoid of personal boundaries and lacking in any firm sense of identity. As such, feminist theory in general has played a major role in the production and maintenance of women's own reconstructions. Specifically, it has aided us in better understanding ourselves within an external environment which, as Sheila Rowbotham says, was not constructed to make sense to women.

We perceived ourselves through anecdote, through immediate experience. The world simply was and we were in it. We could only touch and act upon its outer shapes while seeing through the lens men made for us. We had no means of reflecting our inner selves to an outer movement of things. All theory, all connecting language and ideas which could make us see ourselves in relation to a continuum or as a part of a whole were external to us. We had no part in their making.

Rowbotham, 1973: 30.

Considering my clients' abuse experiences from a local and feminist perspective brings us closer in therapy to the issues of marginalization and lack of self authority that we regularly confront. We, in a sense, borrow from a collective voice as the individual voice is gaining strength. Poet Tillie Olsen's biographer, Elaine Neil Orr, articulates well the fruitfulness of our therapeutic endeavor, in locating in Olsen's words, the very situation that my clients, feminist scholars, and other writers recognize and attempt to redress. Olsen writes, "silence is metaphoric of unredeemed loss, while voice, regardless of how feeble, inarticulate, and unheeded, symbolizes the hope of

recovery and the promise of signification" (Olsen, in Neil Orr, 1987: 42). It is the "feeble" and "unheeded" voice that the therapeutic exchange seeks to draw out. Throughout the counselling dialogue, the therapist and the client are mutually engaged in the reclamation and interpretation of the client's experiences, including hers and, though to a lesser extent, the therapist's emotional, moral, and intellectual responses to those experiences.

The Shared Endeavor of Narrative Transcription

The self, which is central to each of these stories, was transformed as the client's private experience of herself underwent self-scrutiny and as newly excavated personal insights and cultural constructions, came to the forefront. Moreover, this metamorphosis continued, in all likelihood, after the therapeutic dialogue had ceased. The stories that are presented here, while reflecting then little more than pieces of the jigsaw, albeit big pieces, provide much needed detail about aspects of major personal transformations which, when considered both individually and cumulatively, lend impressive insight into human experiences and at a level to which most of us would not otherwise have access. Each story also contains an instance of epiphany (Denzin, 1992). For some, it was a dream that led to a pivotal and culturally uncontaminated insight, while for others it was a part of their experience now seen anew through the process of narration.

The specific dreams and examples of symbolic exchange used in this study were selected from a body of material that had been identified by each client as having contributed to a significant personal insight, or epiphany.

Through the experience of giving voice to their previously silent secrets, many clients have come to realize what Elie Wiesel, a holocaust survivor, has stated so well: "The unspeakable draws its force and its mystery from its own silence" (Wiesel, 1990: 165). Each of these significant moments, in some way, propelled the narrative forward.

Regardless of the source or the form that these awakenings took, it is precisely these personal insights which make each process unique. Denzin contends that these events in our lives are truly original and uninfluenced by all else, but they are brief and ephemeral moments. He writes, "We can never get back to raw biographical experience. The closest we can ever get is when a subject, in a moment of epiphany, moves from one social world to another. In these instances the subject is between interpretive frameworks." Then, he adds, "When this happens, experience is described in words that have not yet been contaminated by the cultural understandings of a new group" (Denzin, 1992: 91).

Viewed collectively, these stories and the insights that they embody illustrate an important historical phenomenon, what Ken Plummer has described as "a shift in consciousness, a recovery through which a negative experience is turned into a positive identity and a private pain becomes part of a political or a therapeutic language" (Plummer, 1995: 50). If we use such language in a cavalier fashion, or if we casually group these negative experiences into one and the same category, we run the risk of creating therapeutic solutions that better resemble molds, that merely objectify and disregard that which is unique and truly transformative, and we then inevitably

fail in our task, as therapists.

Recording a client's story from the standpoint of the therapist poses concerns with regard to the potential alteration and subterfuge of meaning that can take place with any attempt by one to transcribe the experiences of another. Nancy Hartsock, whose concern lies specifically with a woman's standpoint, points out that there are some perspectives on people that despite our best efforts or "however well intentioned one may be, the real relations of humans with each other and with the natural world are not visible" (Hartsock, 1987: 159). Moreover, throughout the therapeutic dialogue many levels of meaning are being simultaneously negotiated. Reflexivity, that is a dialectical exchange and negotiation of meaning, of researching and reinterpretation, sits at the centre of each new narrative and continuously transforms the perspectives of client and therapist alike (Tomm, 1987).

These factors and others combine to complicate each exchange enormously and so too my communication of them to others. In terms of transcribing the process to those outside of the immediate exchange, much therefore remains unexpressed. This represents a challenge for me in my dual role as therapist/researcher. Naturally, none of these narratives included herein represents a clear, factual, unadulterated and all-inclusive depiction of the past. This is simply impossible as there is no ultimate truth of their experience.

Another challenge for me as transcriber, is that to the removed onlooker, these stories may not have a neat or predictable beginning, middle, or end. Nor did these recitations first evolve in a linear form. My client's

images and associated insights appear in a seemingly random fashion. For the narrator herself, however, there is often an internal logic to the order of expression (see Bruner, 1987). As a way of rendering these narratives into a readable form I have thus found it necessary to relay components of the stories as they were first told to me, including the client's exegesis and her accompanying feelings while at the same time structuring them into a more or less chronological form.

"Truth", or "objectivity," is an issue which underscores the expression, transmission, and evaluation of other's stories, and I will consider this aspect, in relation to the narrative form, more thoroughly, in Chapter Three, "Locating the Self." Suffice it to state at this point, that Martin Kohli expresses particular insight into this issue, an insight reinforced by the experiences of my clients. Putting aside the pursuit of absolute factual legitimacy, as I do, he focuses on the ways in which the narrative serves to inform the listener, "about how the subject thematizes and constructs his own biography (in a given situation) and, by doing this, reaffirms (or even constitutes) his identity, and plans his actions" (Kohli, 1981: 70).

The therapeutic relationship, similarly the research relationship, is not static, with each party rigidly adhering to a previously defined role. And, aside from respecting ethical boundaries, nor does each individual remain at a consistent or predictable emotional distance from the other. The dynamic that is forged within this relationship is continuously undergoing scrutiny and adjustment from both sides (White, 1986). It adapts to the content of the narrative as it is unearthed as well as to that which is not unearthed. It also

continuously transforms conscious and symbolic roles and expectations which are formed therein. The flux of this relationship brings new meaning for both parties engaged in the therapeutic exchange.

The therapist's appropriate distance to the client and the client's story was an issue with which I initially grappled, in my capacity, as therapist. I now hold the position that the ethical therapist needs to be most concerned with deliberately or inadvertently distorting the client's story through over-direction or by imposing personal projections upon a narrative that is not hers/his to direct. In short, the therapist needs to be ever conscious and respectful of her place in the narrative's unfolding.

Having said that, the issues concerning personal boundaries which arise in the therapeutic encounter and which punctuate the very nature of participant observation can be cultivated advantageously within the therapeutic dialogue, if they are discussed openly (Anderson and Goolishian, 1988). They can help to promote an exchange between the client and the therapist, in which both participants gain access to deeper meaning through such issues as personal roles, preconceptions, morality, conflicting truths, and multiple and concealed layers of self.

From Therapist to Researcher: A Fruitful Meeting of Disciplines

The questions that led me initially to research the content of my practice have changed over the course of writing this thesis. Originally I set out to locate a perspective on the experience of sexual abuse which would enrich my own professional needs yet which did not emanate from strictly psychological or

psychoanalytic sources. I found value in sociological literature but, at first, none of the sociological perspectives seemed obviously or exclusively related to sexual abuse.

The four stories of sexual abuse experiences relayed in this thesis were initially chosen by me for their degree of apparent dissimilarity. At the time of selection I was guided by my clients' urge to be considered unique or, perhaps more accurately, their need, highlighted by the very nature of their violations, to not have their experiences objectified in the translation process. Yet the existence of common threads between narratives became increasingly obvious and important to me as the research leg of my work with these narratives developed. My focus subsequently shifted from an emphasis on the dissimilarity of experiential details and emotions to a recognition of the larger common experience of rebuilding the self following emotional devastation. This is a focus suggested in the sociological literature, for example, by Anthony Giddens (Giddens, 1991; 1992) who considers a collective form of reflexivity, and Janet Reno (Reno, 1990) who presents Ishmael's survival story as an archetypal journey. Both scholars see the individual plight as representing a social and a collective one.

In my search for commonalities between the intra-personal experience of therapy following abuse and the larger social experience from which my client and her narrative emanated, one particularly fruitful line of sociological inquiry presented itself. This concerned the act and content of private narration and, in what way, if any, it is shaped by its broader reception (see Plummer, 1995: 43). Another helpful framework dealt with the perception of

the existence of the control that we exert over our projects of self-remodeling (see Sennett, 1998: 84). Once I had begun pursuing these questions, and others I saw that it was no longer the effects of sexual abuse that I wished to magnify through research so much as the client's perception and transmission of her own experience and my facilitation of this process. In the following, I outline the nature and the direction of my evolving enquiry within the specific context of my therapeutic approach and sociological methodology.

Sociology has provided me with a perspective and method for doing first-hand research. The evidence of my thesis, for example, reinforces Dorothy Smith's argument for the necessity of conducting research from inside of the situation as, for instance, in the role of participant observer (Smith, 1987). For me, as a woman, a therapist, and a researcher it is unrealistic to place myself anywhere other than within my client's experience, because I am undeniably affected by it. Yet while I intersect with Smith on the issue of standpoint, our place of intersection is approached from somewhat opposite directions. Smith arrives at the immediate or local vantage point on women's experience first through a consideration of the ruling powers, mediated by documents and texts, and the forms of organization which constitute them (see Smith, 1987). We, alternatively, most often begin with my clients' immediate context -her words, her silences- and expand our interpretation outwards from there to consider more closely her perception of herself from the outside looking in.

Smith strongly reflects my insider's position as therapist and as

researcher. "Like Jonah", she comments, "the observer is inside the whale." Indeed, when sexual abuse is the subject of the story confronting us, it can indeed feel like one has been swallowed by some giant beast. Smith's use of this splendid Biblical metaphor of Jonah and the whale effectively encapsulates the essence of what it is like to be inside another's experience and also the researcher in the midst of work. Each unique experience demands of me a somewhat altered approach as I adapt to the content before me. I am, in fact, ineffective if I attempt to distance myself too greatly from my client's reality. Smith continues:

. . . she is one among the multiplicity of subjects whose co-ordered activity constitutes whale. Like the astronomer, she is of and inside the cosmos she seeks to understand. Her opportunities, her curiosities, as well as her limitations derive from just this necessary standpoint. To discover and explicate its actual character and relations depends upon recognizing that she is indeed located, that her seeing is mediated (by texts for example), that her work is located in definite social relations, that she is always and ineluctably an insider. Her own seeing arises in a context structured by the same system of social relations structuring the everyday worlds of those whose experience provides the problematic of her inquiry. Her only route to a faithful telling that does not privilege the perspectives arising in the sites of her sociological project and her participation in a sociological discourse is to commit herself to an inquiry that is ontologically faithful, faithful to the presence and activity of subjects and faithful to the actualities of the world that arises for her, for them, for all of us, in the ongoing co-ordering of our actual practices, both those within and those beyond our reach. Smith, 1987: 142-43.

While Smith is not a therapist, her symbolic equation of the observer as Jonah inside the whale, or as the astronomer inside of the cosmos, reflects perfectly my own sense of place as therapist and researcher alike, in sharing the client's context and in wanting to faithfully retell her story. The applicability to my own work of this particular standpoint at once freed me to

treat my client's stories, as research material, and finalized my decision to use an in-depth case study format. Significantly, Smith does not see this positioning inside of the subject's experience as requiring a self-conscious manipulation on the part of the researcher, since she considers that this is where we most naturally locate ourselves anyway.

There are of course complicated interpersonal dimensions in my relationship with my clients which demand the proximity which Smith's approach considers and indeed honours. Within the context of my particular therapeutic philosophy, professional experience has taught me, that it is necessary to interpret another's experience from inside of her immediate world. This is where the client lives and most wishes me to be. It seems natural, if not unavoidable, that the stories which I then carry over into my research are examined with the same degree of proximity, an approach which Smith strongly advocates.

Such a level of closeness provides several analytical advantages, for contrastingly, a more scientific mode of research would exclude the observer from the observed in the name of "objectivity." In this case, the subject is on the "other side" of the observer. By definition, she is the one to be acted upon and the subject is held to be immune to the effects of this observation. All this serves to position the observer above and beyond the subject. Such a placement is undesirable, if not also impossible, within the context of my work.

Sociology provides, for me, an alternative critical position to the therapeutic position. In my role as researcher, I have developed an avenue

for inquiry coupled with an intellectual scepticism that manages not to compromise the empathy and compassion that I genuinely offer in my capacity as therapist. My research has provided me with an additional means for tracking down ideas, outside of my first field, to accept yet also to assess my client's sense of uniqueness and her pursuit of personal control in the construction of her narrative and the reconstruction of herself. It has given me an outlet for thinking critically, without prematurely challenging the sometimes tentative and budding reconstructions of my clients. And perhaps foremost it has heightened my consciousness of the substantial links which exist between the intra-personal experiences of my clients and their social worlds. Overall, this research has provided a weighty contribution to my thinking about my practice by introducing another voice into my work. As such, I have been able to offer my voice as therapist and as researcher in this thesis.

Re/searching sexual abuse through the lens of another discipline and grappling with the different set of questions which accompany this shift, has changed the nature of my original questions, produced new puzzles, and in certain ways, has merged the findings of my research with my practice. In this way my once distinct voices of therapist and researcher have sometimes merged. In turn, this has led to new questions being raised with my clients during the course of our therapeutic conversations. The emphasis has shifted from a tendency to look for explanations located within the existing sexual abuse language, to seeking a greater understanding of the parameters of our role in the project of personal reconstructions and in the recognition of

a collective influence upon that which is unique within each process and to each person. This changed emphasis, as the next chapter will show, has its roots in sociological theory.

CHAPTER TWO CONCEPTUAL CROSSROADS OF THERAPY: THEORETICAL CONSIDERATIONS

The previous chapter dealt mainly with the case study approach, and how individual clients helped to create methods which have informed my understanding of my clients' strong predilection to narrate their stories of sexual abuse. It also discussed how therapeutic and sociological analyses might be drawn together to better understand why this process takes place. In an effort to widen the parameters of that analysis and to more thoroughly integrate the significance of the social role in the reinterpretation and reshaping of clients' stories, I have chosen to draw upon the slim yet ever growing body of sociological literature which discusses such subjects as personal displacement and social marginalization, as well as the role of the narrative in the personal and social construction of meaning. These themes have served, for me, as a link between the intra and inner personal exchanges which characterize the therapeutic dialogue, and social theory. These perspectives have additionally expanded my view of my clients' respective projects of re-authorship and their independent attempts to merge these reintegrated selves with their peopled worlds.

My clients' narratives serve a social and cultural function similar to the historic role of the confession as interpreted by Mike Hepworth and Bryan Turner: "Confessions were not of great interest to the authorities and to the wider public by which they were avidly consumed because they illuminated the dark corners of an alien criminal mind but precisely because they were acts of communication which confirmed the existence of a shared ethical view and a

common human nature” (Hepworth and Turner, 1982: 151). Their discussion is concerned with the nature and role of mid-nineteenth century criminal confessions, but the women of my study, who traditionally have also been on the social margins are now, similarly, in the public eye as never before. Moreover, my clients too have employed “acts of communication” in the form of stories, to locate “a common human nature” (Hepworth and Turner, 1982: 151). Each of these communications which are transformed into narrative serve to reconnect disparate parts of the client’s self, and in turn, that self to her social world. For each woman, these stories also help them to find a socially shared view.

The composition and presentation of each narrative considered here acts reflexively and symbolically, and they disclose much about social influences. In light of this significant role, I have become interested in *how* narrative content is formed, as well as in what each telling reveals or conceals. The subjective work which occurs during the construction of the client’s story, before it is made public, is an area that has been much overlooked in sociology. And yet these early stages of narrative formation reveal much about a process which is as much social as it is intra-personal. The anticipated social reception of these stories also has a significant influence upon the client, in both their shaping and in their capacity as a medium for self reconstruction. So too does the private dialogue with self which searches for an authentic and unique analysis of that abuse which has so transformed her life.

There are several sociological concepts which help to bring these

private dialogues closer to the social surface for purposes of analysis. In order to provide my reader with a sense of the parameters of the project of narrative reconstruction that my clients undertake for themselves, I present the following observations of several researchers who have well delineated various dimensions of this process. I begin with a brief consideration of reflexivity itself, which was first introduced to me through sociological and related literature. As noted, reflexivity is one common thread which runs through each of the stories that I have heard. This process, as I see it transpire in therapy, has been aptly described as a "consciousness about being conscious; thinking about thinking" (Myerhoff, 1992: 307), to borrow Barbara Myerhoff's definition. It is an evolutionary process that underlies each client's story and renders each telling a significantly reconstructive experience. It is an approach which also connects the subjective inner workings of the personal narrative to the wider social environment. In conveying this inner experience I am indebted to a sociological approach (Becker, 1986; Clifford and Marcus, 1986).

I too am engaged in my client's reflexive project. As a chosen participant in this process, a participant observer, I am part of and reflect the collective understanding of sexual abuse narratives. But also, as a therapist who facilitates the transmission of these sexual abuse accounts, I am a product of that wider community which has prepared me to hear such stories, and I no doubt represent to my clients a component of Giddens' "abstract systems" (Giddens, 1991). Language, media, literature and my formal training, as a therapist, have combined with my personal experiences, making

me receptive to and able to interpret sexual abuse accounts. Yet I am also operating from within the account of the client who has been sexually abused. I evolve alongside her as she prepares herself to reconstruct her traumatic story. In a sense, it is my journey too. This is how reflexive transformation begins to take shape within our specific therapeutic context. It is in this form that reflexivity stands as a thread which is common to both of our journeys.

The analogy of a nesting doll seems an appropriate one for clarifying the multi-layered process of reflexivity that transpires in order for these stories to be brought to light. One layer rests within the next and is, therefore, dependent upon the other for it to surface and flourish. Like the construction of the nesting doll, the telling needs to follow an individually determined sequence, and the timing and form of the story's revelation must conform to a certain pattern of social development.

From Therapy to Sociology

The theories and explanations which I discuss below form a bridge between the therapeutic literature which represents my first field and the sociological arguments and explanations which I now comfortably draw upon. These examples mediate the course of my intellectual transition between disciplines by providing touchstones that were theoretically common to both. Each one also placed a social emphasis on personal meaning-making. In *Narrative Means to Therapeutic Ends*, Michael White and David Epston present to a professional audience their models for facilitating the birth of reflexivity among their clientele (White and Epston, 1990). Like Anthony Giddens, these authors

deem this process of reflexive transformation to be essential in the ascription of personal meaning and the creation of a shared understanding among family members and the larger community. In his discussion, Giddens offers a broad overview of reflexive transformation within the throes of a change, including the loss of order, the breakdown of trust and outdated traditions, and the creation of new meanings that are a product of the development of modernity. In contrast, White and Epston deal directly and closely with this crisis on a smaller scale, through therapy with individuals, families, and the community.

In their model for therapeutic intervention, White and Epston note the importance of the clients' ability to find meaning in those parts of their lives which have not previously been given a central focus whether by themselves or by others. These are areas of their lives which, in the past, have not been considered as directly influencing them in terms of how they have interpreted themselves or have taken a particular course of action. According to White and Epston, it is only by granting a voice -- the client's own voice -- to "subjugated knowledges" (White and Epston, 1990: 25), that integration may occur and the self can be re-authored. My clients' "subjugated knowledges" often surface in the form of forgotten story fragments, through dreams, or in the shape of other symbols which these women have drawn upon during their search for insight, clarity and personal strength.

White and Epston's model of therapy encourages the "externalization of the problem saturated story" (White and Epston, 1990: 16). Through this deliberate and outwardly manipulated process, "persons gain a reflexive perspective on their lives." (White and Epston, 1990: 30). Sometimes this

externalization may even involve the client performing or articulating his/her "problem saturated" story for a wider audience or for/with their therapist.

White and Epston promote a repositioning of the observer, somewhat akin to Dorothy Smith's. They write, "The narrative mode redefines the relationship between the observer and subject." Both "observer" and "subject" are placed in the "scientific" story being performed, in which the observer has been accorded the role of the privileged author in its construction" (White and Epston, 1990: 82). They argue that such a performance has a two-fold value:

Firstly, in the act of witnessing the performance of a new story, the audience contributes to the writing of new meanings . . . Secondly, when the subject of the story "reads" the audience's experience of the new performance, either through speculation about these experiences or by a more direct identification, he or she engages in revisions and extensions of the new story.
White and Epston, 1990: 17.

However, the identification of new meanings that White and Epston speak of here is born out of a formulaic and structured therapeutic approach. The identification of new meanings that they note is not a spontaneous result but rather the desired end product of their model. In my less interventional approach story performance comes about in a more spontaneous and intuitive way. The client's location of new meanings is associative and involves risk to her. Her older 'problem saturated' story, as bad as it might have been, provides her with familiarity and, in that, some comfort. Once the revisions and reconstruction begins, and the therapist is drawn into the cycle of feedback - at least for those whose stories are told in the following chapters -- the externalization process proceeds naturally and rapidly.

In general, my clients readily and eagerly absorb the reflections on their

narrative produced in our exchanges. Feedback on their intra-personal plight is often in fact what they have sought. Reflection finally enables them to see themselves more clearly and promotes their individual potential for asserting their own authority in their new role as authors. Helping them to locate this self-trust and to listen to their own authority, often for the first time, happens for them at this point of what is clearly a reflexive process. Further along in the reflexive loop, the internalization of the client's newly cultivated symbols helps her to interpret her new self, a re-invention she willingly shares with her therapist. In this manner, the client's sense of autonomy and her conviction of personal agency is restored and enhanced.

While therapists White and Epston refer to the elucidation of "the subjugated knowledge" through narration, anthropologist Barbara Myerhoff's "Life Not Death In Venice" looks in detail at the "re-authoring of Self" and the importance of performance to the regeneration of meaning in a broader way. She also touches directly on the role of the creative self and the "inner world" (Myerhoff, 1992: 267). These are two emphases which directly carry over into my client's work.

In her anthropological study of a senior's centre in southern California with a predominately elderly Jewish membership, Myerhoff details their collective self-definition and reflective processes. In an assertion of identity, this unique and marginalized group of Holocaust survivors, painted, wrote about, and performed their past on stage. By such means, they actualized formerly invisible lives. By loudly repudiating their invisibility, isolation, and impotence, they made themselves seen, and in making themselves seen, they

came into being, and on their own terms, as authors of themselves (Myerhoff, 1992: 263).

The symbolic meaning inherent in their stories and claimed by Myerhoff's subjects was made richer through the act of performance; it served as an act of self-definition. Likewise, my clients create their own self-definition through dream analysis, journal writing, constructing art forms, and the telling of representative stories. In so doing, they effect a result similar to Myerhoff's participants. They too create a kind of mirror which reflects their own experience back to them.

Myerhoff's subjects and their "definitional ceremonies" are also similar to my client's process of meaning-making in other ways. One marked commonality lies in Myerhoff's contention that the externalization of personally selected symbolic representations of ourselves, for the purpose of self- and external validation, produces a "profoundly reflexive occasion . . . which gives human experience its 'second life'" (Myerhoff, 1992: 269). It is this second life that I see my clients attempting to forge. They do so through the enactment of those parts of themselves or of those moments in their history which are symbolic representations of their marginalized self. In Myerhoff's analysis, the seniors' ceremony represented "their rejection of the assigned position of helpless victims" (Myerhoff, 1992: 269). Just as this act allowed Myerhoff's elderly Jewish population the opportunity to enact their "vision" and to cast off their feelings of stigmatization, so it does too with my clientele. As my clients narrate their stories of abuse as revealed in dreams and significant memories, they come to understand and express that which labels, such as "victim" and

"survivor", could simply not reach.

Like Myerhoff's subjects, the women I represent are engaged in a vital and intricate social exchange which promotes self-awareness through an intellectual and emotional integration of often terrible experiences. Yet they, like Myerhoff's group, recognize that self-awareness is not possible and the horrible events of the past are not "bearable" until they have been assimilated into "a form that endows meaning" (Myerhoff, 1992: 266). Myerhoff unwittingly speaks to the experience of my sexually abused clientele in the following passage.

When both the outside and the inner world deprive us of reflections -- evidence that, indeed, we are still present and alive, seen and responded to -- the threat to self-awareness can be great. Definitional ceremonies deal with the problem of invisibility and marginality; they are strategies that provide opportunities for being seen and in one's own terms, garnering witnesses to one's worth, vitality, and being.
Myerhoff, 1992: 267.

It is the desire to have their experience reflected back to them that frequently spurs my clients into therapy.

In a similar vein, Frederick Turner, in his anthropological treatise, "Reflexivity as Evolution in Thoreau's Walden," considers a highly individualized process of self-construction which intentionally removes itself from the social and witnessed group dynamic. He uses the example of Thoreau who commits his experience to writing in order to locate the self-reflection that he needs. As if to make space for his study of one person's experience in the realm of anthropology, Turner asks, "Can an individual even have myths, rituals, and symbolism? Are they not collective by their very nature?" (Turner and Bruner, 1986: 83). Turner's answer to this question has

important implications for my consideration of both the alliance of client and therapist and of the individual reconstructive process.

In answering yes, and perhaps more importantly, in illustrating the affirmative, Turner legitimizes what he calls an "anthropology of the individual" (Turner and Bruner, 1986: 80). Thoreau's inner dialogue, as presented by Turner, draws on local and universal symbols for "self description and self construction" (Turner and Bruner, 1986: 78) and, as such, it is similar to the reconfiguration and integration of the self that is drawn out in the most creative and self-defining moments of therapy. Such processes of initiation and confirmation occur consistently within the therapeutic alliance and are discussed in Chapter Four, "The Reflexive Process."

Social Perspectives on Personal Narrative Construction

The how and the why of a story's reception is problematic. To begin, even when the narrative has been created by the client, this private story cannot be received until the public is ready to hear it. The external process of reflexivity, which is seemingly remote from the client's most immediate and personal world, actually depends upon the client's own reflexive process in producing a climate that is right for the telling. Ken Plummer asserts that the two -- the individual and the common -- have to be more or less synchronous, if the story is to be received. He argues, "Stories can be told when they can be heard. There is usually no point in telling a tale without a receptive and appreciative listener, and one who is usually part of a wider community of support" (Plummer, 1995: 120).

To some extent, the discourse on sexual abuse which has emerged only in the past generation more closely follows Foucault's (Foucault, 1972; 1965, Dreyfus and Rabinow, 1982) schema on discursive formation. Where this topic had been hidden, for example, it came to embody a discussion, literature, and practice. This particular discursive formation can also be related to a series of historical events: the rise of the feminist critique, the public issue of violence against women and post-traumatic stress syndromes among veterans and holocaust survivors, the 'discovery' of child sexual abuse, the emergence of feminist and reflexive therapy, and post-modernism. It can be understood, as Foucault suggests, as "a fragment of history, a unity and discontinuity in history itself, posing the problem of its own limits, its divisions, its transformations, the specific modes of its temporality rather than its sudden eruption in the midst of the complicities of time" (Foucault, 1972: 117).

In a similar vein Rose refers to 'the construction of persons' as an assemblage of connections and linkages, of particular spaces and places (Rose, 1996). Further he argues, "subjectification" must be regarded as "a product, neither of the psyche nor of language, but of a heterogeneous assemblage of bodies, vocabularies, judgements, techniques, inscriptions, practices" (Rose, 1996: 182). From a practical standpoint, I would agree. My clients' dreams, symbols, and narratives suggest the ways, in which for them, this psychological, linguistic, and wider assemblage is interconnected.

I also agree with Rose that bodies are a historical phenomenon, both in an individual and collective sense, and that they are 'thought bodies' or 'bodies of thought'. But they are not merely forms of cognition (Rose, 1996: 182-83).

My clients have undergone a psychological and physical experience that they may sense but not necessarily can understand, let alone express.

The reaction of my clients to trauma and related psychological distress is mediated by Rose's assemblage, linking the outer with the inner, yet it is also more than that. It is the inexpressible violation of self through a violation of the body. In this sense, as Rose suggests, "These assemblages are not delineated by the envelope of the skin, but link up 'outside' and 'inside' – visions, sounds, aromas, touches, collections together with other elements, machinating desires, affections, sadness, terror, even death" (Rose, 1996: 185). Their reaction is also mediated, as Judith Butler argues, by "gendering" (Rose, 1996: 186).

It is within such discourses and assemblages that the individual's private preparedness to tell her story of sexual abuse rests and in which the therapist's openness, willingness, and formal preparation receives it. Then, the therapist with a formal training to facilitate the client's telling, begins to participate more directly in the process of self reconstruction.

Reflexive transformation is necessarily a highly individualized process yet it is inextricably linked to the social. The women that I represent become engaged in a reflexive re-examination of themselves *and* of their unique relationship to their social environment, as they come to terms with and re-explore fundamental interpersonal and social cornerstones, such as trust and the disembeddedness of traditional authority, in their own lives. It is nearly impossible, once victimized, most often by adult men who were or remain in an authoritative and trusting relationship, for my clients to return to their once

habitual acceptance of traditional authorities in the wake of such violations of social taboos. Yet their outlook is nevertheless towards a remaking that is as much social as it is intra-personal. Following their experiences of sexual assault they frequently seek to reconcile their lost trust and to overcome their disillusionment with authority.

The mechanism of re-adaptation, directed by my clients and to which therapy lends credence, essentially entails a reflexive remapping of their individual life stories. They accomplish this in part by externalizing through their narratives internal and external symbols and metaphors which appropriately reflect their experiences. This quest for the assertion of balance usually entails the identification and reclamation of an inner authority to replace the failure of external authorities and such a process includes the creation of rituals, symbols and/or metaphors which honour, encapsulate and make accessible a reinvented self. This self, in turn, fosters self-trust and embodies a reconstituted inner authority -- the cornerstones of recovery. Likewise they attempt to cast off of any ill-fitted symbols of that traditional system which they see as having manipulated, hurt, or simply failed them. Most of the clients that I see struggle to integrate and rebuild their story, and to bridge the gap between themselves and the outwardly rendered perspectives of them.

In *The Everyday World as Problematic*, Dorothy Smith explores a related form of social manipulation that intimately effects my clients, namely, the issue of “women’s lack of authority to speak” (Smith, 1987: 85) and the absence of a focal point for women. Smith defines the broader issue as thus:

"Women's means to reflect upon themselves is a reflection from outside themselves, the structuring of themselves not as subjects, but as other" (Smith, 1987: 51). In essence, my clients try and often succeed in reversing their problems of voicelessness and subjugation by first locating a symbolism and self-description that is of their own design and, then, in incorporating themselves into this new self-definition as its author, and therefore, as its authority (see Berg et al, 1989). Through the process of therapy for sexual trauma, the women I have studied, all of whom are women unaware of Smith, have attempted to right a wrong by means of a reconstruction of self that is both private and social.

Such a redefinition for women is a recent phenomenon. For Smith contends that women's experience "has not been represented in the making of our culture." She is also convinced, as a woman, that,

There is a gap between where we are and the means we have to express and act. It means that the concerns, interests, and experiences forming 'our' culture are those of men in positions of dominance whose perspectives are built on the silence of women (and others).

Smith, 1987: 19-20.

Smith's observation concerning the necessity of bringing women's voices out of seclusion unites with my therapeutic belief that in so doing self reconstruction may occur.

Without the authority and a recognized voice of their own, women are unable to gain control over the forces which are dictating their existence. Smith writes, "Over a lifetime and in the daily routines, women's lives tend to show a loose, episodic structure that reflects the ways in which their lives are

organized and determined external to them and the situations they order and control” (Smith, 1987: 66-67). Such a lack of control over their daily life, a feature shared by many of my clients, has left them with the feeling that they are, in the words of my client Jesse, “ricocheting out of control”. This leaves them especially vulnerable to manipulation and victimization by those persons, often, though not exclusively men, who exert control over them.

To remedy this condition, Smith points to the necessity of focusing on the local and immediate as opposed to the conceptual and extra-local in defining a sociology of and for women. Although Smith does not stray far from the conscious realm to consider other levels of consciousness or meaning, she does consider the necessity of making a symbolism that is created by women and at the local level. In her exploration of women’s relationships within, and their relationships to, their “everyday world”, Smith lends credence to my very immediate work with women’s narratives. My professional experience of therapy with women supports Smith’s notion that this is where women’s lives unfold. Here too is the level from which their insight and authority can spring and, as my clients have discovered, this is the local level where the project of the re-authorship of the self must and does take root.

Smith’s research practice also has direct applicability to my own journey from practitioner to researcher and back again, particularly where she outlines a sociological approach that calls for the researcher to heighten her own consciousness of the impact of the experiences in which she participates and her process of transforming these into text.

It means attending to the primary materiality of the text as an essential moment in the transition from the locally embodied to the discursive.

Hence, in exploring how sociology is assembled and organized as actual practices in which we too participate and by which our practices too are organized, we are also engaged in a reflexive examination and critique of what we know how to do and do.
Smith, 1999: 49.

Smith's highlighting of the reflexive nature of the transcription of experiences from the local world to the written text is an important acknowledgement of the mostly unseen process of therapeutic self reconstruction.

I have come to recognize, that so much belonging to the client can be misrepresented, overlooked or lost within that shift between private and social worlds. Smith contends that this shift involves, and I agree, "working from that site of knowing that is prior to the differentiation of subjective and objective" (Smith, 1999: 49). She sees a more authentic kind of research as stemming from the equal treatment of these realms. Her belief that subjective and objective perspectives should not be separated is a contention that connects the intra-personal world of therapy with the work of sociology.

From my point of view it accomplishes something else too. For there are complicated interpersonal dimensions in my relationship with my clients which demand ongoing attention, and which Smith's approach considers. For example, Smith contends that we, as feminist researchers, ought to operate from within another's perspective. In refusing to prioritize the client's subjective and objective psychic states, the therapeutic environment nurtures expressions from sources of the self that we would otherwise rarely view. I have also found that, given my therapeutic belief in letting the client speak for herself, it is necessary to interpret her experiences from inside of the dialogue. Only this approach can do justice to the creative and often subjective sources

from which my client's stories originate.

It seems unavoidable, therefore, that these stories which I then carry over into my research are examined with the same degree of proximity. Yet, such proximity does not completely solve the problem, of which Smith speaks and to which I regularly bear witness, namely, that of a woman's isolation from her own experience. For if my client, who as a result of her abuse or as a result of social conditions is bent on being compliant about having her experiences interpreted for her, she beholds herself through the eyes of the therapist. Consequently, a manipulation of each woman's relationship with personal validity can result, and she can be rendered, as Smith says, as merely "an object to herself" (Smith, 1999: 30). It is crucial therefore that the therapist keep the client's context continuously in mind, remaining ever vigilant about overpowering her tentative or budding attempts to express herself, in order that she can stand free from objectification and/or consummation by another's "truth".

Although her analysis is important, Dorothy Smith remains primarily concerned with the marginalized position of women and how a rethinking of sociological method can represent their unique and under-represented position in sociological literature and in society and not with the re-invention of self. While Smith attends well to women's relationship with language and to their immediate worlds, she does not tackle, in any great depth, that fundamental issue and component of my clients' relationships with and beyond themselves, that of their own embodiment. To further address this dimension, I have turned to Ian Burkitt (Burkitt, 1999) for his social perspective

on a multi-dimensional self. He places the body in the spotlight, and ultimately he comes to view all levels of being as inseparable from one another. My clients also understand, though not necessarily in analytical terms, that one area of self cannot be understood in isolation from the other (Kelly et al, 1996). My present analysis does not linger specifically over my clients' embodied processes although the body is a salient concern in our therapeutic sessions, and for this reason it has not been shut out of our analysis. For most clients, some form of disembodiment did occur as a result of their abuse (Scott, 1997). Yet their first concern is usually with mending their emotional self and with interpreting their emotional fissures through a social lens. A direct and intimate exploration of what the body has endured and the shame associated with that violation is usually too painful to tackle head-on. Therefore, the client's body is, upon my client's own direction, usually attended to only vicariously through general work on symbolism and the intra- and inner-personal communication issues of the self. In short, a description of themselves as a symbolic embodiment is easier to accept than to look directly at the physical self and the shame that they feel with respect to their own bodies.

Burkitt's work on the sociology of the body, and in particular his discussion of a reality outside of language, has important links to my clients' private experiences of embodiment and to their relationships with their narrative reconstructions. He views symbols as a dimension of reality that cannot be separated from space and time, and he firmly classifies symbolic content, such as that frequently produced in my clients' narratives, as objective

artifacts employed as forms of communication. He contends that such artifacts serve to mediate relations at all levels. Burkitt argues,

. . . the symbolic deepens our understanding of, and our relationship to, the practical and embodied. The symbolic also makes possible the realm of imagination, or the imaginary, through which we attempt to understand the world in various ways. Through this medium we are connected to the world more deeply because we can attempt to understand it and our own actions within it in an imaginative way, and we can give meaning to the world that it does not have of, or within, itself.

Burkitt, 1999: 84.

His perspective lends credence to the more creative aspect of my clients' work of self restructuring by supporting, as legitimate and grounded, the dimension in which they are operating and seeking meaning. Their seemingly isolated and disembodied perspectives on their experience, that they reach through symbol work, rather than distancing them from their reality, in Burkitt's view, connects them in more meaningful ways.

Such work of producing personal symbols also creates social meaning and separates the "active agents who make things happen, from the "passive patients" who are the recipient or the reactors to the actions of others" (Burkitt, 1999: 85). They serve, in other words, to empower. In connection, the body, says Burkitt, "has always reflexively figured in the cultural construction of an individual's self-identity" (Burkitt, 1999: 142). He views it as inseparable from our social history. In other words, when these ideas are applied to the therapeutic process, my clients' project of redefining themselves removes them from a state of passivity similar to their former position of victimization. This redefinition is later projected outwards for affirmation by them and effects a reflexive transformation in the social perception of their plight.

From Personal to Collective Experience

In a somewhat different vein, Richard Sennett and Nikolas Rose ask us to look at both the shaping of the private self in the face of powerful social forces which are attempting to describe and define that self and to question the degree of freedom we actually have to create ourselves in light of these mighty and pervasive influences. Independently of one another these authors describe the remodelling of the individual which they see as occurring in the wake of a significant social shift away from traditional authorities. They question historically held notions of self and explore such issues as self-reinvention and the role of the narrative in light of certain aspects of social disintegration. Their arguments link my clients' private experiences of narration to a public attempt to shape experience.

In *The Corrosion of Character*, Sennett examines the way that self-identity is transformed at the personal level through insecurity in the workplace and the attendant anxiety which is aroused by the change in expectations that occurs whenever rules are replaced by strategies. His study specifically addresses, in one line of inquiry, the demise of loyalty amongst workers which occurs in loosely structured organizations. This fragmented system leads to a loss of trust which at best "invites re-invention and revision" (Sennett, 1998: 48). Sennett's subjects, like my clients, are forced to remake themselves in the face of great social insecurity.

This study also traces the effects of the disintegration of trust from the collective experience down to the individual one. Important to my own work, in his consideration of a collective disenfranchisement Sennett does not lose

sight of the individual experience. At issue for him in this instance is the void that is created when trust has dissipated. In tracking this phenomenon, he notes:

To restore trust in others is a reflexive act; it requires less fear of vulnerability in oneself. But this reflexive act has a social context. Organizations which celebrate independence and autonomy, far from inspiring their employees, can arouse that sense of vulnerability. And social structures which do not positively promote reliance on others in a crisis instill the more neutral, empty absence of trust.
Sennett, 1998: 142.

Again, like Sennett's subjects, my clients are engaged in a similarly reflexive act which reflects a condition of 'modernity/late modernity'. Sennett observes that deeper experiences of trust are not allowed to develop within the short time frame of modern institutions and that, for example, the sale of companies is a particularly difficult fissure to mend where an employee's trust is concerned (Sennett, 1998: 24). This present discourse mirrors that of my clients' disassociation from trust. Their sexual violation has often been committed by a person functioning in a position of trust to them. Their experience then finds company in this current discourse since they too are a displaced group lacking the "inoculation" (Giddens, 1991: 39) that trust provides. In this era the relationship between the demise of trust at the private and public levels has become, to quote Adam Seligman, "conflictual" where once public trust was seen to rest on private trust (Seligman, 1997: 99).

A private reworking of self becomes necessary in the face of the absence of trust which Sennett describes. Independence and autonomy, the solutions offered to workers, are not suitable as substitutes for trust, either for Sennett's subjects or for my clients, both of whom have also lost their capacity

to trust. A sense of vulnerability and disorientation is commonly identified among my clients who attempt to create a bridge between a state of lost trust and a condition of autonomy. They must first locate an intermediary stabilizing force to substitute that which is no longer available to them. Some create this themselves through the in-depth and reconstructive work of narrative production in therapy.

Sennett too is interested in the restorative properties of the personal narrative. His particular focus is on the role of the narrative in the individual and collective reinterpretation of character that has become necessary in light of the new emphasis on risk-taking and flexibility at the institutional level. As these qualities of risk-taking and flexibility replace loyalty and delayed gratification, as the new paramount conditions of success, personal character and, hence, private narratives are also transformed. Sennett contends that the people of his study “attempted a kind of self healing” through their narratives. What he ultimately views as the greatest value of the narrative process is its capacity for ordering lives and, in so doing, at least creating the illusion of keeping randomness at bay. “Narrative in general does the work of healing through its structure . . . not through offering advice” (Sennett, 1998: 134).

At the onset of therapy, many of my clients feel as though there is no basis upon which to reconstruct a narrative. Their past has been devastated by an atrocity that they, initially at least, do not wish to incorporate into their story. It ends up sitting there at the centre of their lives, tainting everything it touches. It is not uncommon for my clients upon entering therapy to view their

narrative to date as a story of failure that they wish to obliterate. Most clients, initially, also place little stock in the therapeutic benefits of telling their story. Yet the fact of narrative reconstruction reflects, in my view, a general belief or hope, at least, that this process will keep at bay the randomness that threatens to overwhelm their lives.

My clients use the story milieu much like the workers of Sennett's study, at times unconsciously and sometimes quite deliberately, as both an avenue for building into their lives a sense of continuity and as a tool for ordering past chaos. Each client tells a somewhat different story and, as a result, each reaches a slightly different conclusion about the potential of narrative to fulfill such great expectations. Whether or not they truly believe that their own narrative reconstruction can eventually surmount the devastation created by the abuse and restore to them a sense of continuity is something that only they can decide. Notably, those whose narratives are included in the following chapters are unique in their process of successfully attempting to locate and then restore for themselves some control over their story's outcome.

In *Governing the Soul*, one of Nikolas Rose's primary interests is narrative control as it relates to "the shaping of the private self" (Rose, 1989: subtitle). He examines the degree to which our intimate lives are truly our own to shape and control, a matter with which each of my clients privately grapples. His view of the social powers that come to bear upon the existence of people both subscribes to and advances my thinking about my clients' relationships to their narrative productions to the role that others, including the therapist, perform in the recreation of each story. Rose frames these personal struggles

within the context of a public issue.

Rose's inquiry concludes that psychotherapies have come to shape our subjective experiences by luring us with the promise of "realigning what we are with what we want to be" (Rose, 1989: xiii). To some extent Rose's comments echo my client's initial hopes for the outcome of their therapeutic process. But generally, most clients enter therapy with expectations of being healed and of having restored in them a sense of direction. Their experiences of sexual assault and incest, together with the social and familial conditions which have permitted them to occur, tend to instill a state of passivity and to obliterate any sense of having had any freedom to choose their own destiny. Accordingly, it is common for the client at first to place in the therapist's hands the responsibility for her self-realignment. In my counselling work this responsibility is promptly redirected back towards the client in an effort to halt the drain on the client's self-authority. It is often the case that such redirection is initially interpreted by the client as fostering a frightening and unwelcome level of responsibility. The project of self-reconstruction can seem vast and overwhelming and beyond her potential to control. Although we together attempt to work beyond this sense of trepidation towards self-authority, for some at this juncture the "evil" that is known is preferable to that which is unknown.

These "technologies of individuality," such as I admittedly practice, raise issues of concern for Rose, and for many of us engaged in the therapeutics. These include the degrees of privacy and personal control that actually exist in this matter of reconstruction, as well as in the nature of the techniques

themselves, “through which modern selves are constructed, sustained and remodelled” (Rose, 1989: xii-xiii). He writes,

Conduct, speech and emotion have been examined and evaluated in terms of the inner states that they manifest, and attempts have been made to alter the visible person by acting upon this invisible inner world. Thoughts feelings and actions may appear as the very fabric and constitution of the intimate self, but they are socially organized and manifested in minute particulars.
Rose, 1989: 1.

These technologies represent an aspect of our working reality, as therapists, that is rarely acknowledged by those operating within this "helping profession", although they intimately affect us. Later, in his argument, he states,

Selves unable to operate the imperative of choice are to be restored through therapy to the status of a choosing individual. Selves who find choice meaningless and their identity constantly fading under inner and outer fragmentation are to be restored, through therapy, to unity and personal purpose. Selves dissatisfied with who they are can engage in therapeutic projects to refurbish and reshape themselves in the directions they desire. The psychotherapies provide technologies of individuality for the production and regulation of the individual who is ‘free to choose’.
Rose, 1989: 228.

In this context, Rose’s study intersects directly with my journey as a therapist. I often wrestle with my own capacity to influence and control my clients’ “invisible world” and question the worth of doing so. During the course of my considerations I have somewhat reluctantly also come to concur with his observation, applicable here to how my clients might feel, that

The government of the soul depends upon our recognition of ourselves as ideally and potentially certain sorts of person, the unease generated by a normative judgement of what we are and could become, and the incitement offered to overcome this discrepancy by following the advice of experts in the management of the self

(Rose, 1989: 11).

This comment exposes my practitioner's role as that expert who can wield "normative judgements" over my clients' reconstructions, and thus it serves as an uncomfortable reminder to me to remain conscious of any impulse that I may have to steer my clients in a direction determined only by myself.

I acknowledge my role as a distributor of existing therapeutic expertise and, to the extent that this is realistic and indeed helpful, I consciously work at encouraging my clients' cultivation and recognition of their own insights. Only in this way, I have come to understand, through the avenue of a deliberate, private, and constructed process such as therapy, can many of my clients ultimately find self-knowledge and original self-expression, at least enough to enhance a sense of freedom from the abuse which has previously limited these possibilities.

In moving beyond Sennett's and Rose's sociological considerations of the transformation of individuals in the face of a social redefinition of self, and my role within this process, I further find myself in the company of Anthony Giddens in *Modernity and Self-Identity* who offers a broad overview of reflexive transformation within the throes of social change (Giddens, 1991). He describes this change as including a loss of order, a breakdown of trust, a sustained loss of faith in outdated traditions and the creation of new meanings that such change demands. He explains:

In the post-traditional order of modernity, and against the backdrop of mediated experience, self-identity becomes a reflexively organized endeavour. The reflexive project of the self, which consists in the sustaining of coherent, yet continuously revised narratives, takes place in the context of multiple choice as filtered through abstract systems. Giddens, 1991: 4.

He also states, and I agree, "In the settings of modernity. . . the altered self has to be explored and constructed as part of a reflexive process of connecting personal and social change" (Giddens, 1991: 32-33). This reflexive process extends "to the core of the self" (Giddens, 1991: 4). The reflexive process which I consider in the transformation of self links the individual to this public evolution, and then back again.

The biographical narratives to which Giddens refers (Giddens, 1991: 58) represent a theoretical model compared to the grounded projects of self and local experience in which the women of my practice are actively seeking to reconstruct themselves. In fact, my clients' experiences of intra-personal fragmentation following abuse stand as testimonials to the separation between the self and a natural state of embodiment that Giddens' analysis accentuates. His description of the self also broaches the issue of a fragmentation in our relationship with our bodies and sees, in the face of modernity, the new shaping of the body as influenced by outside trends. In this sense his primarily theoretical and macro-analysis of reflexive transformation in this era is important to my own work, because it identifies another way in which such intra personal narratives as my clients' are inseparable from the social experience of self. In this regard, Giddens has influenced my thinking, though indirectly.

In his discussion of society's transition to the late-modern world, Giddens explores on a macro- and cognitive level, what I consistently perceive in my practice through the micro- and somewhat more intuitive level. For

central to any discussion of self re-construction within a changing social picture is this issue of trust. Giddens reflects:

In circumstances of uncertainty and multiple choice, the notions of trust and risk have particular application . . . Trust established between an infant and its caretakers provides an 'inoculation' which screens off potential threats and dangers that even the most mundane activities of day-to-day life contain. Trust in this sense is basic to a 'protective cocoon' which stands guard over the self in its dealings with everyday reality. It 'brackets out' potential occurrences which, were the individual seriously to contemplate them, would produce a paralysis of the will, or feelings of engulfment.

Giddens, 1991: 3.

In commenting, for example, on the collective breakdown of trust in our society, the loss of faith in explanations and the absence of a predictable source of answers, Giddens reflects a broad crisis of confidence through which the majority of my clients individually pass. He thus unwittingly describes well the aftermath that the abuse of trust, which characterized my clients' sexual trauma, has created (Giddens, 1991: 20). These also represent collective and social issues which have a definite relationship to the individual project of reconstruction and social re-connection in therapy.

The plight of my clients also runs parallel in another sense, in the fate of Giddens' macro-population in late-modern society which he sees lingering in a state of incertitude and seeking a replacement for a lost traditional order (Giddens, 1991: 195). In a related fashion, as a result of their abuse, my clients placed in a position of psychic removal and social marginalization, become anxious to discover a way to re-identify and re-align themselves in a wider order. I have consistently observed that such a reorganization of the whole self takes place among my clients, as a necessary part of reintegration.

This follows a trauma that has separated them, as a person from themselves, and from the society that permitted that trauma to occur. Their's is a search at an individual level for substitute authority, within a project of re-authorship which will replace some of the certainties previously lost to them. One suspects that this intra-personal discovery of a symbolic and personal inner authority has implications for the collective search for authority and meaning.

My clients' private experiences also merge with the collective phenomenon described by Giddens on the issue of dissipated trust. The loss and recasting of external authority, which Giddens views as a central aspect of the condition of high modernity, also occurs in therapy, as a necessary part of the restructuring of the self at the level of the individual. Giddens contends that trust in authority is pivotal to the smooth running of a traditional order based on "faith", and he views a collective breakdown of trust as a significant dimension in that loss of authority (Giddens, 1991: 196). He refers to our individual and collective attempts to re-locate meaning, in coming to terms with this loss, in our post-traditional world.

In considering the "emergence of new mechanisms of self-identity" (Giddens, 1991: 2) within the context of a late-modern era, Giddens says a collective "psychic reorganization" becomes necessary. This has become necessary as a result of the loss of ritual and rites of passage which were afforded to the individual in traditional societies, where religion, family and community set the social boundaries and represented authority. In the case of my clients, the trust that was once projected outwards is now turned inwards. To echo Giddens' words, "the threat of personal meaninglessness" is

eventually diminished by this reintegration of self and the development of self-trust (Giddens, 1991: 202).

But there are some shortcomings in Giddens' argument based on observations drawn from my practice. As Adam Seligman argues, Giddens does not really define the difference between institutionalized personal ties and the abstract systems of contemporary life. Seligman states, "Institutionalized personal ties are by their nature abstract . . . And while we no doubt do exist in a world of abstract systems, we also exist in a world where the bonds of friendship tie us to special places and people as well as in a world regulated by more institutionalized personal ties" (Seligman 1997, 18). Significantly, this latter world of friendship and personal ties is the one with which my clients, during their course of therapy at least, are most concerned. While Giddens discriminates between trust in abstract systems and trust in people, he never really bridges the fissure that his analysis creates.

Another inherent gap between Giddens' theory and the lived experiences of my clientele is the following. His model relies on ideal types to create his thesis, whereas the lives of my clients are very much grounded in and limited by their immediate everyday realities. Nevertheless, his theory concerning the reflexive project of self, while much removed from the present and personal world of my clients, does explain, though only in a broad sense, their struggles to engage in a narrative transformation and it serves to connect a private process to a collective one at this particular moment in time.

A New Basis for Understanding

Through the course of self reconstruction, my clients' traditional sources of internal and external validity are re-evaluated as they become more open to considering alternative sources. Those figures who had once been invested with significant social authority previously seemed to offer a source of "truth" and mastery against which they could compare and judge their personal experiences. However, with a developing mistrust of authority figures, such as fathers and priests, there has developed a growing unwillingness to invest blind trust in people, by virtue merely of the social roles they fill. Giddens identifies this reluctance in an associated trend towards a recasting of external authorities. In effect, my clients' new perceptions of personal validity, whose source is grounded in their own experience and, in that sense, in themselves, represents an important dimension in the reconstruction of themselves, a large component of which is the recognition of and respect for themselves as a fundamental source of validity.

In another sense, authenticity of experience is an ever-present concern for the client who is seeking to overcome sexual abuse. The validity of a sexual abuse claim is a subject that we almost inevitably grapple with at some point in the therapeutic dialogue. Self concept and the social perceptions of that self come to rest on this pivotal issue. As I have discovered, it has been helpful, in my development as a therapist, to step outside of the therapeutic field, and to consult and include some sociological considerations of "truth" or validity.

In feminist sociology, particularly, I found support for the idea of allowing a woman's lived experience to stand as a relative truth. For, as Smith

observed on behalf of the researcher and her subject alike,

The method of experience returns us always to the subject active in remembering, in finding out how to speak from the actualities of her life, bringing forward what was into a speaking for which she is the only authority. It is a method that feminists have taken up in a variety of ways. For me it established a place to situate a subject as knower of a sociology that might explore how her life is put together by relations and forces that are not fully available to her experiencing.
Smith, 1990b: 5.

It is uniformly concluded among my clientele that we were all -- client, therapist, and reader alike -- searching for a universal standard by which to access, legitimize, and categorize such personally and socially upsetting material. In Chapters Five and Six I use clients' stories to stand as a focal point around which to explore the issue of such relative truths. The impact of this public demand of a private story to provide the truth in the case of sexual abuse is however explored with each client separately, as she first struggles to address a broader description of personal validity before finally choosing to be satisfied with a private definition.

Society continues to demand tangible proof of truth in these sexual abuse claims. It is vital that, in therapy at least, women's narratives, especially those who have been victimized, are not weighed and measured by a definition of "truth" that they have not had a hand in creating. The most important standard of validity by which to access these narratives is that which each client finds personally bearable. Accordingly, these stories must first be created in the image of the clients' own sense of authenticity. Eventually, it is hoped, the narrator can reach out to locate and accept a positive reflection of herself. This reflection then stands as validation of her newly developing

sense of authenticity. In defining that self, it is each client's voice and experience that must speak the loudest.

The importance of feminist analysis to my own work is borne out further in the body of literature which looks at a woman's standpoint (Hartsock in Harding, 1987: 59), or her "voice" (Gilligan, 1982: 173), and how this voice has been devalued and/or silenced. This is crucial to the therapeutic context because the sexual abuse of women and children has and continues to thrive in privacy and silence and, as long as this is so, the validity of these women's experiences will remain elusive, even to themselves. Also understanding sexuality, as a far reaching social phenomenon which reflects gender issues, assists the victim in depersonalizing the abuse, and in turn alleviating some of the associated guilt.

In addition, a feminist perspective provides a framework for addressing the client's personal issues of inequality and powerlessness, and conversely equality and empowerment. A genuine understanding of these matters needs to be integrated by the client in order for her to establish a firm structure upon which to rebuild a shattered and often defenceless identity.

My particular interest lies in how the phenomenon of abuse is experienced, synthesized, reconstructed, and expressed by individual women. I share Gilligan's interest in the intricacies of such processes, "in the interaction of experience and thought, in different voices and the dialogues to which they give rise, in the way we listen to ourselves and others, in the stories we tell about our lives" (Gilligan, 1982: 2). Her explorations overlap with my own in the presence of the "different voices" and their role in the project of re-

authoring the self. Her study focuses especially on the differences between women's experiences and formal thinking about human development, as well as on how these differences are rooted in gender itself.

I accept this premise and keep it in the forefront as I descend below the social surface to consider the value of the metaphorical and symbolic expressions of a client's voice, her silence, and the new personally rendered sense of self that she forms through a changing self-definition and self-description. My main concern is with the personal and social origins of my clients' self expressions and the nature of their continuing quests, as together we seek to locate its will and form through their storytelling and our ongoing reflexive dialogue. The necessary communication of subjective meanings is difficult for my clients, and it also represents an ongoing challenge for me, in my journey, as a researcher. Moreover, because of the complexity of transcribing experience, we run the risk of objectifying and formalizing such communication by removing it, as Dorothy Smith says, away "from the course of everyday happenings, providing it with significant form after the fact" (Smith, 1987: 48). This approach would obviously distort any personal validity that my clients have been trying to establish for themselves. I attempt to avoid the kind of objectification that Smith refers to by encouraging in my clients a recognition and acceptance of that personal sense of authenticity which has been derived from their own experiences.

The importance of each woman placing her story within her own context is further confirmed by Carol Gilligan. Women's self authority can be realized only when they are freed from the overwhelming disparities under which they

have functioned, or when “release from the intimidation of inequality finally allows women to express a judgement that had previously been withheld.” That includes the therapeutic relationship. Gilligan continues, “What women then enunciate is not a new morality, but a morality disentangled from the constraints that formally confused its perception and impeded its articulation” (Gilligan, 1982: 95).

The problem of determining the validity of an experience that has been suppressed is also explored by Sandra Harding from the perspective of the tension which exists between feminist theory and feminist empiricism. While her's is a strictly theoretical debate, it reaches conclusions similar to Smith's and Gilligan's. For Harding the underlying strains between theory and empiricism grow out of two competing notions of truth: science and the personal standpoint. In an attempt to reach a workable reconciliation, Harding maintains that it is worthwhile to pursue an ongoing discussion which includes both perspectives, especially if the only other option is one entirely in favour of a “less biased, more accurate” social science. She views this lively debate between competing epistemologies as a sign of living in transitional times, and she asks a rhetorical question, “Should women -- no matter what their race, class, or culture -- find it reasonable to give up the desire to know and understand the world from the standpoint of their experiences for the first time?” (Harding, 1987: 189). The answer is, obviously, no.

I conclude with the following observation from Nikolas Rose. “To speak of the invention of the self is not to suggest that we are, in some way, the victims of a collective fiction or delusion. That which is invented is not an

illusion; it constitutes our truth” (Rose, 1996: 3). A similar realization and insight has been reached by many of my clients, but in their own fashion. In the end, their embodied and local reality stands as valid enough for them. Somewhat ironically, once clients reject the social and traditional therapeutic pressures to make their stories conform to supposedly more universal and objective standards and to methods of truth which did not naturally fit them, the stories come to reflect more authentically the clients’ experience.

Sociological discourse has directed me to the questions about whether or not narrative control is real or imaginary, and whether the story outcome is a natural and internal rendering or, to a large extent, an expertly manipulated process. Sociological discussion has also influenced my perspective on clients’ truth and my decision to position myself as researcher and observer squarely within the experience of my clients -- a placement that fits naturally with my role as therapist. Feminist sociology in particular has confirmed my own insider’s perspective as legitimate, despite a traditional sociological tendency to view all experience from the outside looking in.

In the chapters that follow, the therapeutic and sociological ideas that have most influenced my work with my clients in therapy are presented in and around my clients’ own narratives. In presenting them, my voice weaves in and out, reflecting my quests both as therapist and as researcher. By blending therapeutic narratives with sociological theory, we are permitted a more diverse and in-depth look at the issues which emerge with the evolution of the private experience of sexual abuse with that apparently natural tendency towards their public expression.

CHAPTER THREE

LOCATING THE SELF: THE LANGUAGE OF SURVIVAL

My former client Jesse sought therapy in order to address the effects of childhood incest by her alcoholic father and various sexual assaults by other male relatives and neighbours. At the time of entering therapy she was approaching her fortieth birthday. Jesse then suffered from depression and sleeplessness complicated by debilitating migraine headaches. She had been combating these afflictions with the use of anti-depressant medication and pain killers for much of her adult life. She carried within herself what she described as an almost bottomless sense of grief that she identified as stemming from a many-edged loss. Such a pronounced feeling of loss, as Jesse's, is frequently a characteristic of those persons who have suffered and surmounted sexual trauma (See Herman, 1992).

Jesse outlived the experiences of cruelty and death which had surrounded her. Her physical self endured despite overt abuse, neglect, and her own dangerous sense of disconnection from her body. She struggled to regenerate her depressed existence, first through prescription medicine and eventually in various forms of therapy. Her narrative is a manifest representation of her choice to live beyond merely surviving. Through the medium of story telling, Jesse attempted to conquer personal isolation, external and internal chaos, and a multitude of losses. In the following section, I consider Jesse's story as a reflexive process composed by her and guided by me, aimed at overcoming the conditions that had essentially paralyzed her process of intra and inner rebuilding. But before

Jesse could freely benefit from this reflexive process of reconstruction, she first needed to separate herself from others' constructions of her experience. She needed also to locate independently the issues that most impeded her progress.

Jesse's story is illustrative of many of my clients' relationships to the description, "survivor" or more generally to the language which has grown up around their suffering and purports to describe and offer solutions for that experience. At the onset of therapy, Jesse was proud to be associated with the term "survivor", and she took comfort in reading descriptions of similar abuse experiences in the popular sexual abuse literature. Yet this connection was not sufficient to sustain her.

The ensuing sections focus on our therapeutic work, leading up to the deeply reflexive analysis that usually characterizes the latter portion of my therapeutic exchanges with clients. Parts of Jesse's narrative are woven throughout this discussion in order to both concretize the process of therapy for my reader and to anchor this very public issue of sexual abuse in the form of a personal experience. I trace her evolution, through therapy, by holding up her story, and relating and comparing it to the term "survivor." I consider, as well, in the following discussion, what the adoption of this label had to offer her and what more it seemed to promise, yet did not fulfill. Finally, I examine how aligning herself with this social construction may have stalled her personal reconstruction by tempting and distracting her with a ready-made formula, a "recipe knowledge" (Berger and Luckman, 1967: 65), for recovery.

The Discourse of Surviving

The words "survival" and "survivor" are often presently employed, it seems, quite liberally and uncritically, with little heed to the broader implications of such application. These are words that contain manifold connotations in the context of the language of sexual abuse. Among other usages, they are *the* names we interchangeably ascribe to those who have surmounted sexual traumatization. Indeed, it is difficult to read about or discuss sexual abuse without encountering the term "survival" (see Blume, 1990; Finney, 1990; Laidlaw and Malmo, 1990; Kelly, 1988a; and others). This is partly so because the description, as with the popularization of the subject of sexual abuse in general, has undergone what Orrin Klapp describes as "social magnification." In this regard I share his view that "'Bigger and better' does not quite describe our progress today. Too many things are happening that are bigger and worse" (Klapp, 1991: 1). As a result of this magnification, none of my clients arrive at the therapeutic doorstep completely untouched by the sexual abuse discourse. It has permeated our culture. For a lengthy discussion of this pervasion see Ken Plummer's *Telling Sexual Stories* (Plummer, 1995).

The need to feel inner-personally connected and accepted is often so great that my clients reach outside of themselves for a social interpretation of their experience before they have formulated and nurtured any substantial private understanding. In this chapter, I look at those aspects of the clients' experience that are at risk of being ignored or neglected when an externally manufactured answer to recovery is chosen

over a more sustainable one of their own creation.

The term “survivor” was added to the sexual abuse discourse, beginning about twenty years ago, for the most compelling of reasons. Most importantly, perhaps, it provided feminist theorists with a working reminder of the parallel that exists between the violence of war and the violence stemming from the war between the sexes. Originally, it was deemed to be the designation, itself indebted to the experience of extermination camp survivors, which brought vindication and legitimation to the post-war guilt and sufferings of mostly male veterans by giving them attention and credibility (see Bettelheim, 1979). Transferring survivor status to the abuse experience was thought to do the same for this most recently designated group of victims (see Herman, 1992).

Certainly, significant parallels exist between the survival of life and death and situations of extreme mental and physical torture, such as those which defined the Holocaust, and those characteristics which accompany sexual abuse. In the view of many, the majority of my clients included, Judith Herman was a pioneer in extending honour and credence to those who had suffered sexual abuse, through her popularization of the notion that the survival of life and death circumstances, such as those present in situations of war, and the survival of sexual abuse, shared common aftereffects. There are some wider understandings to be gleaned, for client and therapist alike, from what has developed over time, in creating the profile of the survivor (Reno, 1990).

Whereas Bruno Bettelheim, Viktor Frankl, and others (Bettelheim,

1979; Frankl, 1984; Lasch, 1984; and others) delineated the process of surviving atrocities in their studies of Holocaust survivors, feminist literature has tended to draw upon and emphasize studies of Vietnam and other combat veterans, with their accompanying detailed descriptions of the psychological and physiological effects of trauma. This equation of abused women with survivors of war aimed to link women to a language that they were disconnected from and, at last, to bring a largely female experience into a dialogue about experiences shared by men and women alike. It served, additionally, to lend dignity to the collection of symptoms that each victim, following their assaults, privately suffered from by linking them to a wider 'traumatic stress phenomenology' (Mollon, 1996; Coulter, 1994; Beck, 1992; Ariès, 1981).

The word "survivor" has succeeded, to a degree, in carrying those persons who were once abused out of the isolation, secrecy, and silence, and they have transformed themselves into a vocal group. As Judith Herman noted, "Only after 1980, when the efforts of combat veterans had legitimated 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" (Herman, 1992: 32).

I do not disagree, that much of what constitutes this collection of qualities are common to "survival" narratives, in whatever form they appear (DesPres, 1980). And, despite the frustrations of this label, many of which are recounted below, there is for many of my clients some form of initial

sustenance to be gained in identifying with a common self-description, such as survivor. It provides for them, for example, the perception of having a shared story. It assists them in making some sense of their experience and in finding commonality in what has been until then a solely private suffering. From the practitioners's point of view, "survivor" can be a useful category with which to consider the client's relationship to her own story.

In her "paradigm of the survivor," Janet Reno explains this tendency to unite with a common language in the hope of explaining one's experience to one's self and others. It is an act which might bridge what had been for many clients a long-felt isolation. She demonstrates that which I have noted time and again within my practice. Despite the risks involved, the inclination to share personal experiences of abuse with a wider group is pervasive (see Miller, 1984). Reno suggests, that "During the disaster itself, a willingness to merge with something greater than oneself can be crucial" (Reno, 1990: 38). But in the case of many of my clients, a more profound merging is effected later, in therapy, by a binding together of their insights with the shared descriptions of others.

Reno has examined the distinctions that exist between "survivor" and what she calls "survivorship". Her enquiry offers a different perspective on survival than what I have found in the therapeutic literature concerned with sexual abuse. Her description offers insights into why so many who were sexually abused might adopt the self-description "survivor" and then why they feel disappointed by an incapacity to alter their experience in any meaningful way. Merely identifying oneself, as a survivor, does not ensure

that one's injuries have been adequately attended to. In my practice, I have been a regular witness to this frustration.

Yet victims of sexual abuse who are familiar with some of the popular literature and who adopt survivor status as a personal accomplishment are initially unaware of this drawback. No longer considered mere victims, those affected expect that much of their work toward recovery has already been accomplished (Bass and Davis, 1988). In truth, "survivor" is little more than a hollow analytical label. The reality that nothing much has changed with this transition leaves the client, before she has entered therapy, feeling let down without knowing quite why.

Why does this happen? Reno's rationale for why this is so is encapsulated in the following excerpt.

The rebirth of the individual required by full survivorship is by no means inevitable. To pass through a disaster and to survive is one kind of event; to pass from psychic numbing into feeling again is another, more extended experience. The first is emotional and historical, the second is metaphysical. Greater courage may be required for survivorship, or adjustment to survival, than for survival itself. For the most part, one has relatively little choice during a disaster as to one's survival. Presumably those who did not survive disasters also intended to remain alive. Surviving is a matter of instinct. But survivorship requires one to accept one's survivor guilt, to live through boundless grief, to endure the disorder of memory in a search for new order, and to mourn the dead and one's own dead self. Survivorship, though it may involve the instincts, also includes another element: extraordinary courage. Survivorship stories highlight what is best in humankind.
Reno, 1990: 45-46.

Reno does not equate survival with the act of healing, as so many currently do. In her use of the term, the word survivor loses the power and status that it was intended to possess, because survival is merely a knee

jerk response. In Reno's definition, it is simply a condition and a past tense one, at that. Her idea of "survivorship" is however rooted in the personal ownership of one's experience. In one's doing something constructive with that repossession, "survivorship" represents a present and reflexive process of change. Importantly, the onus for transformation is put back in the hands of the individual. Written for a literary audience, her insights seem to have gone virtually unnoticed by the writers and consumers of therapeutic literature.

The Problems of External Constructions of Survival

What, if anything, is forfeited by the person that has been sexually abused who then opts for mainstream descriptions of her intensely personal experience? As previously noted, this greater social connection to other survivors perhaps serves temporarily to create a sense of normalcy, or even complacency, about her plight. Yet Ken Plummer cautions that one result might be the victim's becoming desensitized through a bombardment of stories (Plummer, 1995). In this sense the social connection detracts from what is the original aim for many victims: a heightening of sensitivity in confronting the past.

The extreme reactions that often follow such a public outpouring of stories is well summarized by Klapp.

Contagious communications spread rapidly and thoughtlessly, and lead to extremes and exaggerations that are later often seen to be follies. In this sense they make much out of little, magnify little into seeming much. After which they fade or burst like bubbles. This is what we denote when we speak of rumors, stampedes, panics, hysterias, mobs, riots, fads, crazes, manias, booms, bubbles. Their

time is brief but their curve of growth is exponential, as with disease epidemics.

Klapp, 1991: 61.

In this public climate, there also occurs a distortion of facts which may ultimately discredit the legitimacy of the victim's experience. This is, namely, the organized discrediting of sexual abuse "survivor" stories (e.g., "false memory syndrome") which has arisen alongside the public attempt to lend these stories credibility (Fraser, 1994). Moreover, the public appears to be entirely capable of making trite what remains vital and important to the private person in its frantic pursuit of a greater discourse. Furthermore, in the case of such popularization of the abuse experience once victimized women are removed from ownership of the story that allegedly was to be restored to them in a language of their own making. If they do not have a hand in creating the language used to describe their experience then the story that they tell cannot legitimately be their own creation either.

Typically, Dorothy Smith views women as already living outside of the powerful dialogue that shapes our society; ". . . women have been largely excluded from the work of producing the forms of thought and the images and symbols in which thought is expressed and ordered" (Smith, 1987: 18). Popular sexual abuse literature has created a war of semantics (Bolker, 1995) which rages around victims serving, perhaps, to alienate them and lead them further away from their needs and final goals. One might argue that, for women, much has been sacrificed in these public negotiations.

Survivor status, as it applies to sexual victimization, offers the

promise of acceptance by and admission to an inner dialogue created mostly by women. The siren beckons in a most alluring manner for those who have been sexually abused to embrace its description for themselves. *Reach for the Rainbow*, a popular sexual abuse recovery guide, for example, begins as follows: "Congratulations! If you have been sexually or physically abused and you are reading this book, you are a survivor" (Finney, 1990: 15). The great attraction of a women's construction is that it is purported to have been created in our own image, though as we have noted, the term "survivor" was originally applied almost exclusively to Holocaust survivors and male veterans of war.

While the label of survivor carries with it a whole host of connotations, as well as an obligation to pursue a specified path of recovery, these qualities are not immediately recognizable as such. Nor is it readily apparent to survivors that the options open to them are extremely limited. The unstated implication of this label is that the sexually abused person must leap certain hurdles in order to merit this name. In order to be a "survivor", for instance, there is a not-so-subtle insinuation that you must also pursue therapy and/or consume self-help literature. But is a person who was abused destined to remain a victim until she has participated in individual or group therapy? Is she still worthy of the title if she designs her own process of attending to her psychic fractures, privately and on her own terms? Is she a "survivor" if she does not adopt the popular language which is said to describe her experience? Apparently not. As Herman asserts point blank: "no survivor can recover alone" (Herman, 1992: 141).

Similarly, Bass and Davis contend,

No matter how committed you are, it is extremely difficult to heal from child sexual abuse in isolation . . . It is essential that you have at least one other person with whom you can share your pain and your healing. The person may be another survivor, a member of a support group, or a counsellor.
Bass and Davis, 1988: 22.

In *The Courage to Heal*, they direct the reader to their accompanying resource guide. Here Bass and Davis list available choices: individual counselling, support groups, self-help programs, and national organizations (Bass and Davis, 1988: 458). In essence, their message is that these are the only options.

There certainly must exist some people for whom reintegration can occur without therapeutic intervention or self-help literature. But these are obviously not the people I see in my practice. Rather my clients reflect, in their initial thinking, what Bass and Davis have recommended, arriving in therapy content to place their reconstruction in my hands. They state their expectations of the therapeutic process in the language of sexual abuse that is now so entrenched in our culture. Most, for example, refer to themselves from the onset as "survivors". For those who have been sexually traumatized, the presence of such a seemingly well established network of "help" and information tells them that they could not possibly direct themselves through a recovery process. They assume that such an organized alliance must also have knowledge of what avenue they should follow, and this alliance knows, as they never alone could, how their recovery should take shape.

A blanket acceptance of an externally fabricated approach has several inherent flaws. Foremost some of my clients have already endured such a prolonged and devastating loss of control that they do not know where to begin in taking back some direction for themselves. Apart from granting the therapist authority there exists as well the potential for interfering in the clients' development of creative problem-solving techniques and general self-reliance. Therefore, the nature and usefulness of therapy must itself be reviewed.

Why is such therapeutic interference problematic? The most critical of these pitfalls for the client is, as Anthony Giddens puts it, in "[t]aking refuge in a dominant authority" because this is "essentially an act of submission" (Giddens, 1991: 196). Since one of the root evils of sexual abuse rests in forced submission, a crucial aspect of the narrative's restorative power lies in its capacity to grant some authority to its teller (Myerhoff, 1992). If the client once again relinquishes control to some entity outside of herself, she will be stalled in her quest to balance the chaos that has been brought about by her abuse. In this sense, she actually risks recreating in therapy some of the effects of that original abuse.

One noteworthy effect of sexual abuse on its victim involves the victims' subsequent vacillation between an intrinsic mistrust and fear of others and an unrealistic belief in the implicit trustworthiness of those closest to them. This represents a struggle between the extreme violations of trust which they have endured and their longing to both trust and to have that trust nurtured. Herman has observed this response in victims.

She approaches all relationships as though questions of life and death are at stake. She may cling desperately to a person whom she perceives as a rescuer, flee suddenly from a person she suspects to be a perpetrator or accomplice, show great loyalty and devotion to a person she perceives as an ally, and heap wrath and scorn on a person who appears to be a complacent bystander.
Herman, 1992: 93.

Because of this characteristic dilemma, it is therefore unrealistic for anyone to think that most who adopt the self-description of "survivor" are making this decision from a grounded perspective of self-assurance and knowing. Further, imposing a self-definition, even by a therapist, denies someone who has been victimized the autonomy and control that is fundamental to their reconstruction.

Over time and with the strengthening of my clients' own insights, external definitions of their experience come to be viewed by them as limited and personally alienating. In refusing a blanket adoption of self definitions emanating from self-help literature, or any pre-established categorization other than her own, the client is essentially refusing to allow her reality to be constructed by another. As Smith notes, "we [as women] have assented to this authority and can withdraw our assent," a response which is "essential to the making of knowledge, culture, and ideology based on the experiences and relevances of women" (Smith, 1987: 18).

Standing alone like this constitutes a tremendous leap into the unknown for those who have only ever known their reality as one defined by others. Initially, at least, existing definitions are alluring because they offer structure and are based on some sense of comfort and community. Yet, for better or for worse, at some point in their progression toward integration, my

clients tend to adopt a self-explanation of their experience, above all others, in order to break the solitude of their marginalization, shame, and fear.

The definition of survival, as it applies then to an individual's ability to surmount wartime atrocities, becomes a fixed and pre-existing script when it is used to define the experience of sexual assault. A major drawback to this strategy is, as Plummer says, that "much of modern life is . . . trapped in the conventions and rituals of pre-existing stories which prevent, conceal, and block other ways of seeing" (Plummer, 1995: 127). Narrative therapists Anderson and Goolishian also refuse to accept the professed healing value in such pre-fabricated definitions. "Our view holds that each problem description, each understanding, each treatment is unique to the communicating realities in which we participate. These realities are always in flux and never stay the same" (Anderson and Goolishian, 1988: 386). The question remains, why must the recipe for recovery, as it is laid out in much of the sexual abuse literature, remain unchanged?

As we have noted, from the standpoint of the therapist these fixed descriptions are problematic. They eventually serve to limit the horizon for therapist and client alike. Again, Anderson and Goolishian are helpful in defining the root problem.

Pre-assigned labels that we often use to understand our work get in the way of collaborative problem defining, and they often describe and create problems that we cannot work with . . . It is never helpful to create, or freeze in apodictic certainty, a problem definition that defies new meaning or conversational change. In monological conversation, that is, when an idea or aggregate of ideas dominates, new co-created understanding, new shared narrative, and mutual change become increasingly impossible.
Anderson and Goolishian, 1988: 389.

There are thus several serious problems for the therapist, in blindly adopting pre-existing definitions for describing what we are seeing. There is comfort to be gleaned from the presence of such descriptions, yet to cling overly long and uncritically to these existing definitions stagnates our professional perceptions and most certainly delays our clients' growth. This, at least, has been my experience. In this regard, Denzin alludes to an additional problem inherent in our adoption of such pre-fabricated descriptions, as "survival," and in the all too often mismatch between the label and the individual experience.

These constructions may draw upon media or popular cultural representations and may or may not reflect actual experiences. When they do not reflect lived experience, the gap between the real and its representations becomes existentially problematic. In such moments ideology repressively intrudes into the worlds of lived experience.
Denzin, 1992: 90.

It is often the case that these externally rendered constructions, which begin for the most stellar of reasons, become intrinsically fickle. Anderson and Goolishian make an astute observation in this regard. "It has interested us for some time that psychological problems seemingly appear, change shape, and disappear as therapists' vocabularies and descriptions change" (Anderson and Goolishian, 1988: 385). In short, the priority must be to cut through the psychological jargon in order to get to the essence of the client's condition.

There is a danger of dispensing with popular sexual abuse literature prematurely, while it is still serving a purpose for the clients. Yet these fixed descriptions are ultimately not in the clients' best interests. For they leave

them in a passive state, they shut down their capacity for creative self-interpretation, and they deny them the power to design their own solutions.

Jesse's Search For Meaning and Coherence

Samuel Beckett writes of the unstoppable power of voice and its energy in sustaining a present existence despite the inner torments that haunt us from the past. The plight of Beckett's characters is one which my clients, and Jesse in particular, know well. This author's seemingly disembodied voices are grasping desperately from their respective states of isolation for a greater sense of connection. These characters, like many of my clients, *need* to voice their experiences. The secretive nature of their abuse had distanced them from the social tethers and constructions that prior to their abuse had connected them to their peopled worlds. The therapeutic narrative provides a renewed connection. With this restored connection they can then focus their energies on a private search for meaning, redemption, and the recovery of those things lost to them.

Below, the disembodied voice of Beckett's character and the words which it creatively organizes demonstrates one solution for breaking through the isolation.

. . . I can't go on, you must go on, you must say the words as long as there are any, until they find me, until they say me, strange pain, strange sin, you must go on, perhaps it's done already, perhaps they have said me already, perhaps they have carried me to the threshold of my story, before the door that opens on my story, that would surprise me, if it opens, it will be I, it will be the silence, where I am, I don't know, I'll never know, in the silence you don't know, you must go on, I can't go on, I'll go on.
Beckett, 1965: 414.

The need to speak in order to break the isolation of silence that has dominated a great many of my clients overrides all inclinations to the contrary. It brings them into therapy despite fears of not being believed, of feeling ashamed, and of assuming the reality for what has happened to them, and, even potentially, of not being safe with the person or people to whom they have chosen to relate their experience. The necessity of their reformulating the experience in their own words is intense and immediate. The will to restore oneself to wholeness through a witnessed retelling and reconstruction is notable in my clients. Like Beckett's characters they harbour a powerful resolve to break their isolation and the control that the abuse has had over them through a voicing of their trauma.

In Reno's study which views the survivor as the ultimate creator of his own narrative, a valuable and therapeutically relevant model has been created. Herein, Reno emphasizes the power of this narrative, as a tool of rehabilitation.

There are three major problems of survivors that Ishmael particularly demonstrates and, in his narrative, seeks to confront. One of these is a painful sense of isolation. A survivor feels that no one in the world can possibly understand what he has lived through . . . Another problem the survivor experiences is an overwhelming sense of chaos, a feeling that no longer is there order in the world. Guilt is often a painful attendant of this sense of chaos . . . A third problem requires one to cope with loss and to mourn the dead. In Ishmael's case, the loss is at least twofold. There is the loss of the dead, and there is also the loss of the innocent untraumatized self that "died" with those who did not survive.

Reno, 1990: 31.

The narratives that my clients offer share much in common with Reno's description. Similar to Ishmael's loss of his untraumatized self, for example,

Jesse described growing up in an environment which, from her very earliest recollections, was physically and emotionally dangerous for a weak or vulnerable population and riddled with personal losses.

In keeping with Reno's description, isolation is an ever present concern, since the abuse that they have endured seems both indescribable and personally threatening to translate, and because others generally do not want to hear of it. Jesse, for example, maintained that her mother exhibited no real concern for her substantial pain and showed no desire to hear of her father's acts of incest. She felt that her mother "used" Jesse's claims of incest "as a way out" of her own "violent marriage" and paid it no heed beyond that aim. This reaction left Jesse alienated from the only apparently "safe" adult relationship in her family.

As if to confirm Jesse's sense of being marginalized, when the police were called in to investigate they told Jesse directly that they did not believe her story. Her mother never made mention of it again, and in her shame and hurt, nor did Jesse. Following the investigation, the family returned home to live with her father and that is where, for Jesse, the incest stopped. She did not know at the time that, at this point, her father began sexually abusing her younger sister, one closest to Jesse in age. This denial and dismissal of Jesse's experience by her mother, and then the police, perpetrated for Jesse a long-term and painful psychological isolation that was rooted in the father's sexual molestation of her.

Initially, some self-help, sexual abuse literature found a ready audience in Jesse, as it spoke to her about the need to nurture and heal

herself, and assured her that others had suffered similar abuses. In essence it touched her through her isolation and left her temporarily buoyant. But the generalizations and prescriptions which this literature offered ultimately fell short of the mark (Jackson, 1982). The models for healing presented therein left little room for the birth of unique solutions (Allan, 1988). Ironically, for Jesse, and for many of my clients, an inability to feel and react like the "survivors" that she read about and saw interviewed on television registered with her as yet another instance of personal failure in a long line of many.

Despite her belief that she had little control over her life, Jesse began by constructing her therapeutic journey quite deliberately. Telling her own story was something that Jesse did with both skill and urgency. Initially, she relayed to me several of her darkest memories, haltingly and in still-life form. Then slowly she brought forward, at her own pace and of her own choosing, more verbal snapshots. Graphic and emotionally charged depictions of certain episodes of her life followed. While she spoke of a "greyness" that continuously threatened to consume her, her own voice eventually overpowered these negative pre-occupations and re-constructed them in a new and more bearable form. The sense of urgency that was evident in her rapid-fire style of telling stemmed, in part, from the fact that through the narrative form she found relief and, in my audience, the companionship within her experience that she had always craved and yet that her abuse had isolated her from.

By beginning to speak of the abuse, Jessie broke her social and

intra-personal isolation, as she began to recognize some worthwhile aspects of herself and her story. This granted her some courage and energy with which to battle depression and low self-esteem. Jesse's budding yet still fragile sense of freedom from her physical torment was something that she had begun to develop much earlier, through her imagination, which she had then unwittingly nurtured through reading and fantasy. The current significance of her own authorship was not for Jesse unrelated to the important role that reading and intellectual accomplishments had always played in her survival of incest and, in general, a violent family life. Both reading and authorship served to inject energy into what was felt, for her, to have been a death-in-life existence.

The notable skill of Jesse's narration came from many years of replaying the story to herself, in an attempt to make some sense out of the chaos of her life. She had used her social isolation to practice within herself the telling, organizing, re-sorting, and researching of details from her past. What was gleaned from this intra-personal work amounted initially to only a tentative reconstruction. Nevertheless this was the process by which she made her experience into a first bearable and then into a presentable form. And it was a method that she had come to on her own. In this one sense isolation had served as an ally by forcing her creativity.

Jesse said that she had once been a straight "A" student, that is "until grade six when everything fell apart." This marked the point in her life at which she found herself unable to bridge the discrepancy between the horrors of home and her persona of success at school. Her public facade

crumbled, and she fell, academically and socially, to the bottom of her class. Her growing social isolation undermined her still further by contributing to an indescribable inner void. But, in the reconstruction of her story, Jesse had unearthed before and after abuse selves which were distinct from one another. In this discovery lay the realization that she had not always been unable to conquer socially defined accomplishments as she now felt herself unable to do. She had once been accomplished and confident in her public world.

The point at which therapy is chosen generally marks the client's first conscious move, after her traumatic experience, toward both autonomy and an enhanced sense of personal control. But to experience a sense of having surpassed their ordeal does not happen as simply or as quickly as the literature might suggest. Nor will this stage be successfully reached if the client's self-description is manipulated by the therapist. Rather, ever-evolving conversations and/or soliloquies must form the foundations from which new insights spring. As Jesse's experience suggests, descriptions of abuse often begin as little more than disconnected images which resemble postcards and which are empty of all emotional expression. As the integrative process proceeds, however, the client's memories may become once again infused with sensory details. This is a time characterized by emotional chaos (See Herman, 1992).

This is also a phase of continuous mental and emotional activity. Contrary to what the term "survivor" implies, in no way is it a static or past-tense experience. Neither the person nor the process can be captured

adequately in a single phrase or a definition. Endurance and creativity allow the process to unfold. During this time, feelings of continued chaos are often evident which represent the downside of this stage, as dreadful memories from the past invade the present. The personal fragmentation experienced in times of disaster does not occur in a neat linear fashion. Nor are memories recalled in that way (Wiesel, 1990).

Jesse grew up as the eldest girl in an extremely impoverished family with nine children. Poverty and the chaos brought about by alcoholism and physical violence in her home left Jesse vulnerable to incest which, as a result of this environment, remained unacknowledged in her surroundings (Stanko, 1990: 85). In addition, there was little chance of refuge from the emotional unpredictability which defined her existence. Even her physical surroundings often proved unpredictable and unsafe. She described sleeping, as a child, on a seat which had been removed from an abandoned car. A parachute, that had been left behind by the American forces at a nearby army base, served as her blanket. Jesse recalled the terror of lying awake listening to rats moving in the springs of her car seat bed. She carried, as an adult, a lingering sense of urgency about, among other things, needing to keep her hands and feet tucked under her blankets and away from the edge of the bed.

Her incest experience began at the age of eight and ended at age eleven when her mother took her to the police. Sleeping between her brothers sometimes brought Jesse short-term protection from her father's nightly visits to her bed. When she was older she tried keeping him away

by leaning her bed against her bedroom door. This was not usually very effective for, as Jesse said, "I couldn't lock the door because I didn't have a door handle." The hole in the door where the handle should have been was an image that revisited her in her nightmares, as an adult. It was through this hole that she would watch for her father's dreaded arrival.

A feeling of being out of control was a consuming sensation for Jesse at the onset of therapy. She repeatedly questioned the frequency of sexual abuse in her childhood and her lack of power to stop it. Her overriding sense of guilt came from a belief that she was herself somehow responsible of having invited these assaults. Because of her numerous perpetrators, Jesse also tended to think that, for the abuse to have happened this often to one person, in some way, she must have sought it. The questions "why has this happened to me?" and "why by so many different people?" are difficult ones to answer, and yet, they plague most who have been victimized (Haugaard and Reppucci, 1989: 240). Jesse was in this sense no exception. They are questions that must find some resolution in order to free the client to move on to other issues that may be impeding her reconstruction. We visited these questions repeatedly.

Robert Bly, in a merged quote drawn from the writings of three noted child psychotherapists and interspersed with his own observations, unwittingly pieces together a partial answer to Jesse's question, and one which mirrors a realization she eventually reached on her own.

" . . . children are basically warmth seeking mammals." They attach themselves to whatever object seems to offer warmth and comfort, even if the promise is mostly illusionary, and even if "the object is hostile or frustrating to them." Children " will search for the faintest

flickers of light, even if the light illuminates nothing, and even if it carries little warmth." They search -- if there is little warmth at home - - for light in teachers, random adults, pop singers, acquaintances who may abuse them."
Bly, 1997: 133.

Jesse felt that she was somehow destined for continued sexual victimization. This left her feeling afraid, vulnerable and with a sense of being out of control, in public and in private. Given these conditions, clarity surrounding the issue of her abuse was difficult for Jesse to achieve, let alone maintain. She eventually found a piece of the answer, that she was seeking, by looking back at her chaotic home environment which first permitted this abuse to occur. She realized that if she could not have found protection from incest within her own home, then it made sense that there would be faint prospects for protection from the dangers of the wider community. In addition to her father's incest, Jesse endured, as a young child, various sexual assaults by extended family members and other adult men in her community.

At the outset of therapy, Jesse presented her story in the random, snapshot fashion that is typical of survivors of disasters in a stage of traumatic memory which Herman describes as "wordless and static" (Herman, 1992: 175). Indeed, Jesse relayed to me memories that seemed motionless. They stood alone, devoid of emotional content, and they were literally recalled to her, in the form of old black and white photographs. Jesse was disturbed by this fact, and she repeatedly stressed that all of her memories were recollected only "in black and white".

Significantly, the therapeutic relationship marked the first time that

Jesse permitted herself to be vulnerable and was not then subsequently abused. Her unprecedented openness with me, and my respect for her, together eventually granted Jesse the needed sense of safety to visit both negative and positive memories in more detail. As her trust in this relationship grew so did her degree of self-disclosure. She began presenting some dreams for discussion which contained some colour, but they too were primarily remembered in black, white, and shades of grey. To Jesse, the significance of recollection in the form of mostly colourless, snapshot-like dreams and memories meant that she could feel somewhat removed from her memories; it was as if she were "watching a movie" or "looking at someone else's pictures." She did not feel that she was responsible for their content. This sense of remove permitted Jesse some control as she escorted me through events and places that she had never before entered into with another person.

The first dream that Jesse recalled in therapy illustrates this. Through this dream she introduces the window that figured largely in her memories of incest. "I wake up in a grey light. There is an evil presence all around me. I look out the window. It is the same window I looked out of while my father was abusing me. I see a blue car driving up the hill. Elvis Presley is driving the car." In this dream, Jesse was not in the driver's seat, so to speak. She was not determining the direction of the car or what it symbolized, control over her life. Indeed, Elvis Presley, a remote superstar, was the one in control. She told me that he represented hope to her.

This fantasy image, the dream's only source of colour, provided also

the one only release from the dream's overriding sense of evil. Although it had gone unacknowledged prior to this dream, fantasy and imagination had provided Jesse's sole source of escape from her harsh reality. Jesse projected onto this figure the attributes that she needed to incorporate herself in order to take over the project of her own repair (Jung, 1974: 50). Jesse said she viewed Elvis as "sad and lonely like [her] self." Yet, "he was strong too." He possessed a strength that Jesse had not yet fully recognized in herself. This dream made Jesse aware that she was not going to be able to project onto another the task of her own reconstruction.

Jesse's strongest memories of her father's incest were of him standing behind her, fondling her, and performing sexual intercourse on her, while she looked out of a window from inside their home. Through the window, while this was happening to her, Jesse had watched children playing outside. She explained, "I didn't know what he was doing to me, I never looked." Jesse also said that she "longed to be free like the other children." She could hear "their games and laughter" and tuned into them as a way of "escaping from [her] present nightmare."

During those deeply unhappy years, Jesse had "tried everything [she] could think of" to keep away from her father's assaults and never fully came to the realization that they were beyond her control, perhaps because a realization of that would have been unbearable. Instead her attempts at evasion came to be viewed as a precious dimension of her reconstructive process. They signified to her an unwillingness to be a part of this abuse, and much later, memories of this tactic helped her to absolve her own guilt.

At age fifteen, Jesse became a mother to the first of her two children, as well as to her recently deceased mother's child (Jesse's half-sister). This tremendous responsibility complicated this longing for freedom enormously. The early loss of her mother left her with the job of raising these children while she was still in need of mothering herself. Her mother's death also closed any potential resolution between mother and daughter surrounding her mother's refusal to acknowledge the subject of Jesse's abuse. Jesse's desperation thus grew out of a sense of hopelessness coupled with a belief that her only hope of maternal love and security were now lost to her.

As a way of coping with her mother's death and the general hopelessness she felt, Jesse resurrected and nurtured in therapy one fragile connection to a sense of stability that she could remember from her childhood. This memory represented a predictably tranquil time in her day to day life as a child when her mother was at home and Jesse was temporarily free from her father's sexual assaults. She remembered,

I would leave the bedroom door open a crack to see the light from the rest of the house and to hear my mother doing the supper dishes. As a child, this was my only safe time because my mother was at home being a mother and I was safe from my father's assaults as long as my bedroom door was open.

This memory held great significance for three reasons. First, it was the only memory Jesse retained of a routine in her chaotic environment and the only sense she had of predictability from that period. It represented temporary relief from chaos. In contrast, Jesse recalled other memories as dramatic and sporadic episodes which left her feeling panicky and with little sense of continuity or of a broader picture. Secondly, this emotionally

complex series of memories was notable for its lack of colour. In this and other ways it resembled her dreams. It took place at dusk or as Jesse called it, "the time between the lights". Finally, this time of day was the period when Jesse returned, repeatedly, to her "inner scenario," where she drew emotional sustenance, and which was necessary for her psychological survival.

Twilight continued to bring Jesse solace as an adult. It was a time for inner reflection. Grown up and long removed from the dangers of her father's abuse, she came to experience her state of association with this dusk-time ritual as deeply complex. Jesse described how she would sometimes still lie in her bed at this time of day and listen

to the sounds of children between the lights. The sounds of their voices are so clear at this time. The sound hurts me with a physical pain. It reminds me of my abuse but also I could not live without that sound . . . it is so important to me to hear children play.

These sounds represented the freedom from burden and pain that Jesse had longed for as a child, yet which remained mostly elusive to her. Nevertheless, her desire to have it realized sustained her during her childhood abuse and later, as an adult. It filled her with a mixed sense of longing and hope.

Jesse lived most of her life feeling immobilized and unable to stave off unwanted sexual advances from men who held power over her, by virtue of their physical size or their position of authority (Stanko, 1990: 86). She frequently inquired, during our therapeutic discourses, whether she had "victim stamped on [her] forehead," and if this was why she was repeatedly

assaulted. She frequently expressed another reoccurring sense of having "no control over [her] body" (Featherstone, et al, 1991: 95). She, like many of my clients felt that the chaos of her childhood abuse was forever churning around her.

The pain that recalling these memories held for Jesse is consistent with Janet Reno's observation that such inner work always brings forth "the danger that the survivor may get nothing out of looking into memories but more of the disorder he or she so dreads" (Reno, 1990: 28). Sometimes Jesse's recollections appeared to embody only chaos and pain. For Jesse one memory of her father's incest, initially at least, supports this point. This memory was brought forward in therapy notably later than most others. It stood out for Jesse as being more horrible than his other assaults, because of the presence of her baby sister in the bed beside her. In this instance Jesse's father performed oral sex on her.

I remember his face between my legs. I could not feel my body. I only remember the bedroom light being on and my fear that the baby who was in bed with me would awake. I could not look to see what he was doing to me. To this day I still can't look when something horrible is happening. I still remember that light.

Initially, her bringing this memory out of seclusion served little other purpose than to leave Jesse feeling deeply disturbed. The image of the baby beside her during this incident of abuse returned to Jesse repeatedly once she had spoken of it in therapy. This presence of the baby, it seemed, had forced Jesse to be more aware of herself in that incident of abuse. She had not been able to disconnect herself as thoroughly from this act of incest as she had during her father's other violations of her. Thus she felt his

assault more acutely, in the present, and in all of her senses. In addition, the baby seemed to render Jesse's shame less private and her sense of vulnerability more intense by introducing a witness to what had been a secret shame. The baby's role as unperceiving witness altered Jesse's own perspective on her abuse by setting up a comparison between the unviolated baby and herself.

The loss of her own sense of safety, once her body had been appropriated in early childhood, was felt most intensely of all that she then perceived to be her various losses. Such a sense of loss is expressed, in varying forms and degrees, by most who have experienced disaster (Frankl, 1984: 82). The losses extended well beyond Jesse's physical self to almost anything with which she forged an emotional connection. Jesse told me of some of those cruelties which happened around her. The incidents that she chose to describe were those that she most needed to expunge through telling as a way of releasing her own significant pain. Her family's rooster, for example, was left out in the cold and consequently lost a foot to frostbite. Jesse carried a deep sadness for the bird's neglect and suffering which she finally expressed. "I felt the rooster's pain as it hopped around the frozen yard pecking at grass seeds. I wasn't much better off than the rooster. It had no voice to say that it was hungry or cold and neither did I. I used to feel so sorry for it." Jesse was able to empathize with the bird's neglect as she initially could not with herself. Her strong sense of hurt over its vulnerability and suffering was at the same time a necessary expression of her own.

Her expression of the above story released two other powerful memories of cruelty that had occurred when Jesse was still a young child. These stories portray the killing of Jesse's pets right before her eyes, by people who were little known to her. The grief that she demonstrated in therapy over these harsh and senseless acts was so intense that her reaction clearly indicated an area for intensive work. These incidents, like her sexual abuse, were beyond her control to prevent. For Jesse, they symbolized more than she could express. This is why we needed to uncover some expression of their significance.

One story described the killing of her cat by a man who was drinking alcohol in the kitchen with her father. "He had my cat in his lap. When hearing [the cat] purr a deep throated purr he told me that [the cat] was diseased. He then picked the cat up, carried him outside, wrapped it around a tree backwards until he snapped its neck and killed it." Jesse sobbed as she relayed this story. She wondered aloud about why she had to face this horror alone without anyone to protect her "or the cat which I loved". She added, "I always loved animals so deeply." It was significant for Jesse that she had no recollection of any intervention from an adult. Once again, she strongly identified with the animal's vulnerability.

Another brutal killing, again of one of Jesse's pets, occurred when she was a young child. This memory involved " an angry man running into our yard and chasing after my dog with a gun. He cornered him under our front porch where he shot and killed him. I heard the gun blast, a yelp, and then nothing. I was frozen to the spot. I can't remember what happened

afterwards."

These stories speak quite graphically of her powerlessness and of the harsh environment in which she was forced to live emotionally and physically unprotected. Sharing these memories with me served to diffuse some of her grief both through my absorption of it and my acknowledgment of its powerful effect on her. Importantly, the telling also prepared her to connect with her greater sense of loss: a disconnection from her body that her abuse had created. In preparation for this step, then, she chose to first feel the losses that, while extremely painful to realize, were no longer quite so intimate.

Due to her estranged relationship with her body, Jesse had frequently disregarded her most basic needs, including her need for physical safety from sexual violation, in favour of preserving the authority and dignity of those, mostly men, around her. How can this pattern be understood? This was a form of sacrifice, born out of fear, that she had learned at a young age, beginning with her father's abuse of her. It was necessary for her to comply with his regular attempts at sexual gratification, even though it violated her own senses of safety, morality, and dignity. Once disconnected, Jesse's instinct for self-preservation proved difficult to re-engage.

The emotional and physical leveling of Jesse had been so completely effected that, in adulthood, her self-negation became embodied and internalized. The pain that had been inflicted on her, and upon those she loved, left her so frequently and for such lengthy duration detesting herself

and resigned to the belief that she must be deserving of her fate. This sense of inevitability that her fate was still beyond her control caused Jesse to jeopardize routinely, even her own most basic needs for physical safety. This cycle was, in part, what led to her repeated sexual victimization, well into adulthood.

Her sense of continued physical fear coupled with a disbelief in her own capacity to keep herself safe were pivotal issues in Jesse's decision to seek therapy. After intensive work Jesse began to establish a tentatively trusting reconnection with her body. She also began to believe in her own capacity to protect herself. Yet, in relation to this development, she said, "I have my body back now but not my head. I think that I can protect my body now but my head hears things and goes places that I don't want it to." When I asked where her head went, Jesse replied "Back to my childhood." Jesse felt that she had restored some semblance of control over her body but that her mind was still being held captive by the abuse.

In her search for more control over her mental images Jesse began to appreciate the insights gleaned from a close reconsideration of her own stories and memories. She began to actively employ dreams in helping her to restructure her perception of her incestuous and other sexual assault experiences. These creative expressions were most meaningful, because they were her own, and, consequently, within her power to control, interpret, and to sustain. They were not externally imposed constructions, or based on a system of expertise, which was trying to create meaning for Jesse. In my practice, these self-creations inevitably grow to become of paramount

importance to the integration process as they reintroduce the client to a trusting relationship with her own creative process.

Jesse's abandonment of her search for an external explanation of her experience and an outwardly rendered recipe for her recovery represented a major turning point. She subsequently began trusting in her own capacity for producing the emotional sustenance and the physical safety that she needed. The sense of community, that these parallels from popular self-help literature had once granted her, were not forgotten but integrated into a more sophisticated and deeper understanding. In their original form they now offered little towards sustaining Jesse's pursuit of reintegration. The insights gained by Jesse herself in working through her sense of isolation, chaos, and loss in turn stimulated her to re-develop a creative inner world.

A Journey of Personal Reconstruction

Jesse's re-authorship in therapy was very much a continuation of her earlier inner development. Her earliest memory of being at peace was, in her discovery, in grade six, of the bestseller, *Jonathan Livingston Seagull*. Jesse identified strongly with the seagull's liberty through flight. His freedom transported her, for brief periods of time, from her own violent environment into another. Through reading, Jesse had begun to nurture, within herself, what Joseph Chilton Pearce described as "an inner scenario to replace the outer one" (Pearce, 1992: 168). The contents of this "inner

scenario" gave Jesse enough strength to surmount her most-times hopeless outer environment.

Relaying dreams and telling stories drawn from her inner and outer experiences constituted the tools employed by Jesse for her reconstruction. In the process of her recounting she had an occasional experience of what Denzin calls the "relived epiphany". This kind of epiphany provides profound insight into life's episodes "whose meaning are given in the reliving of the experience" (Denzin, 1989a: 71). These revelations brought her to the acceptance that those beings who were powerless in her world, namely women, children and animals, were constantly brutalized. From this she realized further that she was not alone in her victimization and that there was no innate flaw in her which invited the cruelty she experienced.

While Jesse *had* been mostly powerless in the face of this abuse and neglect, she had nevertheless since independently transcended her former horrors, and telling the story served to strengthen her in the present by restoring her to a place of prominence and control, at least in her own narrative. Her own insights and newly discovered sources of strength sprang from what were, to her, formerly unimaginable locations. Yet they needed to be discovered by her, carried forward, and given a prominent role in her narrative. This demanded of her a creativity and self reliance which could not be externally provided.

Jesse had been sexualized, marginalized, and degraded on and off for much of her life. Ironically while this had left her, in the ways already discussed, disconnected from her body she was also acutely aware of her

embodiment because it had been the focal point of her degradation and abuse from her earliest memories. Existing in this perpetual state of perceived and real danger necessitated an unbroken vigilance (Woodman, 1990: 133) of Jesse in order that she might ward off further assaults. She lived in fear that this sort of degradation would reoccur.

The fact that her horrifying "outer" reality still enveloped Jesse in her adulthood was a source of chronic dread and enquiry for her. This was an important factor that had stifled her ability to pass from a state of victimization to some degree of self authority. In effect, she had been stranded as a victim because she could not break the cycle of her abuse. Through therapy, she gained some comprehension of how, as a child, it was possible for her to have been so neglected and abused, yet not to be at blame. Coming to an understanding of why this pattern of cruelty and abuse repeated itself in her adult life, and why it seemed beyond her power to control, was a more difficult insight to reach.

A revelation which contributed to freeing her from this cycle was Jesse's conclusion that, despite forced submission as a child, she no longer *had* to grant men the authority and power that they had taken over her in the past. This comprehension triggered the breaking free from her "victim" status. As Jesse started to bear the responsibility for her own creation, through the narrative process, she recognized and came to value the strategies that she had employed as a child, and later, for coping with her chaotic environment. Consequently, Jesse independently caught a glimpse of her own power and creativity which we together nurtured.

One striking comment, which stood in apparent contradiction to Jesse's quest for a restoration of control, follows: "If I came back in another life it would be as a hooker." This seemingly off-the-cuff statement was in fact an epiphany and led to a breakthrough in her self-understanding and in my understanding of her. Jesse had harboured this idea for quite some time before finding an arena where judgement was suspended and where it could be safely granted verbal expression. The simple articulation of this thought carried with it a flood of clarity. Prior to this insight, for example, Jesse could make little sense of why she had chosen to continue an extra-marital relationship when she disapproved of her own disloyalty to her husband. Nor could she make any sense of why she continually craved and sought out the affections of men, and "needed" them to be sexually attracted to her, when she abhorred their sexualization of her. These matters had, in a general sense, been discussed between us prior to this insight, but, as is most often the case, its full realization needed to be born of its own accord, and before a theory could cast any light on the subject. Basically, it had been less significant before this moment for Jesse to know why, for a multitude of reasons, many girls and women who experience childhood sexual abuse behave in a sexually promiscuous manner.

Jesse's epiphany contained the discovery that the nature of her relationships with men were, in part, a result of her attempts to redress the balance of power that had been so disrupted, by first, her father's, and then other men's, sexual violations of her. At this moment Jesse recognized that her physical desirability was and had been an important form of power for

her. She viewed men as being "weak" in the face of her sexuality.

"Hookers" were seen by Jesse to be engaged in "a powerful occupation".

This new understanding helped to restore, within her, some personal authority.

One of the many complications stemming from the repeated violation of Jesse's body was an undeveloped sense of her own capacity to create or achieve something that would be solely hers and which would not be taken away from her. On a physical level, this was evident in Jesse's inability, in adulthood, to say no to unwanted sexual advances. She frequently communicated to me her sense that there was little point in attempting to thwart such advances when she had no trust in her own capacity to defend herself and did not want to experience what she perceived as another failure in her self defense. Likewise this feeling of powerlessness and resignation to that which was unwanted was translated into Jesse's external world of accomplishments and achievements. She often gave up on herself before achieving a desired goal, because she felt that she could not have the end reward, as it was either undeserved or, once obtained, outside of her power to sustain.

A dream which Jesse relayed in therapy illuminated the problem of her own power particularly well.

In this dream I am a child, yet I am an adult. I am walking along a path that is my path. My name is carved into it, like carving your name on a tree. It slopes down a hill and the trees have been cleared on both sides. It leads into a forest . . . I discover that someone has destroyed my path and my name on it. I become terribly sad. I speak to a man I know and he says I can't have my own path. The dream ends with a dipping beacon light further along the path. It does not light up anything beyond it.

At the time she told this dream in therapy, Jesse was aware that it held a special relationship to her present plight. The clarity and intensity of the meaning was consistent with the relived epiphany, and came retrospectively. She referred to the dream's path as symbolizing her life and the liberties that others had taken with it. The defilement of this path was felt to represent not only the harm that had been done to her by her father and her other abusers, but her inability to reassert control over such violations. The man's denial of her right to have a path of her own represented also her current struggle with a lack of a sense of accomplishment. In all dimensions of her life, Jesse felt unable to assert a sense of ownership. This previously unspoken belief perpetually undermined any goal she dared to set for herself. Following this dream, Jesse said: "I think of myself as never ever being able to make a decision about anything without having a feeling of dread."

Jesse remembered the man in the above dream as someone from her community who had been greatly admired in their Pentecostal church for having had the entire Bible memorized. When pressed for her further associations with this man, Jesse recalled that when he was younger, he had been "terribly violent to his family." The significance of these apparently contradictory descriptions, to Jesse, lay in their representation of a powerful conflict with which she had struggled daily: her father's violence and defilement of her and the church's emphasis on purity and obedience. The influences that signified power for Jesse had almost always been

produced externally to her and had with few exceptions been detrimental to her development.

That dipping beacon, which would not properly light her path, further emphasized this point. The way ahead was, symbolically speaking, in darkness. The beacon, like the church, had promised to provide illumination and enlightenment and had failed to do so. The power and goodness promised by the church had not protected her from her father either. Jesse recognized from this dream that if such promises were to be fulfilled it would be up to her to make them happen. It was also becoming evident for Jesse that such externally rendered constructions as "survivor" would not provide the recipe for her recovery. This too would have to be in her hands.

Jesse struggled to locate an inner scenario to replace the bleak outer one. She stated, with disturbing frequency, that every time she looked at her past, she saw and felt "a heavy greyness". She continuously tried to restore to herself a lightness of being that, following her abuse, she could only experience in fleeting episodes. Underlying Jesse's oftentimes paralyzing depression there existed, as we have seen, a fear and mistrust of men. She seemed unable to break through her depression, for almost every early memory was recalled as one harbouring either a bodily violation or the presence of violence around her. The relief from the burden of past events that she sought was eventually realized by Jesse through her acceptance of her story not as something she needed to distance herself from by calling herself a survivor or by putting it all behind her, but rather as an integration

of that same material into a new working script. She thus abandoned her efforts at a return to a pre-abuse self and turned her focus towards a new, integrated self. The seemingly simple recognition of her abuse, as an ever-contributing source to her evolving narrative, represented, for Jesse, a personally transformative insight.

This breakthrough came for Jesse in the form of a dream which, in turn, sparked a vital memory. She related the dream to me, as follows.

I am walking in fresh vehicle tracks in snow. They are just wide enough for me to walk in. The track has one rut on each side with a flattened space in the snow in the middle but the track is wider than a car track. A car is coming face on. I am afraid for the safety of the girl child who is following behind me. I tell the child to go back. The child is impish, unafraid. The child stays just out of my reach but will not go back. I try several times to make her go back. I get angry with her but each time I look behind me she is still following me.

When asked for more details about the child and the dream Jesse said that the girl struck her as "unafraid, playful . . . about four years old." This image was striking to her. Jesse said that the child resembled her in her pre-abuse form yet Jesse had no memory of herself as a child walking in vehicle tracks since they did not have cars in her community until she was much older. (Many Newfoundland rural, coastal communities, or "outports", were and, in some cases, remain, like Jesse's, only accessible by boat.) Then, she was struck by a clear memory of an uncle, whom she had been fond of, and she recognized the tracks in her dream, as those made by his horse drawn sleigh. This positive recollection to her past provided the link that Jesse had needed to rediscover for the purposes of her own reintegration. With the addition of this dream/memory she had begun to

compile a series of memories that were comfortable to revisit.

Jesse described this uncle as the only adult male whom she had ever loved and trusted. He would take Jesse and her cousins into the woods on his sleigh. "He would put bells on the horses necks and we would cut a Christmas tree." By regenerating this relationship through dream and memory Jesse was able to resurrect, in her present, a capacity for trust and love that she thought had never been available to her. But, except for this dream, the memory of her uncle may well have lain dormant, unable to assist her.

A careful exploration of this relationship proved to be an important link to allowing trust to evolve in her present relationships. Like the bold child of her dream, Jesse had been free to be a child with her uncle. "It was safe to be a child with him and he was compassionate . . . he felt for me." Jesse went on to relay a memory involving her and this uncle which she described as "both funny and sad."

My cousins and I snuck into an unfinished house that Uncle [name] was building. We were pretending we were grownups. We were smoking cigarettes that the older girls had been given by the American men from the forces base nearby. We were naked and pretending to be dressed like the older girls who wore long skirts with crinoline underneath and who dated the American men. We were pretending and smoking. We looked up from our play to see Uncle [name] laughing a big belly laugh at our childishness. He thought we were cute . . . he was not perverted like my father and other uncles. We ran screaming when we were caught at our play. We were around nine years old.

Jesse sobbed, as she asked the question, "Why couldn't my father have been like his brother?"

This dream-memory combination acted as a catalyst in Jesse's

reconstruction process. It allowed her to mourn her losses and provided her with a foundation of hope on which to build her narrative. This uncle became larger than life in the remaking of her narrative, and it was necessary that he should figure so prominently, because he was to become her story's main symbol of unconditional love and understanding.

Jesse's relationship to her own story's construction highlights a general pattern that I have witnessed unfolding time and again. It begins, in the client, with a strong and intense identification of an externally driven description of her experience, epitomized by that of "survivor", and it leads to an adoption of her own validity through the remaking of her story. Specifically, Jesse migrated from a stated sense of pride in her adopted "survivor" status to an expression of the feeling that it was ill-fitted for her. Her perspective shifted from a feeling of dignity generated by the sense of inclusion in the wider group, that the title implies, to a feeling of marginalization rooted in a stigmatization that this label, for her, also came to represent. The publicly accepted description of "survival" left little room for this "victim's" private constructions and reconstructions. Indeed, it appears that once her inner work had begun in earnest, Jesse's creative inner world moved far beyond the confines of this social construct.

To facilitate Jesse's process of integration required that we together delve into her unique and creative storehouse of memories, reflections, and recreations in order for her to rediscover a personal sense of authenticity and a genuine belief in her own value. She needed to redo her story from the beginning to find guideposts that were substantial enough to exchange

a fixed negative self-description for one which continued to evolve constructively.

Fixed labels so often do produce a pre-valuation which is not necessarily true to experience. Moreover, the common attempt to fix in time and place a universal definition of self stands contrary to the reflexive quest for meaning and certainty undertaken by my clients. The socially fabricated label of "survivor" places borders on their experience, hence limiting their freedom in this undertaking. In this regard Smith speaks of the importance of not prejudging our remaking within a sociology for women. She writes,

The very forms of our oppression require a deliberate remaking of our relations with others and of these the relations of our knowledge must be key, for the dimensions of our oppression are only fully revealed in discoveries that go beyond what direct experience will teach us. But such a remaking cannot be prejudged, for in the very nature of the case we cannot know in advance what we will discover, what we will have to learn, and how it will be conceptualized. Remaking, in the context of intellectual enterprise, is itself a course of inquiry.
Smith, 1987: 107.

Ken Plummer puts it slightly differently. He suggests that victims do not have to remain categorized; "Survivors can become post-survivors" (Plummer, 1995: 76). Plummer seems to be advocating a continuation, a momentum, of personal reconstruction, as opposed to an individual's settling for a prefabricated self-definition. Probably, the semantic movement away from "victim" status to "survivor" status indicates a step in the right direction; it challenges the notion of blaming the victim. But our choice then becomes whether or not to freeze the definition at this point. This decision shapes the future course of the "survivor".

The outside movement of popular self-help literature offered a common language through which to describe sexual abuse and granted many of my clients the support they needed to begin their quest for recovery. This larger collective of experts and survivors provided a kind of safety in numbers buffer, warding against being swallowed up in a private terror. For allying oneself with a larger group can serve as a safety valve. This "survivor" status had its appeal until it was seen as an objectification of her and came to resemble other kinds of stigma.

In leaving her private experience of abuse in the hands of a popular interpretation, Jesse found that she had once again given more of herself away than she could afford to part with. She then felt it necessary to distance herself from this description in order to create one of her own. That realization left her initially depressed and feeling once again betrayed by others. Gradually, however, she was strengthened by her discovery, that she had some control over the re-design and orchestration of her own reconstruction and could remove herself from such objectification. Collectively, her personal reconstructions steered her away from her previous search for a former, pre-abuse self and towards an integration of a new sense of self drawn from past and present experience.

The process of change that many of my clients typified by Jesse, have undergone to counter the residues of abuse carried by them and the frozen scripts that they have assumed, is well summed up in the concept of reflexive transformation. This is a process of stepping out of oneself to see oneself. Anthony Giddens, as we saw in chapter two, is concerned with

reflexivity in the form of ceaseless revision of personal narratives in the light of a significant social change. Barbara Myerhoff, alternatively, concentrates on the intra-personal experience of “consciousness about being conscious; thinking about thinking” (Myerhoff, 1992: 307) and the necessity of translating this developing awareness to the outside world.

Survival, as this chapter has illustrated, is a static description when it is used to define those who have surmounted sexual abuse experiences. The course that most of my clients ultimately follow in order to transcend their abuse is better described as a continuous cycle of transformation with self reflection at its centre. As we shall see in the next chapter this is in many ways an antidote to the ills of objectification encompassed in the construct of survival as espoused within the popular language of sexual abuse.

Each client's narrative construction is in some sense a reaction to these popular constructions. They are attempts to define oneself in the face of the dominant view of their experience. The antidote to this seemed to lie in that part of each person's reconstructive process which was deemed unique by the client herself. The images and symbols that arose from clients' dreams and language in the course of interacting symbolically certainly distanced us from the prevailing language and its assumptions and granted the client a sense of authenticity and sometimes a sense of ownership of her own interpretation.

CHAPTER FOUR TRAUMA, DREAMS, AND REMEMBERING: THE REFLEXIVE PROCESS

The previous chapter looked at one client's personally interpreted reconstruction and her shift away from popular descriptions that claimed to define her experience. This chapter extends this discussion by delineating yet another client's experience from this perspective by placing greater emphasis on the nature of intra-personal and reflexive therapeutic reworking. Throughout this chapter my therapeutic voice is obviously analytical while my research voice remains muted but exists nevertheless throughout in the structuring and presentation of the evidence and in the parts of the following account that I have chosen to omit or include. I allow large sections of my client's intra-personal work to represent itself here. This approach places a spotlight on her own reflexive discoveries. Typically, my professional facilitation is more active in the earlier stages of therapeutic contact and slowly retreats as the client claims greater mastery over her own narrative. This allows my clients' path from an intra to a social reconnection to demonstrate itself.

When Dee was nineteen years old she was gang-raped while at a party. Her initial summary of the events leading up to the assault proved sparse and largely devoid of emotional content. Every new recitation embodied more of Dee's feelings about the event. The few scanty details in the earliest accounts included her becoming intoxicated, finding an empty bedroom in which to lie down, and then sending a friend to find her

boyfriend. More content was added to these events with each subsequent telling. In a later, more detailed narration of her assault, Dee described herself awaking to find a man lying on top of her performing sexual intercourse. "The room was dark," and Dee initially thought that this was her boyfriend. She said that she then became aware of someone near her head, holding it, and then sensed that there were others in the room as well. She realized, "through a fog of alcohol and sleep," that this person having intercourse with her was a stranger to her and that she was being sexually assaulted. Then she "rolled herself into the corner of the bed and fell down into a space between the bed and the wall." She added, "I felt terrified."

What happened to Dee in the aftermath of these assaults is summarized well by James Carey. He writes,

When tragedy strikes . . . reality must be repaired for it consistently breaks down: people get lost physically and spiritually, experiments fail, evidence counter to the representation is produced, mental derangement sets in -- all threats to our models of and for reality that lead to intense repair work. Finally, we must, with fear and regret, toss away our authoritative representations of reality and begin to build the world anew.

Carey, 1989: 30.

Seeking Recovery from Trauma

Before Dee entered therapy seven and a half years later, she had dealt with the memory of her sexual assault privately by means of sublimation and minimalization. Her initial view of the assault, the facts of her alcohol consumption and her lying down on a strange bed at a party left her feeling responsible for the attack upon her. She actively avoided anything that might remind her of her assault, and she wanted neither to think of it nor to

speak of it (Fossum and Mason, 1989). Dee was unable to extricate herself and her experience from the negative cultural constructions which surrounded rape (Brownmiller, 1975) or from her sense of self-blame for what had happened to her. She viewed herself as “dirty” and “responsible” for her own sexual assault.

The prospect of speaking to family or friends, let alone a therapist, about this experience carried with it the threat of having her worst view of herself confirmed, or then, worse still, of having this view verified by others. Understandably, for Dee, making conscious this experience, one that she had so actively and for so long tried to deny to herself, was a threatening prospect. Yet Dee also hoped that, by telling and retelling her story, she might eventually reach a point where she did not have to suppress her past but rather could reconcile and co-exist with these dreadful details, without feeling self-blame, shame, or panic. An apparent unbridgeable rift had developed within Dee, as a result of her sexual assault, which she felt unable to mend on her own.

Like Dee, many of my clients begin therapy with a strong sense that something needs to change quite substantially for them in order to rid themselves of the emotional pain and sense of shame that they carry as a result of their having been sexually abused. Most come to recognize on their own accord that their reality needs to be repaired and reconstructed by them in order for more personal, creative and lasting solutions to take root. As we have seen in the previous chapter, clients feel a marked initial inclination to reach outside of themselves, to find a different perspective from which to

view their reality, and to find a remedy for their sense of self fragmentation. But, as I have also argued previously, if the ideas or language of another is superimposed, the client will fail to develop the necessarily unique strategies for that reconstruction.

Those clients with whom I have worked have shared a common desire to locate an ally, in the form of a therapist, who would enter with them into their painful experience to help alleviate their profound sense of isolation. Inevitably, each client also commences therapy with a story that has been waiting to be told. Through their telling, these clients often hope to gain insight into how their abuse has consciously and unconsciously affected and defined them. Generally speaking, they seek a release from the relentless grip in which this abuse has held them. Although most clients do not know what is in store for them when they enter therapy, many of them presuppose or perhaps only hope that the process to come will be personally transformative.

Before therapy begins, and especially afterwards, the great majority of my clients have found it important to become experts or authorities on themselves as part of their process of recovery. In their efforts to reconstruct the meaning of their experiences and to develop their own approaches to their problems, as opposed to merely accepting another's analysis of their experience, I have found that a more sustaining sense of mastery is rendered possible. In short, for many of my clients, the depth and breadth of analysis necessary for recovery from such deeply ranging private damage needs to be internally initiated. But, although the content and

nature of each client's change needs to emanate from her, it is commonly the case that she has previously been so marginalized and degraded that she finds herself unable to recognize the necessary inner authority and creativity to begin a transformation by herself.

Confronting Memories

Therapy, as I practice it, most often begins with a dialogue focused on engaging and drawing out the various aspects of the client's self that may have been submerged as a result of their specific abuse. The desired result is to have the client identify enough personal substance to initiate her own integration. The source of the trigger which activates a client's reflexive process cannot be anticipated but often it is derived from dreams or from a dimension of her story that, through re-examination, is suddenly viewed from a new perspective.

My client Dee typified this process. Although she began her narrative with quite a guarded and superficial account of her assault, through her own process of narrative reconstruction and some resulting revelations, she too grew to assume a reflexive attitude. While the shift itself is not unique, the swiftness with which Dee opened herself up to her oftentimes terrifying, unconscious perceptions was, in my experience, unprecedented and quite original. A time span of seven years marked the distance between Dee's deliberate efforts to keep her story out of her mind and her rapid turn around in an aggressive attempt to make her story conscious. This process of making her physical violations conscious produced in her extremes of fear

and acceptance, heightened consciousness and some unsuccessful attempts to return to a state of unconsciousness or, in other words, her former self.

Barbara Myerhoff's description of her own discovery of a reflexive perspective encapsulates perfectly not only the potentially surprise source from which profound and reflexive insight may spring but the recognition of internal and external opposites which it may generate within the client. She describes her experience, as follows.

The suggestion of an opposite realm that somehow exchanges attributes with its counterpart, blurring the clear lines between actual and imagined, was a source of continuing fascination, which I fully understood during a camping trip in 1977 when I witnessed a perfect reflection of the scene I inhabited in a still mountain lake that lay before me. So clear was the reflection that the two images were indistinguishable save that one was upside down. It was not necessary to choose between them. The image and reflection were fused, completing a reality between them, a totality that achieved a unification and state of perfection. Dream and waking life, unconscious and conscious, the above and the below, the hidden sacred domain and the palpable ordinary one were the same. The mending of those splits was a luminous experience that told me clearly, for the first time, why I had always been so attracted to and disturbed by the problem of reflected realities.
Myerhoff, 1992: 337-38.

Reflexivity is not to be confused with being reflective, also a form of thinking about oneself. Myerhoff distinguishes clearly between the two. She describes the reflective process as "showing ourselves to ourselves, but without the requirement of explicit awareness of the implications of our display. Without the acute understanding, the detachment from the process in which one is engaged, reflexivity does not occur" (Myerhoff, 1992: 308-9). Similarly, Dee did not acquire her own insights via a self-mirroring through

her dreams or by my holding a mirror up to her. She came to them through an analysis of the many possibilities suggested by these multiple and sometimes conflicting images of herself.

In the beginning and as yet unbeknown to her, Dee had arrived at the threshold of the therapeutic encounter already prepared to bridge such gaps in herself that her dreams would subsequently make accessible and analyzable. During our therapeutic conversations and outside of them she began to draw upon unconscious, symbolic and metaphorical material, primarily in the form of dream content, in order to help herself integrate what were to her horrific and dehumanizing experiences. These dreams and personal observations told of the depth of her inner struggle with traumatic images and reflections, and also of the development of Dee's creative relationship to her own narrative.

How does one make sense of these opposing forces and the resolution of Dee's internal struggle? In her introduction to *Trauma and Recovery*, Judith Herman provides us with a synopsis of the victim's process of externalizing and making conscious her trauma. Further, she provides a rationale for why it is that these stories do eventually find some form of expression, despite the client's initial strong tendency to repress them.

Herman writes,

The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word *unspeakable*. Atrocities, however, refuse to be buried. Equally as powerful as the desire to deny atrocities is the conviction that denial does not work. Folk wisdom is filled with ghosts who refuse to rest in their graves until their stories are told . . .

Remembering and telling the truth about terrible events are

prerequisites both for the restoration of the social order and for the healing of individual victims. The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma.
Herman, 1992: 1.

Herman's schema of banishment, resurgence, remembering, and telling of a traumatic event describes perfectly Dee's response. The emotional aftermath of her sexual assault had been internalized for so long that, to her, it had become *unspeakable*. To give voice to this trauma now meant bringing to life all of the fears and shame that had only become magnified during her silence. These private horrors included self-created dread of public scrutiny, public judgement, and a public re-evaluation of her deepest secrets. Contributing also to her silence was her growing belief that she was no longer a "good" person, and that this assault had proved that she was inherently "dirty," and deserving of her fate. Because Dee could not readily understand and integrate her emotional and physical responses to this assault, she had an almost ever present fear of "going crazy". She therefore needed assistance in rendering her feelings into consciousness and making them meaningful.

Dee's problems were compounded by the fact that, following her assault, she began to experience symptoms ranging from panic attacks and undefined fear, to a general mistrust of people. Sleeplessness, an inability to express sexual and emotional intimacy with her spouse (Haugaard and Reppucci, 1989), nightmares, a fear of being alone, and a growing tendency to isolate herself from friends and work were further signs of this disintegration of self. Most of Dee's emotional reaction to the assault

remained verbally unexpressed for years. This lack of expression served to increase her isolation and sense of incapacitation and heighten her fear of having her secrets involuntarily revealed.

Dee's mistrust of herself and her inner sense of fragmentation were made more complicated by a dimension of her story that she spoke of only after she had begun to share her assault experiences with me. She described having undergone a pregnancy termination several years before, while in an increasingly abusive relationship with the same boyfriend with whom she had attended the party on the night of her rape. This abortion had left her with a strong residue of guilt and an accompanying sense that she deserved any hurt that she might endure. As well, she lived with an omnipresent fear of public exposure of this secret.

Prior to the assault Dee had managed to cope with the abortion, mainly through an ongoing and deliberate yet unsuccessful effort to suppress the experience from her consciousness and to keep it a secret from others within a tightly knit family and a new marriage. This additional secret added an unbearable pressure on top of the sexual assault which she initially tried to deal with in the same manner. Taken together, these hurts simply could no longer be suppressed. They began to seep out of her spontaneously and unwillingly in the form of anxiety attacks, social withdrawal, generalized fears, and nightmares.

Our most pressing initial therapeutic concern was that, in the wake of having been assaulted and having had an abortion, Dee had been left even more alienated from her own body. The widening gulf between what she

was actually feeling or not feeling, and the public persona she felt compelled to present, left her deeply split and, as I have said before, harbouring a fear of "going crazy". These increasingly intense feelings had no obvious outlet prior to therapy, and, to her, an implosion of this negative content seemed inevitable. She readily identified her problems as stemming from her rape and abortion and yet she could not by herself locate a starting point from which to conduct any sort of reconstructive process. For a client to feel immobilized in the face of such a deep personal fissure is not an uncommon reaction (Woodman, 1990: 27).

The disintegration of self that occurs following a sexual assault is always multi-layered and thus formidable to those who experience it. The impact of the damage brought about by such an assault affects the victim's conscious level -- emotionally, mentally and bodily -- and transforms the unconscious level, as well (see Woodman, 1990). Understandably, the client usually does not know how to proceed with her reconstruction. Such violations not only create intra-personal fragmentation but disrupt all relationships, since the very cornerstone of intimacy -- trust -- has been fundamentally injured: a crucial faith has been betrayed.

A breakdown of trust is an immediate issue facing client and therapist. To tackle this issue before all others has proven to be an effective therapeutic approach since the issue of trust, in some way, touches most of the other problems that will eventually face us. My counselling experience leaves me with little doubt that trust and the reflexive process are tightly interwoven where matters of sexual abuse are concerned. Unfortunately the

regeneration of that trust in the client is not simply a matter of an intellectual shift. The client's quest for reintegration necessitates that she get to the root of this breakdown by bridging an intra-personal split that fosters mistrust at every level. The process of making conscious her unconscious reasons for her loss of trust, with all of its attendant emotional content, is what makes the reconstruction project so immensely complicated and indeed so necessarily reflexive.

Trust, Giddens writes, is the thing which "generates the 'leap into faith' which practical engagement demands" (Giddens, 1991: 3).

Understanding the role of trust then is a way of facilitating the client's overall process of reflexive transformation. Indeed, it is vital to the formation of intimate relationships (Seligman, 1997: 18), including, importantly, our intra-personal relationships. A significant degree of trust must also develop between the client and the therapist within the therapeutic relationship, or the process fails. Moreover, a client's trust of another person, beginning with the therapist, represents an initial step toward the re-establishment of trust-in-general. Without a restored capacity for trust, Dee would have remained intra-personally fragmented and isolated from others.

The most acute intra-personal crisis of trust that occurs in the wake of a sexual assault experience is the one which stems from the victim's sense of failure over not having protected herself from her injury (Herman, 1992: 148). This loss of self-trust is less easily understood and confronted than that violation of trust which grows out of being hurt by another. Whereas the client can typically justify and rationalize another's betrayal of her, she

cannot or will not, initially at least, forgive herself. Such interpersonal fragmentation, as Dee's, commonly leaves the client initially powerless to trust her previous or existing perceptions or to accurately access and respond to current threats in her environment (Woodman, 1990: 133).

This loss of trust in oneself is a difficult and complex gulf to bridge. An assault of the physical body frequently triggers a mind/body split which, in psychological circles, is commonly known, as "disassociation." At one time in the literature, disassociation was viewed strictly as a psychiatric malady. Now, it is also considered to be a survival tool employed by those who have surmounted sexual abuse as well as others who have surmounted trauma. Herman summarizes the current understanding of this label, while also lamenting its limitations in fully encapsulating and embracing the client's experience. She writes, "Through the practice of dissociation, voluntary thought suppression, minimization, and sometimes outright denial, they learn to alter an unbearable reality. Ordinary psychological language does not have a name for this complex array of mental maneuvers, at once conscious and unconscious" (Herman, 1992: 87). This partial departure from reality by the client, while protective to some extent, is also the ultimate violation of self-trust, for its unconscious components operate beyond the victim's control. Borrowing from George Orwell, Herman prefers to call disassociation, "doublethink" (Herman, 1992: 87-88). It means "the power of holding two contradictory beliefs in one's mind simultaneously, and accepting both of them" (Herman, 1992: 87).

I like Herman's adaptation of double-think because it considers the

unconscious in its explanation of this phenomenon. It confirms a spatial dichotomy which I have witnessed within my practice many times.

Doublethink serves as a defense mechanism which isolates and, in part, shields the "mind" from the trauma that the body is undergoing. This split allows the victim to exist in two places at once. It necessarily occurs both consciously and unconsciously. It entails a fragmentation of the client's psyche from her body, a distancing from her immediate social environment, and distortion of her language, with the consequence that the client suddenly views her relationship with herself and with others with a deep and abiding mistrust.

In therapy, this split within the client and between her with others is exceedingly complicated and difficult to mend (Woodman, 1990: 49). To heal or transcend this rift requires a level of insight on the part of the client that has most often before never been demanded of her. Then, as the client begins to call upon this strength and insight from within herself, she enters a period when external contacts seem untrustworthy and frequently hostile. Myerhoff concludes correctly, in my view, that at this point, ". . . alienation and self-knowledge are tightly linked, if not causally connected, and reflection, introspection, hedonism, anomie, reflexiveness are all likely to occur under these conditions" (Myerhoff, 1992: 313). Somewhat ironically then, the beginning of self trust, initially, has an effect contrary to what therapy intends to accomplish. Instead of bridging, this tentative restoration of self extends temporarily the client's sense of disconnection from others. This process is nevertheless helpful for it allows the client to look inwardly for

solutions. For many of my clients, such solutions are then sparked by symbols contained within their own dreams and in other waking moments which take on a significant symbolic role in the retelling of their stories. Restoring a sense of self-sufficiency in this way is a crucial first step in the reintegration of self.

Symbolically Conveying Experience

In her role as narrator, in the attempt to make conscious her unconscious processes, Dee used her dreams to recreate meaning. This element in the process of reflexive therapy is what I seek to highlight in the following discussion. It marks the beginning of the search by the client for more personally relevant forms of representation. It reflects what Giddens refers to as the "emergence of an internally referential system of knowledge and power" (Giddens, 1991: 19). Such an emergence, as experienced by my clients, occurs when the old points of reference -- a language and symbolism that were never their own -- are replaced by ones that they have had a direct hand in creating.

Because Dee was plagued by nightmares, we decided to look more closely at them, as a way of talking about Dee's fears, without triggering the anxiety that any mention of her rape, and to a lesser extent that her abortion, had produced. Dreams, and even nightmares, we discovered, were easier for her to talk about than her waking fears and anxieties. Within those dreams that Dee herself identified as the most significant or transitional, we together located over time three reoccurring themes. Through the process

of our work together with them, each series of dreams offered us more in-depth associations. We frequently revisited these dream sequences as Dee used the symbols therein both for reshaping her understanding of her experience and for translating that emerging self to me.

These sequences which emerged as consistent entities in her dream life featured images of a young child, dogs, and plant life as their central symbols. She felt that contact with all three symbols brought her, in her waking life, closer to an emotional and physical fluidity of self that the assault and abortion combination had separated her from. Further, they were identified by Dee as important in her everyday experience. For example, she said that she could "lose" herself in gardening as well as in the spontaneous company of children and animals. It turned out however that Dee also had some deeper and more troubling personal associations with these symbols. In their original form within her dreams, these symbols were not entirely peaceful or welcoming. The plants were often dying or uprooted, the animals frequently needed protection from harsh elements, and the children were extremely vulnerable, if not in outright danger. She viewed all three life-forms in general as dependent and in need of nurturing.

This focus on these child, plant, and dog symbols led to Dee's discovery that she could redevelop a sensitivity to dimensions of herself, through a communication with these entities both in their literal and symbolic forms, that had become alienated as a result of despising herself for what had happened to her body. In fostering her capacity for nurturing, they directed her attention to the absence of self-nurturing in her life which had

existed within her since her assault. While thus the secrets that she carried had not succeeded in cutting her off entirely from these particular emotions, they had alienated her from all other personal relationships. When even these emotional relationships too were perceived by Dee as increasingly tentative and tenuous, this became a signal to her that she was in danger of an almost complete social withdrawal.

"Our culture does not arise spontaneously; it is manufactured," Smith writes (Smith, 1987: 19). The role of authorship is therefore key, according to Smith, in claiming authority and appropriating a language within a culture that, historically, women have played only a minor role in creating. The logical conclusion to this statement, as it applies to Dee, is the following: if her own story is not manufactured by herself, someone else will invariably do it for her, reinforcing her feelings of negation and sense of isolation from self. Dee recognized that by pulling further away from her own life's content, she was increasing an already deep intra-personal split. The sense of optimism and mastery that this self-manufactured insight eventually provided was unmatched by anything that Dee could extract from externally rendered therapeutic and, more specifically, sexual abuse related literature.

The major therapeutic advances that grew out of her creative remaking took place only after Dee had placed herself at the centre of this process, when in her waking reality, she had become its creator. She therefore had to allow those previously unbearable images to be made fully conscious and begin working with them in relation to the dream images that she was producing. She had to situate herself thus in the centre of her

narrative in order to rightfully claim its authorship (see White and Epston, 1990).

Within the therapeutic dialogue, these dreams were explored with her until the point that Dee discerned what she considered to be the "right" analysis. They were then compared to her waking reality, by myself, as therapist, to see if and/or to what degree these dreams were encompassing enough in their breadth and depth to allow her to communicate these traumatic experiences to another person without compromising the power and meaning they held for her.

These dream symbols served, for Dee, as the cornerstones for a re-creation of her narrative. They ultimately provided her with comfort, a sense of regeneration, and a subsequent feeling of security. The achievement of a certain level of safety allowed Dee to unlock her creativity, which, in turn, permitted her to generate her own solutions and remedy for her disintegration. Locating metaphors with which she was comfortable, enabled Dee to voice that which had previously seemed too vast to communicate. The task of therapy was then proven to provide a safe receptacle for the translation and communication of the metaphors of her dreams into a shared understanding of her experiences.

The subsequent rendering of these experiences into a mutually navigable form subsequently allowed her and me, in this reflexive process, to develop further insights. Dee was a prolific dreamer and she enthusiastically recalled her dreams for our consideration. Her dreams, which are discussed below, are viewed here in relation to a broader theme,

which as I have already stated, only later became evident. In standing back to analyze some of Dee's individual dreams, in the order that they presented themselves, a self designed pathway of reconstruction becomes clearly discernible.

The first dream presented by Dee, the beginning of a series of related dreams, was a mere fragment containing both symbols of plant life and a dog. In a nutshell it addressed her feeling of disconnectedness as well as her manifold sense of loss.

My young cousin had upset all my plants and destroyed them. Mom had forgotten to let my puppy back inside the house. I found the puppy frozen outside and became very upset.

In this initial dream, the sobering and sad image of the frozen puppy poignantly conveyed to both of us, Dee's present emotional state. She responded to this particular image with great emotion and related the image of her frozen puppy to her own sense of neglect, abandonment, and grief which arose from her rape and was carried into the present. Significantly, it was this symbol which first allowed Dee an open expression of her tremendous sadness. She viewed the dream's destroyed plants as representing the current arrested state of her emotional, physical and spiritual growth due to her defilement. In response to the dream's theme of destruction and neglect, Dee did not believe that she could ever again trust herself to the care of others, as she had done on the night of her sexual assault. The dream spoke too of her state of self-neglect since her assault and, importantly, drew attention to Dee's need to resume control over her own care.

As a presenting dream in therapy, this one provided us with a general sense of Dee's current condition. Upon relaying this dream fragment to me, Dee said that in her waking reality she cherished both her dog and her plants. She spoke of their symbolizing for her "the state of perfection that we are born into." She defined her very close relationship to gardening in her waking world as experiences of "bringing to life" and "nurturing growth" within herself. Despite the rape's splintering effect on Dee, she retained an unsullied affection for young children, plants and animals. She could identify with their vulnerability but not with her own. Judith Herman has observed a startlingly similar tendency amongst her clientele, and she has noted, "The patient's own capacity to feel compassion for animals or children, even at a distance, may be the fragile beginning of compassion for herself" (Herman, 1992: 194).

When the client attempts to integrate the disparate parts of herself following sexual assault, she begins to understand the full impact of the "split" that has taken place. The assault and the accompanying psychological rift resulted in her feeling alienated not only from her relationship with her own body but from the language she has traditionally employed -- her former link to her social world. Once this is recognized, many clients also discover that their language has become inadequate for describing their experience. This recognition is akin to Smith's notion of "borrowed language" (Smith, 1987: 4). It suggests the idea that the means used by women to reflect upon themselves is often a reflection from outside of themselves (Smith, 1987: 52). I have come to understand that the

majority of my clients know how they feel about their violations, but they discover, through their attempts to relay something of such immense emotional complexity, that their language is inadequate for describing their experiences to themselves or to others. The full realization of this wider split between a personal and a public language comes about slowly, beginning with this disturbing awareness of a general fragmentation of self.

The lengthy dream which follows illustrates an early attempt by Dee to re-integrate fragmented parts of herself, and, in so doing, to locate a language supported by her own symbols that is powerful enough to encapsulate her experiences.

I was in a large field with some other people. I saw a lady running in the field, crying because she couldn't find her puppy. Myself and this other person both look to the side in a swampy area. The rest of the people were looking in the field. This other person went into the swampy area first. I then followed and retrieved the puppy. The puppy was very limp. The lady started crying again (thinking the puppy was dead). I put my mouth over the puppy's nose and mouth - then started to blow air into his lungs. The puppy began to move shortly afterwards. He was alive . . . Dream switched a little . . . I was in the same area but now it was a baby frog in my mouth . . . with like a bubble being blown out . . . this was the only part you could see. There was one other person (female) with me. I was determined to save this animal but I needed help. I was unable to speak as the frog was in my mouth. So I used hand and facial expressions to get the importance of this animal's survival across to other people. Sometimes this other person would talk on my behalf if they really did not get my point. I was traveling and talking with people trying to find this one person who would understand and help/or trying to get my point across to different people I met. We finally arrived at this lady's office (she had a lot of power). We asked her secretary but she would not allow us to see her. She did not think it was very important. We happened to see this lady in one of the halls of the building and I was trying to speak using facial expressions . . . She understood right away. She was very supportive to our cause. This lady became very angry with her secretary for not allowing us to see her. The secretary came into the office later with two papers with graphs on them in colour. The powerful lady was planning out everything to do to save this animal.

This dream stands generally as an encapsulation of the reflexive nature of my clients' reconstructions. Significantly, it illustrates, too, the degree to which these transformations are often life-defining. Upon telling me this dream, Dee's first reaction to its content was to say that "frogs are awful and so is what I have to tell but am not expressing." She also realized from this dream that she considered me, as therapist, to be acting as her interpreter. In effect, the meaning of her story was translated, through me, as she acted it out. Dee's search for a means of expression was, like the elderly population of Myerhoff's study, a search for new life.

In the previous dream, the puppy's death was beyond her control. In this dream Dee was in command of a possible resuscitation process. Saving the vulnerable animal of this dream represented her ongoing attempt to save that which was currently vulnerable and endangered in her own life. Dee felt that her own instinct for self-preservation had failed her both during and after the assault (Brownmiller, 1975: 402). This perceived failure produced a strong mistrust of herself. Since animals operate on the level of instinct, this dream rescue was also about an attempt to save her own instinct. She repeatedly posed the questions, "How come I was not protected? How come I could not protect myself?" Through this dream Dee was able to communicate to me what she needed my role to be in her process of integration, even before she had completely formulated the idea or found the words to express this need. The dream provided her with the idea of asserting control over the direction of her reconstruction, even before she fully realized her own need to control it, or recognized that she had it

within her authority to do so. It contained her self-produced prescription for recovery and was presented in a form which was understood by us both.

The dream also posed an important question. Was speaking about the horrible event that Dee had endured a means to her reintegration? The dream suggested to Dee that this was so. Moreover, her perception of having found a "powerful interpreter" boded well for the establishment of trust between us within the therapeutic relationship. Finally, this dream served as an indicator to us both to let her soon take on a leading role and to exercise her own voice.

Importantly, Dee had now discovered an environment where she felt safe and understood. She had also found a language that made it possible to adequately express her experience. The dream suggested too that she had already inwardly found the solution she had been seeking. Not the therapist, but rather she was the one most responsible for the resuscitation of her identity and for the guardianship of those vulnerable and intuitive dimensions. I, as therapist, merely facilitated the expression of that newly emerging self through a language which could be understood by both of us but which could only have been developed and adopted by her.

Establishing Inner Authority

In many respects, Victor Turner's description of the nineteenth's century writer Thoreau's reflexive dialogue with himself typifies my clients' process once this inner authority has been finally located.

. . . [s]he was an animal nourished by a crop [s]he was cultivating, which was both an example and a symbol (a use and a mention) of

the process of cultivation by which the human race became human; [s]he was a writer whose metaphorical language cultivated [her]his physical activities and rendered matter into meaning; and [s]he was a critic of language who enjoyed pointing out how [her]his own tropes both expressed and exemplified the process of self-cultivation [s]he had embarked on.

Turner and Bruner, 1986: 74.

Like Thoreau, my clients often find nourishment and growth in living symbols and metaphors which contain and lend meaning to their own experiences of self-cultivation. And, similar to Thoreau's experience, it became clear that the pursuit of meaning and realignment of self must be nurtured privately before the narrative is turned outwards in search of further self reflection.

The adoption and application of symbolism is central to the success of such self-reflection. In looking at the experience of the individual and the importance of symbolic location as a means of self-explanation and re-creation, Reno illustrates how literature, as well as theory, can be used to comment upon the innate and apparently universal human need to create symbols and metaphors in order to "recover psychic and emotional wholeness" (Reno, 1990: 21). Her study steps closer to the actual experience of my clients than most others I have read, in the sense that she looks squarely at the recovery process of the trauma survivor.

Reno undertakes this exploration by analyzing Herman Melville's *Moby Dick* as a symbolic process and, in particular, his hero Ishmael as a metaphor for the survivor's plight. In her introduction, she sums up the phenomena that I have observed in my practice.

Though it is painful to confront the specter of one's guilt, it is necessary to do so in the process of achieving wholeness. Wholeness for the survivor means reintegration into the human

universe, and this is the aim of the survivor's narrative. In reliving the disaster through telling it, the survivor may arrive at metaphors and symbols suitably encompassing for his or her needs, so that he or she may fully participate in living again.
Reno, 1990: 28.

Like Turner, Reno does not view this process of recovery as taking place in complete isolation. Rather, it is through a channel, such as the narrative as process, that this experience is related to an audience and, through the self-conscious act of relating, it is thus transformed. As in Turner's argument, "the central social actions, decisions, and changes must not only be confirmed at the individual level in order to be properly ratified, but preferably must be initiated there as well" (Reno, 1990: 79).

Dee's next dream took her one step closer to the inexpressible reality which she felt she needed to integrate. As a result of this dream, she later began to consciously relive the fear associated with her abortion and assault. The house in this dream symbolized Dee herself, in which she opens multiple doors -- or aspects of herself -- that had previously been unseen and un-entered. Like the secrets that she had been protecting, some of these never seen before rooms were dark and frightening.

I was in our house and cleaning the rec. room. While I was doing this, I rediscovered an area of the house not used. There was a large round bar with a large storage space behind it (area light). [To get to] this area, I went down a couple of steps. I then went down a few more steps that led to a basement area: dark (very dark). To my left was a bedroom, to my right was a bathroom -- very pretty and bright (looked brand new). On the same side was another bedroom. I was very afraid as soon as I entered. I could feel an evil presence. I left and ran back upstairs. [My grandfather] visited and wanted to see our house. I showed him around. When we got to the two bedrooms downstairs, he thought I should have my seedlings in the room to my left. I did so while he was there (maybe because he has a green thumb). I did not show him the room on the right . . . I did not feel

scared at this point. I thought after he left that I should move the plants back upstairs. They would not get enough light to grow down there. Mom and Nan visited after. I showed them the house. I remember being very upset and scared when we neared the room. They said how pretty the bathroom downstairs was, not saying much about the two rooms (I once again could feel the presence of something evil when we entered the room) [other]. It was so dark I was unable to see anything. It was cool and damp feeling. When we went back upstairs, I got the feeling that the two rooms should be redone and much lighter. [My husband] came home a little later. I told him about the other room and how I felt. He looked around and I went with him. He said that he did not notice anything. I voiced my concern over my seedlings and he helped me bring up a few trays. I felt terrified while we were downstairs, looking towards the second room. I had three trays left to bring up. [My husband did not want to go back down again. The dream turned a little. I think we were in a mall. I was there with a friend talking when I saw [my husband] talking with this lady. She owed him ten dollars which he wanted in two dollar bills only. As he took the money they were standing very close. [He] then left. Then I saw you (Marie) talking with some people about their problems. You asked me to join the group. I asked to speak with you alone. I told you about the new parts of the house that I had found and about the room on the right. You understood fully. I remember telling you things such as how I was going to get the three trays out one at a time by putting one on top of the other. I wondered if I could lift the weight . . .

When I asked Dee what she believed the dark rooms represented, she readily identified them with her abortion and sexual assault. The terror she experienced in this dream, with respect to those rooms, was intense enough to be a worthy representation of these two events. In response to my inquiry regarding what she might need in order to enter those rooms, her unequivocal response was "light". Dee said that light, in this context, meant insight into her experience. Light also represented Dee's need to let her secrets out of the dark and through an externalization of them thereby to break the hold that they had on her.

Dee readily understood this dream as expressing that it was up to her

to grant herself the necessary light in which to thrive. She recognized that she, like the seedlings which she urgently wanted to remove from that dark place, was presently at risk of not thriving. Identification with the seedlings removed much of the shame from Dee's current condition by distinguishing it, not as a personal failure of an emotional nature, but as an end product of living in an environment which had been fundamentally deficient, in which persons important to her had been negligent if not abusive. She extracted from this presupposition the realization that no one other than herself could assume responsibility for her own insights or her own survival. In the language of her dream, Dee saw that it was ultimately up to her to illuminate the dark recesses represented by her unintegrated negative experiences. In making them conscious, she now understood, they could constructively alter the direction of her narrative.

A following dream placed Dee one step closer to taking an active role in facing her demons and thereby altering her own story's outcome. As the dream's images illustrate, however, the making conscious of previously unconscious material can seem like a threatening task.

I was riding Skidoo with another person. We were at the top of the mountains. We came to a place where the mountain dropped off. On the next mountain, which was very close, there were two large chains. The chains were there in case anybody went over the cliff. We were doing this for fun, driving over the edge, holding on to the chain and coming back to the top. It was my friend's turn again. When the chain was taken hold of some ice broke away from the chain and this person fell to their death. I noticed this man who was set free from the ice. This was a very evil man. I noticed he was trying to get my dog at the top of the mountain. I was angry and fought this person to keep him away from my dog. I was on the other end of this chain trying to get to top of the mountain first. I got [dog's name] and threw her to Mom and Dad. They got her and drove off. She was safe. That evil man couldn't reach her any more.

That which Dee had been unwilling or unprepared to confront -- her physical and emotional fears -- was released from the frozen past in an "evil" form. The friend or ally symbol falls to her death while playing with the mechanisms that were set in place strictly for safety purposes. Dee's interpretation of this was important. She viewed the "friend" as that dimension of herself which had distracted her in her own life, from the important task of facing the assault and abortion and from integrating the emotional repercussions of the two events. While this "distraction" had once provided her with necessary protection from a potentially overwhelming reality, it now prevented her from addressing an important contradiction in her story. In effect, her silence, which had once been felt as protective, she understood, now undermined her recovery. This had, in essence, jeopardized her safety by cutting her off from several fundamental dimensions of her experience and herself: a sense of grounding and of personal safety.

Dee now also realized that if she continued to avoid the negative elements of her experiences by denying their relationship to herself, she would remain separated from herself and ill-equipped to face any other situations which called upon her inner resources. Her continued denial of these negative aspects of her story had represented an obstacle to her reconstruction. She further understood that additional personal strength and insight might develop out of an incorporation of those experiences. Her new approach to herself involved a direct confrontation of the memories which

had been terrorizing her and which had effectively separated her from her own spontaneity and basic instincts of survival. In effect, this dream had given Dee profound insights into matters which, until then, she had not yet fully appreciated.

Like the fear of the darkness in those basement rooms or the evil man emerging from the ice, these images of what Dee called “evil” plagued the dreams that followed Dee's assault. But evil was also a waking preoccupation. She had grown increasingly afraid of her own and other people's capacity for evil. Because Dee had adopted and internalized the blame for her rape and abortion (Ricoeur, 1969: 33), she had come to view both of these acts as "evil" components of herself. The shedding of her “dark” secrets, however, did much to alter Dee's state of guilt. Herman's description of what often then happens is consistent with my observations: "The reward of mourning is realized as the survivor sheds her evil, stigmatized identity and dares to hope for new relationships in which she no longer has anything to hide" (Herman, 1992: 194).

The next dream fragment took a step beyond Dee's preoccupation with evil and its grip upon her toward a budding independence which she had managed by means of a reconstituted sense of self-assurance.

I was trying to baptize a small boy who was in emotional pain. He was hiding under the red cloth of the Baptismal, afraid to come out. I was trying to get him to emerge. He was frightened. I exorcized him.

We interpreted it to mean the following. This small boy represented an aspect of Dee and her sense of the enormity of the personal impact of her traumas. Like the child, she had been hiding, terrified, and hoping that her

protection and salvation would be somehow be externally provided for her. Yet now, even in the presence of such fear, Dee attempted to expunge the hold that fear had on her. Through her dream, she recognized, in her expression of compassion, her own impulse to hide from her fears, and she was now prepared to confront them. This is not an unusual response. For, in this regard, Herman too has recognized that clients who have been sexually traumatized feel like they embody the evil that has been acted out upon them.

Dreams succeeded in containing and expressing Dee's experience where straightforward description failed. And, as she began through her dream work to revive her self trust, and as she began to remember and to mourn for her former self, the evil contents became less gripping and prepossessing. Her dreams were vivid and prolific. They touched for her an authentic core of self that had been out of reach following her assault. In relaying her account which was fueled and substantiated by her dreams, she constructed for herself an energy and enthusiasm for living which she had not felt since her trauma. In addition, the dreams provided Dee with symbols and metaphors that were at once personal and universal. The dreams aided her in bridging what had been an ever-widening gulf between her personal troubles and her private and public selves (Mills, 1959: 8).

This reconnection was a most vital factor in allowing her to internalize her experiences of sexual assault and abortion. But in order for assimilation of experience to occur, the client had first to make sense of how the violence had affected her (Bart and Morgan, 1993). As we saw, when she attempted

to articulate the meaning of her violent past, she identified her language as inadequate. These efforts also brought a realization that the language she had identified and used as hers had not been of her own construction and no longer adequately depicted her experience (Smith, 1987: 51).

Consequently, in order to bring her experience to a fully conscious understanding, and make it communicable to others, she needed to clarify what had happened to her through language that contained personally relevant symbols. These changes constituted the initial stage in the therapeutic process.

Only much further along in therapy did Dee's initial feelings of fragility and grief turn to anger over what had happened to her. Again, her consciousness and communication of this change in herself was once again brought to light through a dream.

I was walking around [my brother-in-law's] new house under construction. His grandfather wanted me to help with the pouring of the basement . . . wanting me to assist him making a grid made of string to pour the floor evenly. I had found my laundry hamper (empty) and a basket of clean clothes folded. I was bringing this over to our house when grandfather [in-law] asked for help. I was going to return as soon as I brought over the clothes. As I was walking over the grass I noticed a man moving my trees. I flipped(very, very mad). I knew it was my father-in-law who had ordered these things to be done. One tree was moved to the side a little more. This tree is near the front garden anyway. I could live with that more but wondered if he had the hole big enough for the root ball. Could the tree grow well or survive? The other tree was moved from the side of the house to the front garden. The crane had just finished digging the hole and was getting ready to put the tree in. I was savage. I grabbed the tree and planted it where it should be. I also noticed that he did not have the hole big enough. I wondered if the other [tree] would survive. I then looked and he was putting topsoil over the lawn (front), going to level it out. I was outraged. Where does he get off doing what he felt, without even asking.

Dee later regarded this dream's theme of transplantation as transitional to her integration process. The image of invasive and involuntary uprooting and her associated rage was reminiscent of the sense of violation she had experienced following her sexual assault. The related anger was only now coming to the forefront. Dee's vision of her own angry demand that she do the transplanting herself spoke to her of the necessity of re-rooting herself in the aftermath of an experience that had ripped her from her own foundation, had unsettled her natural sense of balance, and had disrupted her capacity for self-nurturing.

Managing One's Own Reintegration

At this point in therapy, Dee began to actively manage her own reintegration. This dream had reflected a source of personal validity from her waking world that she was aware of, yet had not fully realized. But the symbolic transplantation of much hardier trees in this dream, as with the more fragile plants and seedlings of earlier dreams, had to be done by Dee herself in order to ensure their survival. She could not entrust the project of her own survival to another. As it turned out, the anger expressed in the dream was energizing. The dream anger served simultaneously to liberate her waking anger and indicate to her that her eventual synthesis would not be born out of an internalization of this anger. Like the storytellers in Myerhoff's study, Dee's dreams were presented spontaneously and their significance became clear only later. As Myerhoff noted of her subjects, ". . . self-interpretation

came into being as it was formulated. It did not exist clearly or in a coherent fashion until it had been publicly demonstrated . . ." (Myerhoff, 1992: 340).

With the telling of each dream Dee became a stronger and more proficient interpreter of them.

The last dream to be discussed here is one that Dee identified at its conception as considerably important. Most of her dreams were untitled; this one she named.

I had a very in-depth dream. [My former boyfriend] was after me. [My husband] and myself had left [my former boyfriend's] house. He followed us outside into the driveway. [My husband] was in our car and I was guiding him out of the driveway when [my former boyfriend] hit the side of our car with his car. I was scared sitting down on the driveway. [My former boyfriend] threw some things at me and [my dog] was one. I grabbed [her], holding her close. I ran away ([my husband] was gone also) . . . I was inside another house with three to four other women . . . I was a little older. We were all sitting on the stairs at different levels. Below me was a young girl crying with her head in the lap of another woman a step ahead. (This young girl was me who had just run away from [my former boyfriend's]). I was sitting above all of them with [my dog] in my lap, looking down over them understanding all the pain . . . I was in the hospital visiting some people. Mom was one of them. She was sitting in a wheelchair crippled on one side (arm bent up, very thin looking, unhappy). [My former boyfriend] was somehow related to her state.

Dee commented on this dream in a note which followed its entry in her journal. "I call the above dream *Starting Over*. I had escaped from my past and had gained understanding of it . . . Looking down on people trapped in the same kind of pain, knowing it could have been me without any understanding."

In the following session, Dee further explicated this dream. The different levels represented by the staircase were identified by Dee as a symbol of her own transformation. With reference to her mother's role, Dee

felt that her mother had been supportive, and that she had identified with Dee's hurt. Yet she had not been a part of her daughter's most recent evolution. Dee understood that she had reached insights about herself which neither her mother nor anybody else had been able to provide nor fully understand. This awareness represented a transition that was both painful and liberating. The letting go of her former dependency upon others for her care and protection was a frightening prospect. Yet as Dee's vantage point from the top of the stairs indicated she was now emotionally free from the abusive relationship with her former boyfriend and all that it represented to her. She had symbolically left him, and she had taken with her, in the symbol of her dog, her self-determination, her instinct for self preservation, and her creativity.

In concluding this discussion, a few important points need to be recalled. Prior to entering therapy Dee had dealt with her hurt and fears by functioning on a superficial level. This approach served a double purpose of keeping her trauma at a distance from herself and protecting her "secrets" from an unwanted invasion by others. All the while, Dee had been a prolific dreamer, and she had steadily been growing more aware of the content of her dreams. She initially dealt with their presence by attempting to dismiss them, just as she had previously though unsuccessfully tried to dismiss the memories of her abortion and sexual assault. In the short term, Dee's strategy of closing off parts of her history was effective in shielding her from haunting memories. But this strategy proved to be an ineffective coping mechanism when she became emotionally immobilized. Dee's early voicing

of a fear that she was going “crazy” indicated that she no longer held a firm sense of who she was “unmasked”. There remained no part of her life where she was not hiding from herself and others.

Subsequently, through dreams and the communication of them to me, Dee restored to herself a belief in her own self-worth, by reflexively reconnecting to dimensions of her self that had been repressed or denied. By admitting to the content of her unconscious her understanding of what had happened became more authentic. It was through this authenticity and a fuller reconnection with her past that Dee learned to appreciate what Victor Frankl has expressed so well. "Having been is also a kind of being and perhaps the surest kind" (Frankl, 1984: 90).

More specifically, through the incorporation of her dream content into her waking script Dee was able to restore to herself a firm sense of embodiment and an improved condition of self-integration. Peering into this world, although it was her own inner world, was initially experienced as “terrifying”. This enhanced fear stemmed, in part, from her state of alienation from her various other dimensions of self (see Burkitt, 1999: 21). This in turn rendered that territory foreign and vast.

Her dream-scape encompassed, in its imagery, what Dee perceived to be “good” and “evil”. Through an application of these images to herself, she came to terms with her own capacity to create, what were to her “terrifying” symbols. To her relief, in talking about "darkness" in the form of a symbol, Dee discovered that she had not brought more of it upon herself. Her dreams provided her with a language complex enough to give meaning

to and to honour the power of her experiences, both light and dark. Further, their symbolism did not trivialize her experiences, as mere words or intellectualizing might have done. Gradually, the understandings that re-emerged in symbolic form came to be viewed by Dee as a source of clarity, creativity and empowerment.

Like Barbara Myerhoff's discovery of her own capacity for reflexiveness, Dee developed acute understandings, a feeling of ownership, and a reconstructed and expanded sense of self through her dreams. They were one medium through which she advanced her consciousness about being self-conscious. The process which I have described above, however, was not confined to intra-personal deliberations, but reached beyond to include the therapeutic relationship as well as a whole other environment external to Dee. Otherwise, as Myerhoff points out, it would not have been a genuinely reflexive endeavor. She writes, "Reflexiveness does not leave the subject lost in its own concerns; it pulls one toward the other and away from isolated attentiveness toward oneself. Reflexiveness requires subject and object, breaking the thrall of self-concern by its very drive towards self-knowledge that inevitably takes into account a surrounding world of events, people, and places" (Myerhoff, 1992: 313). This is what I have come to understand happened to Dee and to many of my other clients.

The reflexive process, then, provided the link from the internal world, to the interpersonal world and then to the social world. My practice has shown me that this movement outward from self strongly motivates the client's telling of her story. As Frankl has stated, ". . . the true meaning of

life is to be discovered in the world rather than within Man or his own psyche, as though it were a closed system . . . being human always points, and is directed, to something, or someone, other than oneself -- be it meaning to fulfill or another human being to encounter" (Frankl, 1984: 115). Dee's narrative production demonstrates how inner work can lead toward a reconciliation of an isolated self with the broader human experience.

In her discussion of Jungian dream analysis and its application to sexual abuse therapy, Bonnell Lewis Strictling says, "What the client needs is some new point of view, something outside the ego's interests, analyses, and expectations, to provide fresh insight into and energy for struggling with whatever has brought her to therapy" (Strictling, 1990: 148). My clients' symbols are an avenue through which such fresh insights become available to us both. They additionally serve to prevent us from retreating into formulaic therapeutic approaches by keeping a fresh, intra-personally meaningful resource ever before us. Like my clients I am occasionally enabled in locating the fresh insights to which Strictling refers. In adopting the voice of researcher and by distancing myself from the mainstream sexual abuse theories I am also able to carry over to my clients' experiences my sense of her situation, as a therapist, and my insights from two disciplines.

Wherein this present chapter my research voice remained mostly in the background, in the subsequent chapter both voices are once again a heightened presence, as I present the case study of a client whose own voice had been silent since her abuse began and continued to be silent long

into therapy. My next chapter explores, from both a therapeutic and sociological perspective, how and why such stories are disclosed in therapy.

CHAPTER FIVE FROM SILENCE TO NARRATION: EXPOSING AND INTERPRETING THE FRAGMENTED SELF

The last chapter closed with Victor Frankl's reflection: life does not exist strictly within our psyches; it is interdependent with the meaning that we locate and create outside of ourselves (Frankl, 1984: 115). This chapter extends that discussion, taking it beyond the intra-personal reflexive experience to examine what happens over and above the client's internal reconstruction. In this regard, the *process* of relaying a client's story provides us with a whole level of insight distinct from its content, or *what* is being told.

The power of the story, in helping to define our life experiences, is certainly not limited to the individual or to the personal (Fulford, 1999) but upon our sharing of a collective consciousness of the world. In noting the power of the story, Plummer describes its growing influence. He writes,

The ceaseless nature of story telling in all its forms in all societies has come to be increasingly recognized. We are, it seems, *homo narrans*: humankind the narrators and story tellers. Society itself may be seen as a textured but seamless web of stories emerging everywhere through interaction: holding people together, pulling people apart, making societies work. Recently, from all kinds of different theoretical perspectives in the human studies -- the folklorist, the oral historian, the semiotician, the anthropologist, the political scientist, the psychoanalyst -- there has been a convergence on the power of the metaphor of the story. It has been recognized as one of the central roots we have into the continuing quest for understanding human meaning.

Plummer, 1995: 5.

Experience has demonstrated to me that stories are not recalled and relayed in a linear fashion. By way of illustration, Judith Herman's following

observation is one with which I agree and to which I have oftentimes borne witness. She states,

People who have survived atrocities often tell their stories in a highly emotional, contradictory, and fragmented manner which undermines their credibility and thereby serves the twin imperatives of truth-telling and secrecy. When the truth is finally recognized, survivors can begin their recovery. But far too often secrecy prevails, and the story of the traumatic event surfaces not as a verbal narrative but as a symptom. Herman, 1992: 1.

The forum of reflexive therapy, if effective, can assist the client in developing a belief in herself, in the validity of her perceptions, and in short, respect for *her own* ways of knowing and telling about herself. This approach can also transform the client's view of her "symptoms" from that of problem to that of a catalyst for devising her own creative solutions for helping herself (White and Epston, 1990). Instead of viewing a client's fragmented memory as one that is unreliable, for example, it is necessary for transcending her former negative self-concept, that we employ it in such a way as to ascertain that which is valid to the client.

Many of my clients agonize over lost memories or forgotten details because they think that these ruptures in continuity detract from the credibility of their stories. For the client, then, how her story is told is frequently related to her perception of the validity of her experience and, at least as importantly, to her concerns that she be believed. Fragments of memory, once recognized and accepted by the client as an authentic way of recalling, can assist her intellectually and emotionally in stepping outside of the dominant view of her experience. This approach often makes it possible for a client to fashion an internal rendering of her own making, and in so

doing, to re-establish her value in herself. Of course, many of my clients have been attracted to the power of their own stories, intuitively.

Ken Plummer, in prefacing his remarks on the power of the story, comments, "That we live in a world of sexual stories should come as no surprise" (Plummer, 5 :1995). In *Telling Sexual Stories* he also emphasizes the relationship between the volume of sexual abuse stories that have been coming to light and our collective readiness to receive them. I share his general observations and interest in these stories, because they reflect, in part, the content of my clients' experiences. My clients recognize that there now exists a climate wherein they can tell their stories. Branching off from Plummer, I am interested in how my clients get their stories out, what holds them back, why they choose their particular audience -- the therapeutic one, to hear their abuse narratives, and how the ideas about themselves are both formed and revealed through these accounts. These matters constitute the principal concerns of the following discussion.

A Silent Voice: Lauren's Story

It had been Lauren's choice to enter therapy. Her weekly return to my office signaled to us both that she wished to speak of her abuse. While her silence had been one way of attending to her past, it had since lost its effectiveness. In other words, it was now time for Lauren to bring her story out of silence in the hopes that having it interpreted back to her through an audience would help her to better understand and integrate it. Yet months of therapy passed before Lauren spoke any words that described her abuse.

Lauren's silent voice was part of her abuse. Like her sexually appropriated body it was repeatedly negated. Anderson and Goolishian argue that,

'voice' [is] a useful metaphor for describing a social constructionist therapy that emphasizes language and voice. We have all worked with clients who cannot speak of traumatic events, whose voices were indeed 'lost', not because of resistance or withholding, but because the particular voice that needed to speak of the traumatic event could not be found or accepted.

Anderson and Goolishian, 1988: 371-93.

When at last Lauren spoke, her first memories of abuse were about incest, a violation committed by an older brother. Other incidents of sexual abuse had then followed. She had consistently viewed these moments of sexual trauma in a disassociated state. She frequently wrote to me that she had watched herself being victimized "just the same as if you were watching me. I wasn't in my body." In Reno's terms, Lauren had to see it "double" in order to bear what was being done to her (Reno, 1990: 87).

The consistent outside rejection that had greeted her, when Lauren tried to voice her memories of trauma also complicated her integration of her past and served only to have her turn this rejection in upon herself, to deaden any outward expression or inner reflection. Past efforts to articulate her abuse experience to others consistently brought further psychological punishment and humiliation. Consequently, basic faculties and capacities for developing trust and intimacy were poorly developed in her, and the memories of this abuse remained her secret, only then to surface as symptoms ranging from mild depression to suicide attempts (Haugaard and Reppucci, 1989).

Many of my clients are similarly hesitant when commencing their

narrative journey, for fear of revealing an unoriginal story, or, worse still, of demonstrating a predictable emotional reaction to it. They also frequently express a fear that their language will not be vast enough to describe their experience without simplifying or trivializing it. As Douglas notes, the actual expression of an event might itself result in some distortion, because "Once words have been framed the thought is changed and limited by the very words selected" (Douglas, 1966: 64). Silence in therapy thus served a purpose. It provided Lauren with a private and focused time in which to remember and internally recite the details of her abuse. It also permitted her the forum in which to evaluate her own responses to her abuse and to anticipate the reactions of her listener, so that she would be less vulnerable to harsh judgement or disbelief when the time came to tell her story.

I have chosen to present Lauren's halting account in the context of a detailed discussion of narrative production. For ironically, better than any narrative I have heard, it explores the intricacies and dynamics of the storytelling process. Moreover, as Denzin reminds us, "Our Humanness and our selfness lie in the words we speak and attach to ourselves. These words, hollow, often empty, learned from others, spoken and written by us, are all that we have" (Denzin, 1989a: 78).

From the onset of counselling, Lauren expressed discomfort with therapeutic abstractions, and she remained uneasy with most forms of analysis of her experience. She eluded psychological labels and related descriptions of her experience. She wished simply to expel her story in the hopes of finding relief from physical and emotional suffering. Yet as she

tried to give voice to her abuses, she found it all too painful to speak (Rowbotham, 1973: 29). Silence, in this case, spoke volumes; it said much about storytelling, and it was as revealing as any narrative process could have been.

The course of Lauren's narration was not sensational in its style. It contained few dramatic revelations or epiphanies -- at least few were communicated. It documented an extremely slow and self-conscious transformation that began in a state of silence. It progressed, in the therapeutic journey, with an evolving vision of past events by way of a "guarded, disclosive communication" (Goffman, 1959: 192), first in the form of silence, then through written and, finally, in spoken communication.

The exact onset of her incest was an uncertainty for Lauren, yet she was sure that this abuse had begun prior to the age of five and had ended just before she turned ten. Beyond this, the details remained fragmentary and murky. In fact, as she entered therapy at seventeen years of age, much of her past abuse remained an enigma. She frequently felt depressed and sometimes suicidal. She lived with a gnawing feeling that something was wrong but did not quite understand what it was. She had so minimized her incest and abuse experiences that she did not then understand that they could be the sole cause of her depression and self hatred.

In her initial inability to communicate her story, I gleaned much about Lauren's own experience and, more broadly perhaps, what this project of narration tells us about victims of abuse. Lauren seemed to already know what Maurizio Cantani has discerned; "Speaking of oneself and integrating

oneself into a continuity are two ideologically contradictory trends in our civilization . . . " (Catani, 1981: 214). As reflected in the narratives of my clients, on the one hand, they wanted to feel wholeness and continuity in their lives in the wake of the intra-personal fragmentation which follows abuse, and they recognized that speaking of their trauma might eventually restore this to them. On the other hand, the knowledge that giving voice to their abuse would initially serve to fragment and disturb their stored-away memories was threatening to them, if not prohibitive.

This paradox, which all clients must face, of attaining wholeness by embracing fragmentation, is surpassed, in as much as it can be, through the appropriation and integration of symbols and a general reconstruction of self. The latter may ultimately result, for the client, in an infusion of coherence, wholeness, and universality in the immediate. Reno notes a similar transformative effect in the narrative of Melville's character. "Telling his story permits Ishmael to triumph over senselessness in that it permits him to remake his recollections, finding order and coherence in the world and the events he describes retrospectively" (Reno, 1990: 25).

At the beginning of our therapeutic exchange, Lauren expressed deep reservations and fear about entrusting her story to me. She anticipated that her telling would result in giving more of herself away, an unwelcome prospect, especially after so much had unwillingly been taken away from her by repeated incest and sexual abuse. Losing herself any further, she felt, could be emotionally devastating. In the first stages of our therapeutic encounter, Lauren did not, therefore, allow me any opportunity which she felt

could effect any further violation of her. Later, in presenting her past for the first time, she divulged only a scanty outline of what had happened. She then remained almost entirely mute about these most private experiences, a state which lasted for months, while from a position of silence on such matters, she gauged my reactions. I had already discovered that Lauren had little reason to trust in the therapeutic alliance. Her trust had been twice violated by other counselors through breaches of confidentiality. It was crucial, given this history, that therapy must not be made invasive before she chose it to be. Despite her misgivings, Lauren returned, without fail, for her weekly appointments. This was to me an indication that she might eventually be willing to risk allowing me access to her secrets.

In the meantime our alliance of silence was, in and of itself, a symbolic interaction (see Denzin, 1992: 26). I acted as witness to a silence which symbolized, for her, the horror, violation, and devastation of trust she had previously endured. Remaining mute about her sexual abuse held a multi-layered advantage for Lauren. While most importantly, it was her key to not revisiting terrible feelings, silence furthermore staved off having her harshest judgements of herself verified by a listener. It likewise prevented her from being disbelieved, and of being further violated, or in discovering once again that she was alone with her nightmare, after having made herself vulnerable. It was thus through her silence that Lauren initially defined her terms within the therapeutic interaction. Her silence kept her very much in control of her story. While waiting for Lauren to express herself verbally, I acquiesced and honoured Lauren's silence as a self-designed safety

strategy, recognizing that remaining silent had been a successful strategy for dealing with her abuse.

Her reluctance to trust anyone was complicated by intense feelings of shame, not wanting to remember, and not understanding what had been done to her. Together, these feelings impeded her progress in narrating and developing her story. But, as we discovered, the single largest obstacle to her unveiling process was a fear of voicing that experience. For she was convinced that, in voicing her story she would reconnect to those painful parts of her past that she thought she had successfully amputated. The degree of control that her silence had guaranteed was initially important in order for Lauren to restore power to herself and to formulate some trust in the process of therapy. Nevertheless, without more verbal exchange, the full benefit of the therapeutic process eluded Lauren. While she was being transformed privately, in her silence, there was still another crucial level to be reached. The process of a reflexive exchange could offer a fuller verification of Lauren's experience.

Karl Tomm, a therapist working from Michael White's narrative tradition, demonstrates how such verification sought by clients can come to light within a process of "reflexive questioning" (Tomm, 1987: 167-83). He states: "The organizational relationships between any two levels of meaning -- content and speech act, content and episode, relationship and life script, cultural pattern and episode, and so on -- are circular or reflexive. The meaning at each level turns back reflexively to influence the other" (Tomm, 1987: 169). Tomm sees as the essence of the reflexive interviewing

technique its "self-referential" quality. This technique is of special interest to me as it not only highlights a form of therapeutic exchange that I practice but it indicates as well the importance of feedback for generating greater levels of insight in the client. It offers a method of built-in checks and controls for such substantive content as honesty, integrity, and balance within the client's story. For Martin Kohli points out that during the course of such a reflexive dialogue, the listener, or therapist, has a significant role to play in the shaping of that which is revealed, for "the structure of the narration imposes upon the narrator a 'constraint for detail'. When he glosses over or skips substantial parts, the interviewer/listener can legitimately ask for more detail, so that the narrator winds up telling more than he first intended or expected" (Kohli, 1981: 71-72).

It took one and a half years for Lauren to finally provide a more detailed sketch of her story. Then she wished, understandably, to regulate how it was told, at what pace, to include and omit details, and to a large extent, to control her own and my emotional responses to her material. She wanted instead to get her story "out" and away from herself. At the onset of our dialogue I was consigned to stifle feelings of professional ineffectualness while awaiting the extremely gradual and reluctant unfolding of this story, particularly as I knew that Lauren's apparent aim was not in synchronicity with the usual therapeutic goal of integration. The role of silent audience involved a leap of faith for me because I did not then trust that the mere act of storytelling, free of my analysis, could be restorative.

Through the course of therapy, Lauren first showed me that

authorship, in and of itself, was highly purposeful. Somewhat ironically, Lauren's unique narrative approach underscored the interactive process between teller and audience, or, in our case, between client and therapist. It characterized the subtle and symbolic nature of this exchange. The matter of how an individual formulates and distinguishes the description which she communicates of her experience of horror, and, in turn, how the presence of a listener transforms both the telling and the subsequent interpretation, is illustrated in our exchange (see Myerhoff, 1992).

Lauren, as for most, did not want to let go of the control that silence had afforded her until some other form of control had emerged. An alternative solution came, ironically, as she began to reinterpret her own silence as a form of imprisonment which had kept her shackled to her abuse. In contrast, the voicing of her experience promised liberation from emotional fragmentation, shame, and self-blame. With the discovery that her secrets were only omnipotent as long as she did not speak of them, Lauren quite quickly reasserted some control over her silence. Most of my clients, Lauren included, enter therapy believing that, in order to recover from their traumatic abuse experience, they must either obliterate their unhappy memories or be controlled by them. The narrative approach, as my clients eventually come to understand, circumvents either extreme.

In her analysis of Ishmael's attempt to reassert control over his written narrative, Reno observes: "To write a memory requires one to see it double; to place the memory in the memoir of which one is the author is to begin to control it. It is not necessary to make the memory happy to have exerted

such control" (Reno, 1990: 88). This is something that most of my clients came to realize in their own time.

Expressing the Unutterable

The inclination to speak and the desire to be understood propels each of my clients towards therapy. Lauren's course of narrative expression began with a silent gauging of me and herself, then moved to guarded written communication, and concluded with openly speaking of her abuse. This approach is characteristic of most clients' therapeutic communications, although, in comparison, Lauren's first phase was highly exaggerated. More typically, clients tell me at the outset that they need to get their story out, and then they proceed to relay their narrative in rapid fire fashion.

This was certainly not the case with Lauren. While her compulsion to get her story "out" was probably as intense for her as for others, her need for control through silence proved equally strong. Beginning to write down her story for me her audience, was a step taken partly unawares, in relinquishing some control in order to establish a necessary reintegration with her past life. At the time, it primarily afforded Lauren a vital human connection.

Denzin writes, "To live their lives into the words that they speak is what all speakers are after" (Denzin, 1989a: 78). Denzin's description and my clients' experiences are reconstructions similar to the one that Ishmael in *Moby Dick* effects, as he crosses over from despair to once again choosing life. Lauren began her written narrative to me as follows.

I wrote all of this because I really want to get it out and off my mind. This is bits of everything I can remember. I'm pretty sure this is the

order which it happened. I tried to remember how old I was but I get all confused because I couldn't remember. I want to say all of this to get it out . . . I'm sorry but I'm having a hard time writing it let alone saying it. But I will do the best I can.

Externalizing her story in this way served the additional purpose of reunifying the disparate parts of herself and, in so doing, ordering Lauren's scrambled memories. But Reno explains, "Mere dissection is not a way to understand disintegration. That side of death Ishmael can understand only by exploring its concomitant opposite, reintegration" (Reno, 1990: 90).

Sometimes Lauren presented dreams that revealed previously unutterable and unintegrated aspects of her abuse. These dreams served her as a medium through which she could voice the inexpressible or unmentionable. These images held a certain sense of dream unreality for Lauren and consequently distanced her from a direct association between them and her own experiences of sexual abuse and incest. In effect, they helped her to tell her story without her once again becoming completely consumed by negative feelings and negative self-judgements.

Because the dreams supposedly sprang from a dimension of self that Lauren viewed as distinct from her waking reality (Sanford, 1978), she believed that their content could be expressed without her being held responsible them. They thus helped her to say things to me which she might not otherwise feel able to express. In this sense, they served as a buffer that continued to shield her most private emotional self from being exposed to me. Essentially, the dreams told the parts of her story about which Lauren was ashamed to speak.

The dream motif was employed by Lauren as a means of shielding

her from my potential judgement of her. The dreams she presented in therapy clearly revealed the validity of her own experience while providing Lauren some margin of safety from what, in her view, was a potentially voyeuristic gaze. For instance, upon delivering up for our mutual analysis small pieces of her story, Lauren would sit back and wait for me to confirm a self-concept rooted in guilt and compliance: an emotional end product of her repeated childhood victimization (Burgess, et al, 1985: 135). The initial disclosure of her abuse, in the form of memories recovered partially through dreams, was thus a means of double buffering. Our process of together analyzing these symbols also provided Lauren with a way to assess, from behind what I considered to be a thin veil, my belief in her worth and validity. Although she was not yet prepared to take full responsibility for the content of these symbols, they were nevertheless her inner creation and they thus represented her reality.

Dreams provided crucial details for the overall shaping of her narrative. The dream symbol represented that which was too difficult to otherwise say. According to James Carey, such private productions are common to everyone: "This particular miracle we perform daily and hourly - the miracle of producing reality and then living within and under the fact of our own productions -- rests on a particular quality of symbols: their ability to be both representations 'of' and 'for' reality" (Carey, 1989: 29).

Of course, not wanting these recollections to be real was combined with an accompanying sense of shame that was exacerbated by wanting to tell her story, and this made them problematic. Her lack of conviction

regarding the believability of her narrative also influenced what was told and what was retained. Like other sexual abuse and incest victims, Lauren's memory for details of her traumas, such as its frequency and her age at its onset, remained sketchy in places. This contributed to Lauren's blatant minimalization and partial dismissal of her abuse. Like some who have endured sexual abuse at a young age, certain memories of Lauren's abuse stood out for her in a crystalline form against a foggy backdrop. But they were also interspersed with time lapses and memory blocks (Haugaard and Reppucci, 1989). This lack of clarity was a concern for her. While thus her accounts of incest and abuse did not differ greatly from those of other clients, her degree of hesitancy to speak about these violations was markedly unique.

The overall complexity of a response, such as Lauren's, is not unusual among my clients, nor apparently among the population, as a whole. Speaking of the natural evolution of memories which have not necessarily been marked by trauma, Agnes Hankiss explains how individuals generally react to life's events, and how this unfolds within the greater process of constructing our own ontologies. She writes,

Human memory selects, emphasizes, rearranges and gives new colour to everything that happened in reality; and, more important, it endows certain fundamental episodes with a symbolic meaning, often to the point of turning them almost into myths . . . This mythological rearranging plays a specific instrumental role within the self-regulatory system of the psyche which allows the subject to smoothly incorporate his past and his own life history into the strategy, or 'script', of his present life.
Hankiss, 1981: 203-4.

This tendency towards selection and rearranging is heightened when trauma

is suffered. The experience of abuse reacts against the randomness of which Hankiss speaks, with a "rage for order" (Stevens, 1982: 130), and in the creation of an intra and inner personal defense mechanism as well as a demand for authenticity and accountability from those sometimes scrambled and sometimes absent memories.

A story's nature is intimately linked to the teller's level of belief in and hence integration of her own experiences. Frequently, the memories are fragmented and accompanied by a lack of surety. Sometimes the stories' moments seem unreal (see Herman, 1992), while at other times they are intensely focused. In her analysis of "life accounts", Nicole Gagnon addresses the relationship of memory, feeling and validity.

[Memory] is expressed in anecdotal form. Admittedly, the anecdotal recollection only surfaces through the significations of the current lived-experience and in function of the interlocutor soliciting the account; it has often been weathered by time. On the other hand, the sensitive manner in which it manifests itself is sufficient guarantee that what we are dealing with is a lived experience transported from the past.

Gagnon, 1981: 57.

In facilitating a growing trust in her own reactions to her memories, the work undertaken in therapy ultimately provided Lauren with a more reliable time frame for her story. For example, our close review of early childhood photographs together with Lauren's written and sketched reconstruction of her abuse experiences and surroundings somewhat mediated this fragmentation of her memory by helping her to recognize her size, age, and even the clothes that she was wearing during various incidents of abuse. The desired effects of this effort and the one that was

eventually achieved by Lauren are well expressed by Herman: "Out of the fragmented components of frozen imagery and sensation, patient and therapist slowly reassemble an organized, detailed, verbal account, oriented in time and historical context" (Herman, 1992: 177).

It was important to me, in our greater pursuit of unearthing more information on Lauren's various abuses, that the subtleties of her words and metaphors would not be lost. Her's was a fragile voice. Much creative synthesizing thus needed to be done at this stage of therapy. More than any other client who had preceded her in my practice, Lauren taught me to focus on the very immediate in our exchanges. Each word she spoke signified volumes. She created a form of story telling which was, in itself, symbolic communication. At each stage in therapy symbolic and metaphorical content of her narrative was ever-present not only in the dimensions of her past which she chose to reveal but in the importance that she attributed to each episode of her abuse, and ultimately, in the mode of constructing, organizing, withholding, and relaying her final therapeutic narrative.

Forging a Social Reconnection

That Lauren decided to resort to storytelling rather than choosing to remain silent should not by now surprise us. Plummer explains, "Stories function to gloss over disorder. Indeed, the greater the sensed disorder, the stronger may be the need for stories to create tighter classification, stronger boundaries, rules for living" (Plummer, 1995: 177). My own experience with Lauren, of story telling in therapy, taught me much about how she and

others come to define themselves through their crisis. Lauren did eventually create a clearer self-definition through her narrative construction, both in respect to her relationship with me, her listener, and in relation to the integration of her own material. In the pages which follow, I relay some of her narrative as it was first presented to me in written form.

Lauren's story began, as follows.

It all started when I was real young. My older brother sexually abused me. I would be upstairs doing whatever when he would call out to me. I would listen to him and go downstairs to see what he wanted. When I would get down there, he would lock the door in case someone would come down, I guess. For the longest time I wouldn't know what was wrong. I can remember saying no and crying. He would hurt me. He would start touching me and I hated it. He went up my shirt and down my pants (jeans). He would keep that up and keep it up; how many times did I say no, it hurts. I'd be told to shut up and it would continue. I can remember him forcing my head between his legs. I didn't know what to do. I would be so scared. This went on for so long.

This first installment in Lauren's narrative indicates, through her repeated emphasis on her stated and implied objections to these experiences, her long suffering tendency towards self-blame for her own physical and emotional pain. This sense of guilt had been carried forward from the onset of her brother's abuse.

This negative view of herself, as is the case with many clients, grew to form a condition of self-stigmatization in which she remained silent in the hopes of concealing from others her sense of shame (Laidlaw and Malmo, 1990: 163). Goffman has observed that such a negative self-conception has a significant influence on the development of trusting relationships.

Control of identity information has a special bearing on relationships. Relationships can necessitate time spent together, and the more time

the individual spends with another the more chance the other will acquire discrediting information about him. Further . . . every relationship obliges the related persons to exchange an appropriate amount of intimate facts about self, as evidence of trust and mutual commitment . . . Newly formed or 'post-stigma' relationships are very likely to carry the discreditable person past the point where he feels it has been honorable of him to withhold the facts.
Goffman, 1963a: 86.

My client's shame stemming from her abuse was thus complicated by a sense of social inadequacy and/or failure.

A significant therapeutic relationship allowed Lauren to foster bonds of trust that needed to have been but were not nourished in her during infancy or afterwards. By way of her repeated expressions to me of the hate and fear she felt as a result of her sexual violations, Lauren sought reassurance from me that I knew these assaults had not been invited by her. The absolution and acceptance she craved came in the form of my being able to witness her accounts of abuse without becoming shocked or tainted by their content in the same way she had been, and without her experiencing the withdrawal of my respect.

Prior to experiencing the level of trust and approval that she drew from our therapeutic relationship, Lauren had not been prepared to risk revealing her abuse in any relationship. Giddens provides a partial rationale for this. "Trust established between an infant and its caretakers provides an 'inoculation' which screens off potential threats and dangers that even the most mundane activities of day-to-day life contain. Trust in this sense is basic to a 'protective cocoon' which stands guard over the self in its dealings with everyday reality" (Giddens, 1991: 3). Lauren had never received such

an inoculation and had never had a cocoon. Until she could experience a trusting exchange with another person, as she did with me, this inner source of reference had eluded her. Two sides of self -- the personal and the social -- had split away from one another as a result of her abuse.

After developing a trusting relationship, the establishment of personal authority then became a necessary next step towards Lauren's reconstitution of her self. Without this in place, she would remain wholly dependent upon an external authority for acceptance and insight. Our therapeutic relationship self-consciously fostered a trusting interchange which encouraged the independent development of Lauren's capacity for self-trust and her construction of a reliable inner authority. This allowed her to integrate her trauma and to independently generate new understandings.

Carol Gilligan records a similar progression towards integration in her case study of Sarah, a young woman facing her second abortion and who, like Lauren, was quite estranged from her body. In the excerpt below, Sarah's newly discovered voice is intertwined with Gilligan's:

Reiterating with more confidence and clarity her discovery of an inner voice, she says that her decisions previously 'were based elsewhere, I'm not really sure where, but it was coming from somewhere else.' In contrast, now she feels 'really connected with my insides, really good. I just feel strong in a way I'm not aware of having felt, really in control of my life, not just sort of randomly drifting along'. [Sarah's words are in quotation marks]
Gilligan, 1982: 122.

Despite a similar sense of reintegration to that of Sarah's, and a first-ever sense of control, like many of my other clients, Lauren's recovery was riddled with setbacks. For example, at one point, despite having made great

advances in self reintegration, she became emotionally immobilized by the fact that she had been sexually violated by several perpetrators at various times. Lauren seemed apparently unable to transcend a personal belief that, as numerous assailants had said to her, she was responsible for bringing the abuse upon herself. Sexual abuse theories on the tendency toward re-victimization of those persons who have been violated once did little to ease Lauren's sense of guilt at this time (Haugaard and Reppucci, 1989: 240). It was only upon reading a similar account by another who had been sexually abused that Lauren could, for the first time, understand what had happened to her and openly contemplate that she was not responsible for her own abuse. Her recognition of a shared experience granted Lauren the necessary level of insight and liberation from guilt to move forward in her own process of synthesis.

Originally, Lauren was disinclined towards theory and analysis in seeking understanding. Not surprisingly, it was not from such sources that her initial insights were therefore drawn but rather from another victim's first person account. She related an emerging understanding in detail.

I started to read the book you wanted me to read . . . It was so true. I couldn't believe things really until I read someone else's story. Some of the feelings were so much like mine. When one of the girls was abused by her older brother she didn't think anyone would believe her, she didn't realize it was wrong. She knew something wasn't right. She felt life wasn't worth living. All of these things I have felt . . . as I was reading a couple of things came to me. When [my brother] would make me put his penis in my mouth, he would ejaculate. I never knew what it was until recently. I knew it was something, but I didn't know what to tell you. When I was reading the book, one girl said how he ejaculated in her mouth, and how she got sick to her stomach. I got sick to the stomach, when I read that, and, so I guess that's what it was. The same thing when I had to take it in my hands, all this gross stuff would be on my hands. Then he would put it on my

stomach. I feel so stupid that I didn't know what it was he was doing. I hate him so much . . . remember when I told you that I thought he made me have intercourse with him. Well, the other night, I woke up, I guess I was dreaming. I had a really bad pain going up through me, I was really hurting. I didn't know what it was . . . there was something in the book about physical problems and one of them were unexplained vaginal pain. It's like when reading this book, I don't feel so alone . . . I know you are there for me, but it's like someone else besides me is telling parts of my story.

The sense of validation and human connection that Lauren felt in finding a *published* story was combined with the practical dual purpose that it served by supplying her with information about what had been done to her and in providing her with another's abuse account that could speak on her behalf. Together this effected a freeing-up of her own subsequent telling. As such, having read this account of another's experience of violation, she for the first time spoke frankly about her own suicidal thoughts. That too had been an issue which was previously cloaked in shame and silence.

In discovering that someone else had not only undergone experiences like hers but had publically shared their pain and their telling, Lauren was now better able to claim ownership of her waking memories and to begin to discuss them separately from her dream memories. Her response was entirely understandable though not universal. While many clients fear that, in telling their experience, it will be trivialized or dismissed as a common occurrence, Lauren found reassurance in learning that her trauma was not entirely unique. She had never wanted this experience to be hers at all, let alone solely hers. She longed to be like others, if only it would remove some of her stigma and self-blame.

As Lauren succeeded in finding more ways to alleviate some of the

self-blame associated with her abuse which subsequently restored to her some sense of power, her signature began to appear on her weekly narrative submissions to me. The first appearance of her signature struck me as symbolic of Lauren's having achieved some integration of her story. Simultaneously, she began voicing the narrative. The emergence of her voice signaled a significant turning point in therapy. Henceforth, with each success Lauren experienced in exposing additional dimensions of her story, she was enabled in venturing deeper into her personal reservoir of atrocities and in her expression of the memories drawn from there.

Lauren describes below the contradictory sensation of at once feeling liberated by the telling of her secrets and of being simultaneously overwhelmed by the consequential release of still more traumatic material.

It seems like when I begun to feel better something else will come up. [another memory surfaced] It's embarrassing to say but I can remember being downstairs and I had on my pink jogging pants. I ran out of [my brother's] room and there was blood on my underwear. I can remember throwing them in the garbage. I'm so mad because I can't remember what he did to get it there and I don't know. When I think about it I don't think I would want to remember how that got there because I know I will be upset if . . . I don't know . . . I thought I was doing so good and I was so strong.

In writing this letter to me, Lauren sought the reassurance and validation she needed to support her own integration of a growing awareness that her brother had performed sexual intercourse on her.

Because the abuse narrative which we had both read embodied many of the atrocities she was now struggling to accept in her own life, Lauren guessed that I could hear the intimate details of her abuse, without rejecting or blaming her. The external catalysts which generated Lauren's freedom to

divulge her most guarded content were the development of a trusting and, in many ways, unconditional relationship with me, closely followed by her discovery of another's sexual abuse narrative which served as an ally for strengthening her own voice. The externalization of her story became less agonizing with the development of a trusting environment in which she could rehearse it.

Lauren also became more open to telling these details as she began to sense that this process was empowering her. In the lengthy and crucial confessional-style letter from the narrative installment in which her signature first appeared, Lauren delineated the incidents which made up her history of abuse and, in the same piecemeal fashion, provided some of her emotional reactions to these events. Importantly, this disclosure led to the addition of Lauren's voice to her narrative, as well as the written descriptions of her abuse experiences.

I'm writing this so it won't be so hard to say when I have to. I was abused by more than one person when I was young. I will tell it as clearly as I can. Even to write it it's hard because I find it extremely embarrassing. It started with my brother. I would be called downstairs and sometimes I think I would be down there watching t.v. and [he] would make me go in his room. I would be lying there and he would take off my pants and shirt and start touching me. He would lick my stomach. He would have his hands all over my chest. I would be lying there looking up at the ceiling; I'm not sure what was going through my mind, but I felt like it wasn't right. . .While I'm looking back at it, it's like I'm outside looking at it all, like you would be looking at me now. This occurred over and over. Another time which sticks in my mind is when I was down there and he would spread my legs apart and put his finger there and his tongue there. I was trying to pull my legs together and he would push them apart. He asked me if I liked it. He asked if it tickled. I can remember crying because he hurt me when he put his fingers there. He said it would be O.K. I felt like I was so afraid. He would lie on top of me with nothing on. He told me he loved me. I have no idea where mom was. He would make me put his penis in my mouth. I can remember mom coming

down that time and he put his hand over my mouth. I'm having trouble remembering how I was feeling at that age.

When I would be outdoors playing, there was an older guy next door who would also come out and play. He would always come with me in the tall grass. He would kiss me and put his tongue in my mouth. He would lie on top of me and lick my chest. He would put my hand on his penis. This happened a nice [sic] few times while we played. Someone must have saw it because mom called me home and when I went home there was a police car in the driveway. When I got inside, mom hauled down my pants and slapped me across the backside. I was so afraid when I saw the cops inside . . . I never told you this because I find it embarrassing. I find it so hard to believe that I was abused by so many different people. Well, while we were outside, there was another guy [name] and another guy. They made me suck on that guy's penis. Why did I keep going back? Why didn't I stay away from it? Marie sometimes I look at it and I'm the one who looks bad. I'm the one who kept going back for more. Oh my.

I'm not sure when this happened -- whether it was before all of this or after -- but my Pop [grandfather] also sexually abused me. I can only remember once or twice. I would help him bring in the woods, and when I would come back for more wood, he would haul the door to a little and put his hand down my pants and feel around. I really felt gross, uncomfortable.

Overall, the course of narration served to strengthen Lauren's reclamation of an inner authority. Yet, as the above letter illustrates, at this particular point Lauren was still unable to express much emotional reaction to these parts of her history. The full integration of sadness, grief, and anger could not be achieved until such a time as Lauren felt safe from further physical threat. With the death of her grandfather and the long-term imprisonment of her AIDS-afflicted brother, this finally happened. She was, then, for the first time in her life, free from living with the perpetual threat of sexual danger. This change also fostered a noticeable freeing of her verbal and emotional ability to express herself, making the earlier events of abuse now less difficult to express.

Interestingly, Lauren's reaction to the death of her Grandfather ran

contrary to both what she initially believed *should* be her response and to what she considered were my expectations of her reaction. Lauren eventually admitted that she could barely hold herself back from celebrating. She confessed that her grandfather's suffering in the final weeks of his life represented a form of justice for her. She said, "He made me suffer for all those years, now it's his turn." That her grandfather died on New Year's Day was also viewed as significant by Lauren. This coincidence spoke of a new beginning and punctuated her yearning to celebrate while other family members mourned. En route to her Grandfather's funeral, Lauren felt elated when, as she in her own words expressed: "saw the shed where it happened and knew it wouldn't happen to me again." Of the burial itself Lauren said, "While everyone else was crying and sad, when they threw the dirt on the casket I felt free."

This death, and her emotional reaction to it, prepared Lauren for the reaction she would experience upon learning of her abusive brother's terminal illness and imprisonment. Upon receiving that news, Lauren immediately vocalized a sense of relief and witnessed a return of some buried memories of incest by him. Never before this time had Lauren experienced a freely expressed and anecdotal relationship with her memories. She ceased agonizing over and doubting each memory and began to respect them as a source of her own validity. The events surrounding her grandfather and brother helped Lauren to clarify and to ultimately trust her memories, and to accept her often profound and emotional responses to the way the past had affected her. These events

helped to reconnect her to memories which had been rendered alien by her negation of them.

Through her therapeutic process of self-reflection, Lauren had learned to trust her subjective and instinctive self, and to find courage enough to express these dimensions of herself, when necessary. Myerhoff articulates well the value of that which Lauren had restored to her. "There is perhaps an area where reflexivity and self-centeredness touch, possibly the point from which they both originated: the restoration of subjectivity as a serious attitude, a basis for gaining knowledge and evaluating it, a ground for making decisions and taking action" (Myerhoff, 1992: 313). Lauren's process of change needed to first be validated on the outside before it could be internally absorbed. She needed external confirmation and support before she could attend to her inner plight. Her subjective world remained a foreign entity to her until that point in the therapeutic process when her story of abuse was finally voiced and, through our work together, unconditionally reflected back to her.

The instances of abuse told here, in Lauren's words, summarize the formerly secret horror that she once believed to be insurmountable. Beyond a mere mention, very little focus was ever given by Lauren to the fact that prior to entering therapy she had absolutely no one in her life who would hear of, let alone confirm, the terrible nature of her victimization. Because she had only ever known isolation, her own response to this condition had not an especially significant factor to her. To me it was highly significant that she had been so socially isolated by her experiences until she began

communicating them in therapy. Companionship through this reconstructive process allowed her to voice her experiences, so that she too could view them as valid. Only later did Lauren appreciate the intra-personal and social complications which had arisen because she had not been believed. These were exacerbated still more by her having been punished by her mother for “allowing” herself to be so victimized.

The experience of therapy provided Lauren with a means of reflecting upon herself, thereby enabling her to take a second look (Myerhoff, 1992). For years, she had been avoiding this potentially terrifying process. The reality of this re-authorship was, in actual fact, a very different experience from what she had anticipated. In the safe environment created within the therapeutic relationship, she could work and rework her narrative until it sounded and felt like her own, instead of remaining simply a distant nightmare. This process of self-definition allowed Lauren to consciously integrate her history of abuse and to redefine herself in terms of it. Eventually, she shed much of the residual shame that she had carried surrounding the sexual acts that had been forced on her body.

This final stage of Lauren's narrative concluded with in the easy exchange which had developed between Lauren and myself. It followed the course of what had been an excruciatingly slow telling process for her, and sometimes, as a result, an agonizing listening process for me. Ultimately, Lauren was able to externalize the secrets that had overpowered her in her silence. It was this act of making her story public that effected a reflexive journey of reconstruction. It effectively broke her state of isolation and

literally reconnected her to her own voice.

In watching Lauren's slow progression towards a vocalization of her plight and the subsequent emergence of her newly found self, I was reminded of the following comment. "As we have listened for centuries to the voices of men and the theories of development that their experience informs, so we have come more recently to notice not only the silence of women but the difficulty in hearing what they say when they speak" (Gilligan, 1982: 173). Because of her intense disbelief in herself, Lauren's story illuminates this point better than most I have heard. At the conclusion of therapy, Lauren was able to refer verbally to episodes of her story that, because of its former negation by others and in combination with her own shame, had become, for her, literally unspeakable. Much personal power and significance were thus born by telling and integrating her narrative. In effect, it was for this accomplishment that she had originally sought therapy.

In closing, I am reminded of Ken Plummer's observation that the private story has the power to shed light on wider public issues. He writes,

Public problems . . . have to become infused with life -- animated, legitimated, demonstrated - through argument, statistics, rhetoric. And one of the central strategies of infusing life is to tell a life: many problems require a strong personal story to become well established. The public domain cannot take too much abstraction: it needs a 'life' to make the elements of the story cohere into a public issue.
Plummer, 1995: 129.

In my view Lauren's story, and indeed those of all my clients, exemplifies Plummer's contention. The central issue of silence in the above story, as I have discussed, casts light on the complexity of the narration process in general and on the experience of sexual abuse in particular. This critical

stepping stone -- the narrative process -- between the inner and the public domain is further examined in the chapter which follows, where a client's uncertainty is once again explored, but this time from the perspective of external social perceptions of the client's inner experience.

CHAPTER SIX

SEXUAL ABUSE: PRIVATE WORLDS, PUBLIC WORLDS AND THE PURSUIT OF CERTAINTY

The previous chapter addressed the complex and often subtle processes of externalizing a story. This chapter is concerned primarily with a subsequent phase -- the relationship between a narrator's self-perception and the story's public reception. In therapy, this represents the intersection of points at which the intra-personal self challenges the public persona in order to establish a synthesis of the two in a reconciliation that does not sacrifice one to the other. How the intra-personal and public elements interact to alter the focus of the narrative is, in part, what *produces* not only the unique quality of each story's telling but also its therapeutic value.

When a client compares her sometimes fragmented and concealed experience of abuse to external standards of validity, she often is forced to reject such standards, in favour of her own subjective version, as the more legitimate representation of her reality. By means of this reflexive process, the client comes to the ultimate creative and self-reliant decision that allows her to integrate her trauma(s) and to reconstruct a legitimate definition of her experience.

There seems to exist among my clients a personal but likewise a collective and apparently social urge to narrate (see Plummer, 1995). The client's organization and expression of her story, in conjunction with an analysis which develops along with its unfolding, seems to bring the teller closer to a personal construction of reality that is authentic for her. This

combination of reflection and analysis serves to fix the client, in relation to both herself and others, in a form of certainty. Experience has shown me, something which Lauren's story has particularly demonstrated, that an analysis of my clients' experiences alone is not sufficient to restore in them a state of reintegration. Nor in and of itself does it quell the fear of chaos and randomness in their lives. The narrative, my clients have taught me, needs additionally to include their responses to the collective experience. Whether these reactions be positive or negative is not at issue here. Rather what is essential is that her reaction is made conscious and then publicly expressed in order for it to be integrated.

In this chapter, I explore Annie's story, the last and the shortest of the narratives in my study. Her narrative is relatively unique among the numerous sexual abuse stories I have heard because her memories of abuse were few and splintered. Yet the negative effects of what she recalled and, similarly, what she could not recall proved, as with other clients memories, to be profound. Annie's personal struggle with memory furthermore highlights a wider public concern with the believability of sexual abuse narratives (Cornell, 1995; Herman and Harvey, 1993, Hicks and Tite, 1998; Hacking, 1995), sometimes held by the clients themselves. As we shall see, this was so even within this example of a significantly fragmented narrative, whose author questioned her own memory. The value and legitimacy of the story that finally came to light during our search for narrative content, is clearly evident, as we shall see. The manner in which Annie's insights and personally formulated sense of self surfaced through

dream fragments, and the way in which they were pieced together over the course of years of therapy, reflect the phenomenon of how lived but nearly forgotten experiences artlessly surface from the past and help to create personal continuity (see Kohli, 1981: 65).

In contrast to other clients who expended much of their energy prior to therapy in attempting to repress their memories of abuse, Annie was remarkable in the intensity of her endeavor to remember exactly what it was that had happened to her, as a child, which had left her feeling at once so emotionally empty and devastated. Despite years of searching, Annie had only a handful of clear memories from the first eleven years of her life. She wanted to restore, to herself, control over her memory.

The principal issues that initially motivated Annie to seek therapy were directly attributable to those holes in her life she could not fill in with memory. A desire to confront mounting problems with alcohol abuse and anger had prodded Annie to enter therapy (Francis, 1990). As with other clients, these were however merely external catalysts that forced her to examine a myriad of underlying emotional and social problems which, we discovered, could be directly traced to earlier sexual victimization (Morrow and Smith, 1995). Annie had long carried with her the sense that she had been sexually violated as a child in more instances than her memory permitted her to recall.

Private Doubt, Public Doubt

Like Annie, a prevalent concern for many of my clients has been the matter

of how they could first uncover and then view as valid their own experience of sexual abuse, even though others might disbelieve their story, and possibly even reject it. Sexual abuse accounts are commonly compared to Swiss cheese in that they are full of holes. On the basis of much clinical evidence, I now view such gaps in memory as entirely consistent with the very nature of remembering trauma or of not remembering, as the case may be (see Herman, 1992).

Earlier on in my evolution as a therapist, I too wanted all of the jigsaw pieces to fit neatly together. I thought then that the veracity and status of what were to me questionable details and inconsistencies in my clients' stories of abuse suggested questionable validity. Even though I deeply wanted to trust my clients' perceptions of their experiences, some of the stories' details, for example, were sometimes simply too extreme to accept at face value. In fact, clients' accounts of their abuse were, at times, so horrific, as to be almost inconceivable to me. In addition, the traumas that they had experienced often seemed too many and too unrelenting to have happened to any one individual alone. Moreover, some narratives appeared to be too casually relayed and too devoid of emotion to be real. Needless to say, I have long since changed my mind.

Despite the above doubts, I realized early on in my career that I could not impose my standards of validity upon my clients without increasing the risk of cutting them off from their own tentative sense of reality.

Therapeutically and ethically such an imposition struck me as a violation of a client's developing sense of self. With more experience, my initial impulse to

mend and control such stories was eventually transformed. I came to recognize instead that listening carefully to these stories, as Paul Thompson has said, "make[s] us confront the violence that can be done to other peoples' consciousness by imposing our own terms on it" (Thompson, 1981: 293).

I discovered too that the kinds of validity that I had been seeking to validate their stories were identical to the types of assurances that my clients sought. They, like Annie, wanted all of their memories to be intact, and for their story to unfold in a clear chronological sequence (see Kohli, 1981). Some clients had already spent a great deal of time and energy pursuing some tangible proofs of their abuse. Social acceptance was so crucial to them, that they viewed their own stories from the outside looking in, and they tried to adjust them to fit an outsider's measurement of validity.

My clients often dismissed their experiences of abuse or they disassociated from them in an effort to surmount a terrible condition. In fact, so strongly do some not want to believe their abuse to have occurred that prior to therapy, they live as if it had happened to someone else. This being the case, how then could they expect others to accept unquestioningly the reality of their abuse? Yet for all of my clients, at some level they know what has happened and they expect others to know and to accept it, accordingly. The unanticipated strength of the public's doubt was emotionally shattering to some clients who, upon coming forward into the justice system with their accounts of abuse, were sometimes discounted outright, as fabricating their stories, or of having false memories (Vella, 1992). Public scepticism

presents a double-edged risk, one, of stifling the victim's will to speak, and two, of altering the content of the narrative for the sake of making it more palatable to others.

The issue of false memory syndrome is an example of this abiding private and public tension over what constitutes "truth" and "reality". This syndrome is a psychological label, whose appeal and authority is rapidly growing, as it becomes increasingly applied in legal cases and in public discourse, in efforts to dismiss recollections of sexual abuse. The public suspicion and/or wish that memories of childhood sexual abuse have been planted in clients by counselors, psychotherapists, and the like, is now quite vocal and influential. Of course this collective desire to disbelieve greatly increases the risk to clients when they seek to impart their experiences to any audience (Fraser, 1994).

In 1995, William F. Cornell, wrote a lengthy review of the then current literature on this very volatile subject, "A Plea for a Measure of Ambiguity." In his attempt to address the growing controversy over the validity of memories surrounding sexual abuse, he called for "balance-and a measure of ambiguity" (Cornell, 1995: 4), and he argued,

The risk of creating pseudo-memory in psychotherapy cannot be ignored. However, an even greater risk is that a therapist's biases will impose a premature limiting meaning on the client's emerging affective experiences when they actually reflect a range of disturbing factors, including shock trauma, strain trauma, environmental failures, intrapsychic conflicts, and lost dreams and desires.
Cornell, 1995: 10.

Here, Cornell identifies the crux of the matter, certainly as I have come to understand it.

Assuming that a trauma exists, the greatest threat that false memory poses lies not to the debate between “truth” and “untruth” but in the potential imposition of a therapist's version of events upon the client's story, thus also eroding its therapeutic potential by undermining the client's self perception and authority. In order, therefore, to combat and transcend the negative effects of intra-personal and public disbelief, as well as to guard against the imposition of an alternative validity on a client's narrative, especially in its most tentative phase of early reconstruction -- part of our therapeutic mission becomes the disentanglement of subjective and objective content in these abuse accounts. This higher purpose can then later be reflected back to my clients, at moments of renewed self-doubt. In order to locate such meaning, I found it necessary to take the spotlight off “truth” itself and to approach the issue of legitimacy and worth in the client's narrative from a different angle. The perspective we found to be indisputably authentic and capable of fostering reconstruction lay in the *process* of narration itself.

Despite each client's developing awareness that her narrative would not provide her with absolute certainties, most clients clung, in varying degrees and duration, to their pursuit of locating some external validation of their experience. Where personal honour and validity are at stake and where dismissal and shunning are real and constant possibilities, if such had not already occurred, the client's search for external validation weighed heavily. In a realm as subjective as human memory (Hankiss, 1981), many clients tried to track down some objective “truth”, doing so with a vengeance before awakening to a realization that this pursuit served only to stifle their

reconstructive processes.

For some clients, the presence of other sexual abuse stories, offered them the type of validation and support they eagerly sought. One story of sexual abuse was often felt to be rendered more valid in company with another. Yet by forcing their stories to exist within the rigid parameters of someone else's definition of validity, these clients' energies remained focused on exactitudes and proof, an impossible goal, instead of on the wider and more holistic mission of rebuilding a fragmented self. In this regard, the highly vocal false memory debate was interpreted by many clients as a sign that the wider public was not prepared to believe their experience of sexual abuse.

My clients' own story telling was often both spontaneous and self conscious, and it offered the potential of describing and transforming the tellers' perceptions of past and present events. The narrative process we developed together replaced their impossible pursuit of "truth" and became the new joint focus of our therapeutic deliberations. The insights and transformations which were a natural outcrop of the story's creation often provided enough validity in and of itself to satisfy most clients; it came to replace that former insistence on external validation. Even when clients could not, in every situation, distinguish unreality from reality, or nail down the exact circumstances from which their memories sprang, the inherent value of their partly remembered experiences became obvious to us both. By means of re-searching their respective traumas, these clients learned that it was necessary and valuable to honour foremost their own version of

their experiences.

“Truth” in the form of an external standard by which to evaluate and/or dismiss a greatly unpleasant and formally secretive experience, ultimately became a mere byword within our therapeutic conversation. Shifting the focus from externally rendered forms of validity, as that which the client had formerly valued most, to a recognition that the reconstructive process itself is the thing of greatest worth, became a necessary dimension in each client’s therapeutic experience. It involved a process of personal evolution, which all who continued to struggle for self-acceptance, eventually adopted.

Individual transformation usually began with the client’s recognition that if she were to be judged exclusively on the basis of external definitions of validity, then her story might certainly be rendered improbable.

Annie’s Fragmented Memory

Annie's plight on coming into therapy brings to mind a particular expression of Clifford Geertz's: "Whatever sense we have of how things stand with someone else's inner life, we gain it through their expressions, not through some magical intrusion into their consciousness. It's all a matter of scratching surfaces" (Geertz, 1983: 373). At the onset of therapy, Annie was desperately scratching surfaces in her own inner life in her attempt to find more substance upon which to form her narrative.

When she entered therapy, Annie was emotionally unexpressive with one important exception. Anger had been the only response which she presented effortlessly. When she stopped bingeing on alcohol, her anger

subsided, but, as Annie said, "so too did most feelings." Anger had also and often been a problematic emotion for Annie, yet she had known it to be truly her own, when she could claim so little else. For communicating emotions produced in Annie such an extreme degree of panic that even anticipating an expression of feeling left her, quite literally, short of breath. To be reconnected with her feelings was therefore one of Annie's primary therapeutic goals. This, however, was a difficult task, in light of the fact that she had little with which to connect in terms of concrete memories, for a significant part of her childhood. She resigned herself then to confront her closed off memories, and she attempted to reconstruct her narrative with whatever became available.

Having worked in a shelter for abused women and children, Annie was well familiar with the signs and symptoms of sexual abuse. She stated at the onset of therapy that many of her feelings and behaviors mirrored those of others who had also been sexually abused (Haugaard and Reppucci, 1989). Yet mere recognition of this fact, or the possibility that such might have occurred, did little to solve her own problems, because she could not remember any events. Memory loss seemed to deny her the access she sought to any deeper, more meaningful content. She felt that, at best, she had only superficial symptoms and behaviors with which to work.

Initially, Annie could not locate any way to facilitate a recollection of those childhood years. Together, we explored old photographs, we experimented with "active imagination," and, independently she pursued hypnosis, but all to no avail. Only through an examination of her dream

symbols did Annie finally begin to be reconnected with some of her emotional life from childhood, and eventually she was even able to recall a few relatively distinct memories. To a limited degree this helped her to discern who she had been and what her environment had been like, in those once entirely inaccessible years. The dreams she produced during the course of therapy -- some recalled from earlier times -- triggered a string of memories that assisted her in reconstructing some sense of her physical and emotional state. These newly recovered dimensions of her self eventually combined to help alleviate her perception of complete barrenness and "loss" of eleven years of her life.

Annie's life was particularly difficult for her to piece together. It was not only filled with large blank spaces, but it was also peppered with memory fragments, some of which belonged she knew not where (Gagnon, 1981). While some memories of people, incidents, and places had returned to her over a span of many years, she could not always find for them a proper chronological home. Somewhat of an anomaly among my clients, Annie felt that she could not locate enough material to accurately reflect her life, even to herself. This left her intra-personally alienated which, in turn, made the telling of her narrative tentative and episodic. As a listener, I found it confusing and difficult to envision her experiences, as a whole. My own reaction provided me with insight into what Annie herself was undergoing in trying to piece the puzzle together.

The narrow parameters of Annie's memory and the nature of what she recalled did not, however, concern me in the same way as it did her.

This is not exclusively a therapeutic insight. As Denzin describes the narrative process,

Stories then, like the lives they tell about, are always open-ended, inconclusive and ambiguous, subject to multiple interpretations. Most slowly unwind and twist back upon themselves as persons seek to find meaning for themselves in the experiences they call their own. Denzin, 1989a: 81.

For me, lost memory did not invalidate her experience, because total recall was not a yardstick that was used to assess the value of her narrative within our therapeutic dialogue. In fact, given the often undefined nature of the narrative form, Annie's fragmented account was quite usual, although not the extent of her memory loss.

As she began to unravel her private story, Annie became openly and increasingly concerned with its acceptability to the outside world. In viewing her process through the critical eye of a detached observer, she believed that it fell consistently short of some sort of objective "truth". She also presumed that her approach to the reclamation of content from her past life through dreams, for example, would be viewed by many lay observers, as suspect. Getting Annie to view her experience from the inside looking out was a challenge for us both.

The problem of unearthing terrible experiences is multi-faceted. A great quantity of each sexual abuse narrative remains unspoken, not only due to the victim's self-consciousness about her own believability, but also because the victim, for any one of a multitude of reasons, often cannot comprehend her own experience. Consequently, parts of any narrative simply do not get articulated as I came to recognize. Like me, Plummer is

also concerned with getting closer to those parts. He states, "I am speaking here about experiences hidden from awareness and part of this means entering the world of the unconscious: of repressions, masks, denials. Much of the inner life is kept at bay, sealed off from any potential for story telling" (Plummer, 1995: 127). And ultimately, as Plummer has observed, in order for a story to be transformed into something personally and culturally significant, it needs to be transferred from the realm of the unspoken or barely audible to a louder, more widely shared experience. Therapy, as I practice it, seeks to perform just such a task. Yet Annie's situation presented an unusual degree of difficulty for me. We needed to find a balance between actively seeking out those closed-off memories and respecting her need to leave some content closed off.

Early on in our contact, Annie presented what she called her "one vivid memory" of childhood sexual violation. "I am standing in a closet with a man. He exposes his penis to me. I reach my hand out to touch his penis. He yells at me not to touch him. I am aware that my brothers are close by playing -- either inside the house or outside nearby the house." The man from this memory was a friend of Annie's parents. Many years after this incident, when Annie was a teenager, the man asked her if she remembered going over to his house on Sundays. In order to avoid the confrontation that revealing this memory might well have invoked, Annie told him that she did not. She did, however, remember this fragment acutely, with all her senses, and repeatedly expressed concern to me about those Sunday visits which she could not quite recall.

In addition to this incident, Annie lived with another memory, or rather a "strong sense", that her eldest brother had sexually molested her when she was a child. Annie had one recollection of this brother that was particularly disturbing for her, because she felt it to have been sexually inappropriate. She described the event, as follows: "He is trying to take my clothes off to prepare me for bed. I am lying on the top bunk of my bunk beds holding my body rigid so that he cannot pull my tights off." Annie then described experiencing a discomfort around sexuality whenever she was in his presence. She also described feeling an "intense urge to flee" upon returning home as an adult after a long absence, and first catching sight of this brother on the porch of her parent's home. Throughout later therapy, Annie presented numerous dreams in which he played the role of a sexual perpetrator.

A third recollection of sexual violation was the following. When Annie was in her mid-teens, she was molested by a physician in whose care she had been placed for the treatment of a moderately serious illness. He was initially "kind" to Annie. He "comforted" her and "listened" to her in what she described as "a period of great emotional pain and physical illness." He then came into her hospital room when he was supposed to be off duty, ordered a sedative for her, and "smelling of alcohol," then proceeded to molest her by fondling her breasts and genitals. In our therapeutic exchange Annie confided that she had trusted him. At this point in her life, she had already received so many hurts and violations that trust had become a rare experience. That violation, she said, in a rare moment of vulnerability with

me, "broke my heart and closed my last door on trust".

Of the many more or less complete dreams that Annie eventually put forward for analysis, there was one mere fragment which she returned to again and again. Initially, the dream's message went unheeded, as she attempted to force out other recollections from her lost period. But this dream, Annie later decided, spoke directly to the mystery she was attempting to unravel. She recalled: "Someone before me is holding up a sign that reads 'it was too long ago and too deep'." Viewing this dream as bearing a direct relationship to her search for reintegration, she explained, "this tells me that my hurt is too great and occurred too long ago for me to recall it." Toward the conclusion of her therapy, she chose to heed the dream's advice and to respect its message.

In general, the dreams which Annie identified in counselling, as transitional or pivotal for their contribution to a fuller comprehension of her plight, fell into several broad categories. All of these themes reiterated issues that Annie consistently returned to in her narrative in various attempts to integrate her negative feelings, whose origins she could not locate in her remembered experience. One symbolic theme involved pursuit, the second dealt with a search for things that had been lost or stolen, and still a third theme served to reconnect Annie symbolically to the parts of herself that she felt to be lost.

From these dreams, Annie extracted a broad understanding of herself. She interpreted the dream symbols not literally, although their literal meanings frequently beckoned her, but as vessels of insight which carried

wider and deeper meanings, experiences that were, at the same time, intrapersonal and universal. Annie also recognized them as containing the breadth and depth necessary for explicating her period of lost memory, and as capable of restoring to her a reconstructed self-identity, in a manner that would enable her to recognize and integrate her past as her own.

Interpreting and Reconstructing the Self

Annie's lost memories and hurt from her various traumas caused her to mistrust her own emotional expression. She was thus apprehensive at first about all that appeared to threaten her former solely cognitive approach to dealing with her plight. But this strategy, as previously noted, had not served her entirely well, as it blocked her from pursuing alternative paths. On the other hand, some of her dream images seemed so closely aligned with her own experience of what had happened to her that, in spite of herself, she connected to them emotionally. Yet the issue of whether or not to pursue her lost memories was ever-present and unresolved in her mind. Annie frequently wondered if confronting those elusive memories would be as agonizing as her perpetual pursuit of them. She wondered too if her unrelenting search for memories of sexual abuse was "killing" her, "consuming" her, or threatening to "control" her. All three seemed likely possibilities.

Several of those dreams which restored an emotional balance to her life and to Annie's own commentary of them are presented in the following. We begin with a dream which presented a situation that was very much akin

to Annie's ongoing waking quandary.

I am trying to save the life of a child from a man who is trying to kill the child. The man chases me. He is driving a bicycle. I am on foot. I know that he will not kill me but he will attempt to own me, control me, or consume me. There is a sexual overtone to his potential consumption of me. I arrive at the edge of a cliff. Across the abyss in front of me are two very tall trees. These trees have no horizontal branches. If I jump across the abyss and reach the trees I will be safe. I think the trees are birch. I might die if I attempt to leap across the cavern and do not make it.

Annie's immediate thoughts upon waking from this dream were to sum up her existing dilemma, as such: "I am faced with a decision. Should I risk dying for security or stay where I am and face what is pursuing me?" She then recognized that the dream's birch trees represented strength for her; they were firmly rooted in the ground. She noted that her immediate identification with trees was linked to one of her few childhood memories. She recalled a tree-filled cemetery near her home, where she used to go "to think and hide."

The result of the leap in her dream toward those trees had, of course, unpredictable consequences. Annie had no way of knowing whether or not this dream jump would conclude safely. Since the trees "had no horizontal branches to grab hold of," there was not much room for error. Her leap toward the tree had to be on the mark. The very life of a child was dependent on her landing safely on the other side, yet she was risking her own life to save that child. In her waking reality, the other side might represent a return to those times she could not recall. She wondered if there was any real security or insight to be gleaned from such a move. Did the leap to the other side represent a continuation of a fruitless pursuit? This

dream and the questions which grew out of it initiated, for Annie, a new way of thinking and talking about her search.

A later dream represented a continuation of this theme of having to confront a difficult decision in the midst of a seemingly dangerous pursuit.

I am traveling on foot with a child. We are looking for 'Him'. We come to a rustic cabin. It's furnishings are basic, simple. The cabin is empty but there is a feeling that someone will be returning if we wait. A wolf approaches the cabin door. I shut the door just in time to lock it out. As I am shutting the door on the wolf I wonder if it actually poses a threat.

From this dream, Annie made several discoveries. She identified her search for "Him" as a search for acceptance and inner peace. Although she recognized the "Him" of her quest as representing God in the formal sense, it was a secular interpretation of God's essence which she was seeking to restore in her personal life. As in the previous dream, she was traveling with a child in need of protection. Once again, she views this child as representing a dimension of herself. The dream's simple cabin and its soon-to-return owner are what Annie perceived to be, still in riddle form, the answer to her search. The dream's wolf signifies, for Annie, that which has been pursuing her. As with the man of her former dream, the wolf threatened to consume her but may not have actually been dangerous, after all.

Such dream images helped Annie to return the focus, time and again, to the essence of her therapeutic goal -- a strong desire to restore to herself a sense of integration and rootedness. These dreams helped redirect us from a fruitless tracking down of vague details and lost memories toward the more essential issues of locating inner peace, restoring harmony, and

maintaining balance. Annie slowly began trusting these dreams as her own validity and placing them above her previous search for external validation. These images had the additional benefit of eventually fostering an intuitive approach to her situation.

Then occurred another significant dream. This dream transformed Annie's perceptions of her search for lost memory in a different manner than those I have previously discussed. The "one image or picture" generated here did not serve to raise new questions for her as much as it provided her with a stronger self-meaning, by grounding her in what she perceived to be an intuitive and historical sense of her own state of being. She described it this way:

This dream is really one image or picture. In it I see a line, like an ancestral line, stretching through space. On that line I recognize my Grandmother, followed by my Mother, followed by me, my daughter, her daughter and so on in both directions. It is a powerful image for me because it plants me strongly in the midst of a history and a future and alleviates my sense of rootlessness. I have a strong place within this line.

Annie's story finds a direct parallel in what Reno identifies as Ishmael's experience of locating a "cosmic" order out of chaos to ensure his overall survival. Ishmael relays this sense of order, in his narrative, through symbols of weavery. Reno depicts this achievement in the following manner.

Ishmael gradually develops the weaving motif into a highly charged construct by which to depict cosmic order . . . A cosmic orderliness woven of homely rope is an orderliness easily imagined. However unpretentious the symbol, cosmic order is connected to the past and to God through the line of prophecy. Connection itself is essential. Through connection to others, the prophet can deliver his vision of the truth.

Reno, 1990: 65.

It was the awareness of a greater "order," existing above and beyond the limitations portrayed in Reno's analysis which first provided Annie with a sense of balance and belonging. Despite the fact that her memory had been undermined, this feeling of a greater sense of place made it possible, henceforth, to weave her own story. Her intuitively manifested image of a journey that was shared by other generations of women in her family grounded Annie's narrative in a more substantial and collective reality. This was her own image based on her history, her present, and her future. And so, as with Melville's hero, a significant human connection that for Annie grew out of the therapeutic alliance, proved crucial to her formulation of an intra-personal sense of validity.

Locating Validity in Oneself

Validity, in the form that Annie eventually came to seek it, becomes even more elusive when we consider the many forms of self within which we function or, in the case of many of my clients, are not functioning. The self that symbolically splits away from the body and remains unable to reconcile itself (Herman, 1992) is but one example, among many, that my clients demonstrate. In this case, the body upholds a valid experience of its own that is alienated from other dimensions of self and hence contradicts, for example, what exists in the mind or in the emotions (see Burkitt, 1999: 110). In seeking reconciliation, the perception of the self as viewed through

another's eyes becomes a perspective which my clients frequently adopt for themselves. This is certainly the one with which Annie wrestled most tenaciously. Her concerns are consistent with many sexual abuse stories. Some of these conflicting versions of self are developed, first, as internal fragmentation caused by the painful secret that the client has carried (Woodman, 1990), while others are externally imposed.

Sexual abuse frequently causes such extreme alienation from self and others that in its wake the notion of who one is, and who one is in relation to others, frequently becomes disoriented. Through therapy we attempt to reorient the client within these crucial relationships. But the therapeutic relationship is not representative of relationships outside of this sphere. Trust, for example, is cultivated here, whereas, outside of this environment, trust is merely, as Adam B. Seligman says, ". . . an *ideal* model of communal life" [my italics] (Seligman, 1997: 7). My clients all needed to reemerge from this sheltered place to test their reconstructed selves on those around them. This exposure poses a great risk to them and their newly developed insights which exist still as tentative additions to their personal narratives. But why does the social world hold such a power over the client?

Sociological arguments and explanations have made important inroads with respect to our understanding fundamental questions of self. Some of these I discuss below as they have helped to inform me on the social dimensions of my clients' reintegration processes. They also provide a bridge between intra-personal and social notions of validity which, when

discussed in therapy, ultimately leads to my client's clearer understanding of themselves. In highlighting the social dimension of my clients' experience and by refusing to see her exclusively as an intra-personal construction we are freed to engage those voices external to the client, and we can accept them as influential in our interpretation of her experience. We can, in fact, draw them out in further analysis by bringing collective literal and symbolic meaning to the client's self-concept through our discussion.

This incorporation of external voices enables us both in making significant connections and in drawing distinctions between Annie and a broader human presence. For example, George Herbert Mead has viewed the exchange between the individual and the social, or objective world, in terms of a cycle of influence. He places his emphasis on a certain order of evolution with the social self preceding and allowing for the birth of the private and/or subjective self. My concern is not with the exact order of things, if such an order does in fact exist, but rather with the interchange itself between private and public, as it influences my clients' perceptions of themselves and the subsequent direction of their narratives. Nevertheless, Mead's dialectic touches on an issue which relatedly and intimately concerns me about my clients -- how much of who they are is a social construction.

In the following excerpt, Mead captures well the nature of my clients' self-conscious struggle to place their experience in a perspective that is at once personal and social.

It is true that certain contents of experience (particularly kinaesthetic) are accessible only to the given individual organism and not to any others; and that these private or "subjective," as opposed to public or "objective," contents of experience are usually regarded as being

peculiarly and intimately connected with the individual's self, or as being in a special sense self-experiences . . . the existence of private or "subjective" contents of experience does not alter the fact that self-consciousness involves the individual's becoming an object to himself by taking the attitudes of other individuals toward himself within an organized setting of social relationships, and that unless the individual had thus become an individual to himself he would not be self-conscious or have a self at all... in order to become aware of himself ..he must..become an object to himself, or enter his own experience as an object . . .

Mead, 1933: 225-6.

Mead describes a journey which resembles the reconstructive one taken by my clients. They too tend to view themselves at some point in an objectified form as through another's view of their experience. This usually represents their attempt to comprehend the language and interpretation of their experience that has been applied to them. Yet as with Annie, we need also to concern ourselves with extremes of over objectification and loss of self. In Annie's case, the strength of the external perspective initially fueled her search and eventually strengthened her belief in the validity of her abuse experiences.

In their reflections upon the exchange between public and private as it fuels identity formation, Berger and Luckmann support observations which I have drawn from my practice: "this is not a one-sided mechanistic process. It entails a dialectic between identification by others and self identification, between objectively assigned and subjectively appropriated identity" (Berger and Luckman, 1967: 51, 132). They observe further, as I too have come to understand, through close facilitation of my clients' reconstructions, "we not only live in the same world, we participate in each other's being" (Berger and

Luckman, 1967: 51, 130). But whereas Berger and Luckman describe the relationship between the individual and the objective social world as being “like an ongoing balancing act” (Berger and Luckman, 1967: 134), I tend to emphasize this process in the sociological context of the reflexive cycle of transformation.

Again, sociological constructs of the self help to explain for me what I have practiced and observed in the therapeutic context. In his discussion of “what symbolic interactionism is” (Denzin, 1992: 25), Denzin describes the self as “a multilayered phenomenon” to which he ascribes five forms that have a direct counterpart in reflexive therapy.

The *phenomenological self* describes the inner stream of consciousness of the person in the social situation. The *interactional self* refers to the self that is presented and displayed to another in a concrete sequence of action . . . self is also a linguistic, emotional, and symbolic process. The *linguistic self* refers to the person filling in the empty personal pronouns (I, me) with personal, biological, and emotional meanings . . . The *material self*, or the self as a material object, consists of all the person calls his or hers at a particular moment in time (Denzin, 1989a: 32). The material self is also commodified in the exchange relations that the person enters into. The *ideological self* is given in the broader cultural and historical meanings that surround the definition of the individual in a particular group or social situation. The *self as desire* refers to that mode of self-experience which desires its own fulfilment through the flesh, sexuality, and the bodily presence of the other.

Denzin, 1992: 25

Whereas some of these aspects of self, as identified by Denzin, are given a higher profile than others in my analysis and while my clients are more consciously connected to some dimensions than others all apply to how my clients view themselves within their experiences: as dreamer, as client, as

narrator, as the everyday person, as analyst of their own situation, and as someone seeking integration through the active reconstruction of self. In this study of sexual abuse, I have been particularly interested in the ideological self, how that culturally informed and sometimes regulated self symbolically interacts with the other roles, and how such interplay comes to light in the therapeutic dialogue.

In seeing the self also in terms of five dimensions of experience which are “distinct and cannot be reduced to each other, yet at the same time cannot in any way be separated” (Burkitt, 1999: 21), Ian Burkitt develops a perspective adopted from Norbert Elias’ *The Symbol Theory*. He takes Elias’ idea of viewing the nouns, reason, logic, and language which, Elias says, we tend to consider as separate realms of existence, and he asks us to consider them otherwise.

. . . if we change these words from the substantival to the verbal form, what emerges are not three separate entities but three interrelated human activities -- to speak, to think, to know. Put it this way, we are no longer detached observers contemplating an external world; we are active beings engaged with each other and with the social and ecological systems of which we are a part . . . To elaborate on this idea, Elias uses the metaphor of ‘five dimensions’ of human life in which three dimensions are the dimensions of space (breadth, depth and height), a fourth is the dimension of time, and the fifth dimension is the symbolic (which includes language and other signs).
Burkitt, 1999: 21.

The attraction of Elias’ theory lies for Burkitt, and for me, in the notion that these different dimensions of life are inseparable. This approach enables us to sidestep altogether the chicken and egg question of whether the private self precedes the public one, or visa versa, because we cannot

locate the point at which one begins and the other ends.

Denzin's work on the epiphany goes a great distance towards further elucidating that certain bridge between the intra-personal and social dynamic of the self. He has demonstrated that one spontaneously overflows into the other through the concept and experience of the epiphany. "The epiphany occurs in those problematic interactional situations where the person confronts and experiences a crisis. A personal trouble often erupts into a public issue, thereby connecting a private trouble with a public response" (Denzin, 1992: 83). My clients' sexual abuse accounts illustrate well Denzin's claim. They have expressed their wish for a wider understanding of what they have to tell and for their personalized telling of it. In turn this allows them to influence a collective understanding and thus to feel empowered. They do this, in part, by granting their permission to make their abuse and therapeutic experiences public, a willingness which illustrates their respective personal inclinations towards the social.

While Denzin acknowledges that epiphanies "radically alter and shape the meanings which people assign to themselves and their life projects" (Denzin, 1992: 82), he does not, however, explore in any depth how it is that such transcendental awarenesses are made public and then reflect back to influence the private interpretation of self. This then stands as an unexplored link between the personal and public realms which my clients' stories inadvertently address by the reflexive structure and nature of their narrative reconstructions.

Another largely unexplored link relevant to this discussion is the link which exists between the emotional self and the body. Although for many of my clients, their disembodiment occurred as a result of their abuse, their first concern is almost inevitably with mending their emotional self and with interpreting their emotional fissures through a social lens, or “ideological” self. The body, considered in and of itself as a source of symbolism and communication, is arrived at only later if at all. And even then, a description of themselves in terms of symbolic embodiment is easier to accept than a direct expression of what the body has endured and the associated shame harboured in the body as a result of that violation. Accordingly, my present analysis does not linger over my client’s embodied processes although, on one level, these remain points of dialogue in our therapeutic sessions.

What is clearly evident to me is that the emotional self cannot be understood in isolation from the body. But, in this regard, sociological literature is even less helpful than therapeutic literature. Berger and Luckman say little more than in calling for “an adequate understanding of any human phenomenon;” they merely point out that the relationship between “organism and self” in a “socially determined environment” is, in their view, “a particularly eccentric one,” because “man experiences himself as an entity that is not identical with his body, but that, on the contrary has that body at its disposal” (Berger and Luckman, 1967: 50). Arthur W. Frank states candidly that in contemporary sociological theory, “the body remains silent” (Featherstone, et al, 1991: 36). And Peter Freund, whose interest in

the social construction of health and illness borders on my own, points out that, “Unresolved tensions in mind-body, society relationships haunt the sociological landscape” (Freund, 1990: 452-477).

Some Sociological Views on the Problems of the Narrative

My clients’ sense of alienation from the prevailing language of sexual abuse, as discussed in Chapter Three, serves as a signpost that a greater alienation -- an alienation from self -- has taken root. Sociological analysis here too needs to be taken back to its social roots, in the way that my clients’ narratives attempt to go back to theirs. Certainly, there are some sociological explanations that intersect with this very local issue of intra-personal alienation, but they do little more. In this regard, much remains missing in our analysis of the link between the private trouble and the public issue of sexual abuse.

One notable exception is Dorothy Smith’s consideration of language and, more specifically, women’s alienation from it. Her feminist critique proposes a theoretical approach which my clients lived experience of narration has demonstrated. They support Smith’s argument that only by a return to the most fundamental aspects of their worlds, which includes their subjective and sometimes unconsciously rendered representations and the language generated for them through these, can they, and ultimately we, make sense of their experience. This necessitates removing themselves from “recipe” knowledge (Berger and Luckman, 1967: 66), labeling, or any

form of language that generally does not fully describe their situation.

My clients demonstrate the necessity for and the inclination towards a telling of the abuse through a re-invention of themselves as the only way of making sense of one's past, and one's relation to it. In this vein, Nikolas Rose urges us to begin to "invent ourselves differently" (Rose, 1996: 197). This expressed mission is "underpinned by the belief that historical investigation can open up our contemporary regime of the self to critical thought, that is to say, to a kind of thought that can work on the limits of what is thinkable, extend those limits, and hence enhance the contestability of what we take to be natural and inevitable about our current ways of relating to ourselves" (Rose, 2: 1996). My clients, through their painful examinations of past sexual abuse experiences, attempt to do just this on a personal level, as they necessarily turn on end their former ways of relating to themselves. Further, as if in giving validation to my clients' stories, Rose goes on to say: "To speak of the invention of the self is not to suggest that we are, in some way, the victims of a collective fiction or delusion. That which is invented is not an illusion; it constitutes our truth (Rose, 1996: 3).

In what Rose attempts to raise here for sociological theory, my clients have explored in microcosm and on a first-hand basis, and I with them. Beginning this process quite spontaneously, they come to reject all externally rendered definitions of their relationship to themselves, and they each try independently to re-invent themselves. As Rose concludes,

This ideal of the unified, coherent, self-centered subject was, perhaps, most often found in projects that bemoaned the loss of the

self in modern life, that sought to recover a self, that urged people to respect the self, that urged us each to assert our self and take responsibility for our self - projects whose very existence suggests that selfhood is more an aim or a norm than a natural given.
Rose, 1996: 4.

He insightfully observes that such a process as this is by its very nature, problematic and socially constructed.

Their stories, as told to me in the isolation of my office, seemed always to be performed also for a wider, but absent audience. This audience consisted of the silent witnesses and judges in the form of my clients' abusers, their family, teachers, friends, the larger community, and the experts who sat invisibly in the background of each telling, but nevertheless influenced the nature of these narratives by imposing external perspectives on each woman's private experience of sexual abuse. Ironically perhaps, in order for each story to truly become the client's own unique reflection of herself, we found it necessary to address these silent, external voices by including them indirectly in our own deliberations.

Through therapy, my clients create a place for themselves amidst externally rendered values and judgements which serve to bring them closer to that which is personally valid. In addition, these other perspectives in a client's narrative served a "restitutive" function, similar in its effect to Hepworth and Turner's notion of confession, as a "ritual of inclusion" (Hepworth and Turner, 1982: 28). In this sense, my clients' private acts of redefinition and reconstruction eased their usual sense of marginalization, and they also served to connect them with a broader dialogue, thereby

rendering their intra-personal problems public.

The Private Narrative's "Coming Out"

Annie was, for a time, pre-occupied with finding proof of her abuse.

Memories she believed equaled truth and without them her experience would remain invalid. Although, as we have noted, her unconscious and her body offered her other kinds of validation, which she eventually came to accept, they were not traditional forms of empirical proof. Her pursuit reflects a wider search for validation (Cornell, 1995). Her struggle represents the problems that many researchers have with employing an objective form, like the narrative, in research that deals with subjective experience. This section considers some of those reservations and provides, as well, some useful sociological perspectives which support its use.

My uniting literature and ideas from therapeutic and sociological fields was a move that came about quite naturally in trying to make greater sense of my clients' quests such as Annie's search for truth. As I have already noted throughout this discussion, my client's narratives have some inherent problems, including their use as empirical evidence. In my ongoing attempt to establish the authority of the narrative in research, as well as to locate and understand the narrative's role in the remaking of self-identity and determining the validity of one's experience, I found support in William Cronon whose primary analytical focus has been with the place of the

narrative in the representation of history. He writes, "narrative is the chief literary form that tries to find meaning in an overwhelmingly crowded and disordered chronological reality" (Cronon, 1992: 1349).

But, in virtually the same breath, Cronon also raises several doubts on the reliability of this method because it obscures as well as enlightens.

In the act of separating story from non-story, we wield the most powerful and dangerous tool of the narrative form. It is a commonplace of modern literary theory that the very authority with which narrative presents its vision of reality is achieved by obscuring large portions of that reality. Narrative succeeds to the extent that it hides the discontinuities, ellipses, and contradictory experiences that would undermine the intended meaning of its story. Whatever its overt purpose, it cannot avoid a covert exercise of power: it inevitably sanctions some voices while silencing others. A powerful narrative reconstructs common sense to make the contingent seem determined and the artificial seem natural.

Cronon, 1992: 1349-50.

His observations highlight the inconsistencies and selectiveness of the narrative form. His concern with what the narrative obscures from our view is no doubt widely held. In fact, it is difficult to disagree with anyone who comments critically upon the problems of reliability and objectivity that are inherent in the narrative form. Yet I must do so here.

From a strictly therapeutic perspective, one based on my role as a therapist/participant observer, a client's story cannot be altered merely to satisfy another's sense of accuracy; it has to speak for itself. In fact, it does speak for itself. My overwhelming experience has been that, by insisting that a client's story stand alone, we -- the client and the therapist -- eventually witness the birth of an internally constructed and regulated system of validity

and self worth, which no amount of other applied quantitative or qualitative method could produce or fabricate, and which is remarkably reliable and “objective.” In standing by my clients’ narratives, and their relative accuracy and validity, I find support in Ken Plummer. He provides a helpful perspective for conceptualizing, as research, this analysis of the narratives and the results which have come from my private practice.

In offering a symbolic interactionist analysis of what he refers to as the "pragmatic connection," Plummer calls for pursuing other possible and non-traditional ways of valuing the narrative above and beyond a definition that has been externally produced and validated. And he writes,

. . . the concern is less directly with truth, and more with matters of consequence: to consider the consequences of saying a particular story under particular circumstances. In this lies much of the power of story analysis. Stories help people to say certain things at certain times and in certain places, and likewise not to say them at others. Sexual stories can now be examined for the roles they play in lives, in contexts, in social order.
Plummer, 1995: 172.

Whereas Plummer's penetrating insight into the power of the narrative and its consequences focuses on the interplay which occurs as a personal viewpoint is accepted or rejected by the social one, Martin Koli's gaze, which has still more in common with my own work, is fixed on the interpersonal implications of reading of such stories. He suggests, "One could say that an autobiographical narrative informs us about how the subject thematizes and constructs his own biography (in a given situation) and, by doing this, reaffirms (or even constitutes) his identity, and plans his actions. This is an

important topic in its own right . . . " (Koli, 1981: 70). In this sense, Koli precedes me in establishing individual narrative construction by the client/teller/writer as a pursuit worthy of research and provides additional support for narrative analysis.

Further Paul Thompson presents a simple and most persuasive argument for those doubters who might still dismiss the value of the narrative genre.

For the sociologist disillusioned with the crude mass empiricism of the quantitative survey, and the aggregating of masses of data abstracted from their sources in timeless, impersonal slices, the life history appears to offer information which is from its very nature coherent, rooted in real social experience; and is therefore capable of generating wholly fresh sociological insights as opposed to the self-reflecting answers of predetermined questions.
Thompson, 1981: 292.

And further, in his discussion of the place of "life stories" in sociological research, Daniel Bertaux expresses a point of view that supports not only Thompson's conclusion, but my own position, regarding the strength of narrative analysis.

. . . the concern with representativity of samples, with data analysis, with proof, can be met also with this reputedly 'qualitative' approach, and that this approach yields even more: a direct access to the level of social relations which constitute, after all, the very substance of sociological knowledge.
Bertaux, 1981: 31.

A strong case can thus be made for using sexual abuse stories, as evidence, in a sociological analysis which might satisfy the need of clients, such as Annie: to see them and to have them seen as "objective."

Additional credence for this analysis comes from Dorothy Smith who looks at the theme of story creation slightly differently. Her focus rests on the wider effect of these individual constructions. It is her contention, that "Each speaker from a new site discloses a new problematic for inquiry" (Smith, 1987: 223). Together the problematic of each narrative amounts to what is an expansion of "the consciousness of society from the standpoint of women" (Smith, 1987: 223). The value of Smith's perspective is thus derived, first, from within the individual and, then, from what insight these experiences create collectively. Each story stands therefore as an important contribution in its own right. It is particularly upon this premise that I rest my work.

There remain however several serious problems which I continue to recognize in using these stories as data. To begin, one involves my status and position, namely, my dual role as therapist and researcher. Though he attests to the importance of such stories and their construction, Denzin reminds us that there are actually two stories being written, as we, in our roles as researchers, attempt to relay the experiences of our clients and/or subjects to others. In commenting on the relationship of researcher and of subject to the experience of narration and our mutual role in their creation, Denzin explains,

As we write about lives, we bring the world of others into our texts. We create differences, oppositions, and presences which allow us to maintain the illusion that we have captured the "real" experiences of "real" people. In fact we create the persons we write about, just as they create themselves when they engage in storytelling practices. Denzin, 1989a: 82.

Certainly, I was not inclined to manipulate the experiences of my clients either in my capacity as therapist or researcher although I acknowledge the validity of Denzin's observation.

No doubt most therapists have wondered, as I have, if the telling of clients' sexual traumas to an audience beyond the therapeutic environment was indeed worthwhile in light of enduring public scrutiny and risking a widespread invalidation or even a dismissal of the clients' experiences and understandings. Since beginning this project, I have placed these concerns at the forefront. I remain sensitive to the issue of making public the stories that my clients have entrusted to me and I am also aware of the unpredictable risks to them.

In pursuing this particular concern, I again found Dorothy Smith to be most helpful. She satisfactorily addresses the ethics of this concern in the following excerpt from *The Everyday World as Problematic*.

The fulcrum of a sociology for women is the standpoint of the subject. A sociology for women preserves the presence of subjects as knowers and actors. It does not transform subjects into the objects of study or make use of conceptual devices for eliminating the active presence of subjects. Its methods of thinking and its analytic procedures must preserve the presence of the active and experiencing subject.
Smith, 1987: 105.

Finally, as my initial intent to transmit these accounts to an outside audience was beginning to be realized, I had another personal doubt regarding my ability to communicate these stories and to relay them with any

degree of authenticity. Here the words of Clifford Geertz are encouraging. According to Geertz, I was hardly alone in either my attempt to locate a legitimate perspective from which to relay someone else's story or in my considering them as a legitimate source of sociological research. It is his contention that all of us who are engaged in research, are straining to get a handle on the authentic transmission of another's stories. In his words, "The burden of description, saying what it is others are saying, is not so easily shed" (Geertz, 1983: 374). These words apply equally well to my clients.

In short, the "coming out" of the narrative into public view was a process that involved addressing problems for the client, and for myself, as therapist and as researcher. It involved moving from the individual's world to the social world, in order to more fully validate as authentic, discoveries made in the context of reflexive therapy, about the nature and impact of sexual abuse. It was a step that needed to be taken by my clients. But it also was a step that I needed to take and will continue to pursue.

In finding support and even confirmation of my therapeutic approach from another discipline, sociology, I have acquired some reassurance that what I have observed, and what I have seen work in therapy, amounts to more than subjective projections of the client and the therapist. In fact, these observations are grounded "objectively," receiving support and finding verification in the theoretical and empirical studies on related sociological issues. Such support and verification lend credence to my therapeutic

approach, but perhaps most importantly it lends “objectivity” to the stories themselves. This has allowed me to pursue this line of therapeutic inquiry with considerably more confidence. As I become more convinced of its legitimacy, so too, in turn, will my clients find in their narratives the “authenticity,” “truth,” and social validation that they, like Annie, so desperately need and seek.

CONCLUSION

Analytical therapy has traditionally placed its emphasis on the intra-personal dimension of self transformation. In contrast sociology has historically placed its primary focus on collective transformation. My interest, as a practicing analytical therapist researching applied sociology, has been to explore the space between the intra- personal and the social experience of self. In pursuing this interest, a main purpose of this study was to apply another field of inquiry besides therapeutic analysis, namely sociological arguments and explanations, to my clients' abuse experiences and their narrative productions. This dual perspective has provided me with a new way of seeing my clients and, one hopes, of contributing to sociological knowledge a new viewpoint on a significant personal experience: sexual abuse.

Early on in my practice, in an effort to better understand the story-telling process, I came to read Michael White and David Epston (White and Epston, 1990), who were pioneers of narrative therapy. My attraction to their model, simply put, lay in the notion that the client, after having so much taken from her through her abuse, could be restored to a position of relative command of her past, by means of her own narrative production. The story that we could co-construct, in other words, was preferable to the stagnant one she had brought with her into therapy.

While White and Epston's model begins with sociological thinking, borrowing, for example, from Foucault's ideas about the power/knowledge

relationship (Foucault, 1980a) and Goffman's notions of interpretative frameworks (Goffman, 1967), I nevertheless came to view it, like many theories for psychological practice, as quite formulaic and reductionist. In addition this approach stressed cognitively oriented solutions whereas my clients were seeking holistic treatment. Somewhat ironically, in the attempt to capitalize on the regenerative quality that this and other approaches seemed initially to offer, neither my clients nor I remained entirely loyal to any one approach. The eventual success of my clients' self reconstructions depended upon our continuous and holistic reinterpretation of the stories before us, and in drawing upon their own creative associations and symbols.

In my clinical experience, women undertake therapy in order to describe their experiences of sexual abuse, which we together reflexively analyze. Initially, I did not regard these communications of trauma, as stories or narratives. Rather, I viewed them as words and metaphors which began increasingly to pervade my therapeutic approach. They entered into my thinking in much the same way as the concept of "survivor" had generally come to dominate the sexual abuse discourse of recent years. Further, I noted, a great many of my clients underwent a process of change through this course of personal narration which deeply affected them both intra-personally and socially. In the course of this process, I also increasingly came to appreciate the extent to which shifting public perspectives and language on the phenomenon of sexual abuse influenced and even defined my clients' relationships to their own accounts. This thesis therefore began with my own awakening to the nature and significance of

that therapeutic and social interaction.

The journey to reclaim certainty, and the implications that such processes hold for sociologists and therapists alike, is a complex one which ultimately is established only by the client herself, and in our case, in collaboration with the therapist. Here, I agree with Denzin's comment, that "persons are the best observers of their selves and can tell stories that accurately reflect their lives," (Denzin, 1992: 90) This is perhaps what we must regard as valid. This is clearly substantiated in the narratives included herein.

Together, these chapters and the accounts they contain provide specific insights into the impact of sexual abuse trauma as well as into how the narrative affects self-identity, why external discourse can hamper the integrative process, and why, in these cases, the individual and society must address these private troubles as public issues. As my clients struggled in therapy, and in their own lives, to introject their own voices, into what they and I recognized to be an externally imposed a priori public script, but which loudly insisted on representing them, only then were unique outcomes produced. At the heart of a process that required creativity from each of us, developed a transformation of perception in terms of the client's view of herself and my perspectives on her both within her peopled world and in relation to her intra-personal experience of her abuse. Ultimately, for us, individual reconstructions proved to be the most powerful and self-sustaining. Afterwards, the reconstructed narrative became predominantly situated in her life in the way that her abuse had necessarily been. I argue

that it is within this shift of perspective by the client that the significance of my therapeutic work lies. Sociological theory has been key to explaining why this is so and what it is that has happened.

Different dimensions of my client's therapeutic accounts have been emphasized in each of Chapters Three through Six, my storied chapters. Collectively, these accounts demonstrate private and isolated attempts at a reunification with a self from which they have become estranged. Each of these clients and their strategies demonstrate a departure from pre-therapeutic, socially constructed descriptions of their experiences as well as departures from more traditional and formalized therapeutic methods. The stages of reintegration and self-acceptance become evident as each narrative is begun, reworked, and concluded. Such re-integrative work, it was always observed, inevitably encompassed internal, external, unconscious, conscious, social, cultural and embodied aspects of self.

More specifically, Chapter Three, "Locating the Self: The Language of Survival," explored, through the medium of one representative story, the perceptions of a great many of my clients who needed to locate themselves, by themselves, against such powerful outer and collective attempts to define and describe them and their sexual abuse experiences. This chapter established why it becomes necessary for the client to turn away from these external constructions, if she is genuinely to hear her own voice and then to heed its call.

In their form, content, and presentation these stories reflected not only my client's reality but also some significant aspects of my scholarly

journey. I came to recognize that this imposition of social constructions upon my client's experiences had a counterpart in sociological discourse. To illustrate, Dorothy Smith's idea (Smith, 1987) of the necessity of women's research being conducted within the experience one is seeking to describe, brought both insight into and validity to my role as researcher. Moreover, the power and immediacy of my clients' narratives supports Smith's claim that this is where women's lives unfold. These narratives demonstrate Smith's contention that women have remained outside of the powerful dialogues that shape their existence. This insight, in turn, lends credence to my clients' struggles with their personal feelings of voicelessness.

What followed in Chapter Four, "The Reflexive Process: Trauma, Dreams, and Remembering," was a deeper analysis of this process of inward turning, as it occurred in reflexive therapy. It explained why, when faced with the horrors of her trauma, a client may prefer to cling to a fragmented and painful, yet largely superficial understanding of her experience. She does this in an effort to avoid a potentially deeper and even more painful delving into what had been done to her. Here too was where often the client may ultimately call upon her inner creative potential, to extract and familiarize herself with the very source of her pain, in an effort to reconnect her fragmented self to her social world, and in so doing, to fully rejoin a wider circle of significant relationships. This discussion unites an intra-personal experience with a sociological theory, in the form of reflexive transformation, the process of stepping outside of oneself to see oneself. In this fashion, I was able to establish a means of uniting the inner experience

with the outer experience, and then to explain their interconnectedness. Theory provided the means for translating to a non-therapeutic audience a highly subjective experience.

The symbolic nature of the therapeutic communication and the importance in perceiving and understanding clients' tentative and veiled expressions as key elements in an otherwise unseen world, were further explored in Chapter Five, "From Silence to Narration: Exposing and Interpreting the Fragmented Self." In emphasizing the difficulty of voicing a story, this chapter pointed clearly to the importance of a hermeneutic understanding of the process, of examining the telling of a story in its entirety, in order to make sense of what is being said. This private world contains fragile, intensely personal material that only therapy can mediate, but which sociology can help to explain. Sociological explanations were essential, for example, in making sense of the client's desire to speak, despite a multitude of good reasons for remaining silent. The intensity and importance of the client's longing for a social reflection of her intra-personal trauma was made clearer and more understandable within a sociological framework, as the writing of this thesis progressed.

My final storied chapter, "Sexual Abuse: Private Worlds, Public Worlds, and the Pursuit of Certainty," looked in depth at the separate issues which surround internal and external validation, especially at those issues which block the free and public expression of deeply private stories. In this regard, I have found that contradictions between intra-personal and public demands for validity, and the sometimes very evident collective

unwillingness to believe claims of sexual abuse, have generally served to alter, often negatively, the client's perspective on what has happened to her. Public doubts can seriously shake the client's certainty of her own experience. The narrative, as I came to learn first hand through my clients' pursuits and in gathering sociological evidence, is ultimately a self-verifying enterprise. Whether, of course, these narratives represent any ultimate "truth" is largely a mute point. As Richard Sennett has argued, "The psyche dwells in a state of endlessly becoming – a selfhood which is never finished" (Sennett, 1998:133) My thesis, I recognize, has thus focused on relatively brief periods in a lengthy and ceaseless production of the self.

My clients' stories have illuminated several key points which align and enhance sociological and therapeutic interpretations of self-perception and self-presentation. They have shown that the public understanding of the clients' experience alters their private interpretation. Accordingly, one message which strongly permeates this project is that private and public interpretations need to be considered together as their influences on the person are inseparable. My clients demonstrate this point powerfully as many initially struggle to make their stories fit an external standard of validity which does little more for them than accentuate the existing self doubts caused by their own fragmented memories, by family denial of their experience, and by their own diminished sense of self authority. This interrelationship between private and public has been illustrated repeatedly in these accounts if only by the strength of my clients' desire to speak and to establish a significant social connection; which is ultimately so powerful as to

override their pervasive fears of exposing long held secrets, of being disbelieved, or of being held responsible for what has happened to them.

This thesis has also demonstrated a need for enhanced therapeutic awareness with regard to how the imposition of prevailing interpretations, including those existing in popular self help literature, act upon the client to shut down their creative capacity for self-interpretation. Simultaneously it makes the point that the cultivation of the clients' internal perspective fosters an empowered sense of self. In the attempt to disentangle oneself from popular explanations many clients are enabled in their development of an internal perspective by way of a reflexive narrative process which employs the clients' self-produced symbols to encapsulate and explain their trauma to themselves and others for the first time. Such a reflexive process of disentanglement closely and necessarily considers the relationship between private and social experiences of self as one cannot be wholly understood in isolation from the other.

In seeking to give credence to both the internal and external dimensions of my clients' experiences, I have adopted an approach to counselling which I call reflexive therapy. The reflexive approach that I develop in practice and in theory during the course of this thesis (see Chapter Four) has been borne out of my combined therapeutic and sociological interests and is based on a definition of reflexivity that is generally shared by both disciplines. This method of analysis, then, is a product of this thesis. I have described it generally as a consciousness about being conscious which operates inner and intra-personally for the

client, as well as for the researcher and therapist, to bring about multiple versions of validity or perspectives on any single experience.

This thesis makes another related contribution to sociological and therapeutic discussions. It develops the idea that a bridging of private and social aspects of experience can foster a self reconstruction that is holistic. My clients' accounts demonstrate a movement towards holism and integration at all experiential levels. This is a unity that they seek independently of my influence and which has affected the way that I view both therapeutic and sociological ideas about the self.

Finally, the first hand experiences of my clients have illustrated that an intimate experience needs to be researched, re/interpreted and presented from an immediate or local perspective. This supports sociological arguments for the same (See Smith, 1990a, 1987; Stanley and Wise, 1993; Rose, 1996; Ragin and Becker, 1992 and others). My clients' subjective accounts provide that invaluable perspective.

The above messages have emerged with consistency from my participation in hundreds of sexual abuse accounts over the last decade or more. These are social themes that needed to be linked to sociological ideas and arguments. There exists currently a sociological vacuum into which such local, subjective, symbolic, and intra-personal work on the self may flow. Burkitt's discussion of the body as soul and his exploration of the inseparable dimensions of self comes closest to existing work which opens up that discussion (Burkitt, 1998). Likewise, Rose's inquiry into "practices of subjectification" (Rose, 1996 :186) and "narratives of feeling"

(Rose, 1989: 248) touch upon interests which border some of the ideas that have been introduced and further explored in this thesis.

The project of conducting research from the perspective of my therapeutic practice has also produced insights, questions, and implications for future research and practice. From a combined sociological and therapeutic vantage point I see, for example, a need for further amplification of my clients' practice of using symbols as a dual medium for understanding and communicating their experiences of self, while simultaneously buffering this emerging self from the scrutiny of others. This application of the symbol as a method of communication uniquely bridges the subjective, intra-personal realm with the social and thus warrants further study.

From a strictly therapeutic standpoint, I am interested in how long lasting these reintegrations, that my clients have effected for themselves, through therapy, will be. I wonder too how well defined is the clients' own sense of self, as separate from my own sense of them, at the termination of therapy. In other words, how enmeshed have our objectives become through the course of reconstructing these accounts? Does the powerful sense of having been damaged return to overwhelm these apparent reintegrations once the client is independent of the counselling relationship? The feedback that I have received on these issues has informed me that the changes effected through therapy have been sustained, at least in the short term. As yet, however, I have not been in practice for a sufficiently long time to receive feedback on or to assess my clients' longer term status.

Obversely, I am also curious about that group among the sexually

abused population who choose not to pursue therapy. Do they effect similar resolutions of their abuse experiences free of therapeutic intervention? Do they indeed fare better as a result of tackling their abuse issues independently? Unfortunately, therapeutic and sociological literature have not yet sufficiently addressed this matter.

The work of this thesis has made me aware of a couple of other areas which my study does not magnify, due primarily to my limited expertise and/or limited resources. Foremost, sexual abuse and my clients' sense of symbolic disembodiment are, from the perspective of my practice, importantly linked and extremely problematic, frequently leading to a client's repeated abuse of her physical self and even suicide. As demonstrated by these accounts, self identity and the body are inseparable. The recovery of the body from sexual trauma and its associated fragmentation need to be given greater attention and understanding from both a therapeutic and sociological perspective.

I also do not attempt to deconstruct here my clients' employment of language nor their communicative processes. The language, for instance, that my clients choose to make sense of themselves has not been rigorously scrutinized. As a case in point, the type of symbolic analysis that we undertake with dreams could be more broadly applied to language selection and employment. A close analysis of these processes which are also rooted in social and cultural processes would no doubt fortify our understanding of, for example, symbolic interactions and feminist interpretations of the self. The body and language which a great many of my clientele present as

constituent parts of themselves, yet which the sexual abuse experience has for a time at least separated them from, warrant lengthy studies in their own right.

In closing, I hope that those involved in sociological enquiry and therapeutic practices, if they gather anything from this study, will listen attentively and with a fresh ear to the individual's account and to what a client's integration of her sexual abuse experience tells them about her intrapersonal relationships as well as her relationships to her peopled worlds. In the case of each client considered here, their re-integrative processes needed to embody social elements initially beyond their reach, which I could mediate as therapist and amplify as sociologist. Through the writing of this thesis I have come to strongly understand that the therapeutic environment must not be maintained as a closed circle. Just as the client needs to reflexively reach both inside and outside of herself for fresh insights and feedback, so too must the therapist and sociologist reach more deeply inside of and beyond their own familiar domains.

This thesis has worked to address, through narrated accounts of sexual abuse experiences, the interconnectedness between the intrapersonal and social worlds of sexual abuse victims, as revealed in reflexive therapy. As such, Nikolas Rose has eloquently stated what I also have come to understand in my journey as therapist/participant observer and which I have attempted to demonstrate in this study. He writes,

Although we are, no doubt, neither at the dawn of a new age nor at the ending of an old one, we can, perhaps, begin to discern the cracking of this once secure place of interiority, the disconnecting of some of the lines that have made up this diagram, the possibility that,

if we cannot disinvent ourselves, we might at least enhance the contestability of the forms of being that have been invented for us, and begin to invent ourselves differently.
Rose, 1996: 197.

BIBLIOGRAPHY

Abrahams, Roger. D. 1986. "Ordinary and Extraordinary Experience." In *The Anthropology of Experience*. Victor W. Turner and Edward M. Bruner (eds.) Urbana and Chicago: University of Illinois Press.

Allen, John. 1988. *Inscapes of the Child's World*. Dallas: Spring Publications.

Anderson, Harlene, and Harold A. Goolishian. 1988. Human Systems as Linguistic Systems: Preliminary and Evolving Ideas About the Implications For Clinical Theory. *Family Systems Theory*, 27, 4: 371-93.

Archdiocese of St. John's. 1990. *The Report of the Archdiocesan Commission of Inquiry into the Sexual Abuse of Children by Members of the Clergy, Vol. 1*. St. John's: Archdiocese of St. John's.

Archdiocese of St. John's. 1990. *The Report of the Archdiocesan Commission of Inquiry into the Sexual Abuse of Children by Members of the Clergy, Vol. 2*. St. John's: Archdiocese of St. John's.

Ariès, Philippe. 1981. *The Hour of Our Death*. London: Allen Lane.

Badgley, Robin F. 1984. *Sexual Offenses Against Children. Report of the Committee on Sexual Offenses Against Children and Youths. Vols. 1 and 2; Summary*. Ottawa: Minister of Supply and Services Canada.

Bagley, Chris. Mental Health and the In-Family Sexual Abuse of Children and Adolescents. In *Sexual Abuse of Children in the 1980s: Ten Essays and an Annotated Bibliography*. Benjamin Schlesinger (ed.) Toronto: University of Toronto Press.

Barr, Marleen S., and Richard Feldstein. (eds.) 1989. *Discontented Discourses: Feminism/Textual Intervention/Psychoanalysis*. Urbana and Chicago: University of Illinois Press.

Bart, Pauline B., and Eileen Geil Morgan. (eds.) 1993. *Violence Against Women*. London: Sage Publications.

Bass, Ellen, and Laura Davis. 1988. *The Courage to Heal*. New York: Harper and Row.

Bauman, Zygmunt. 1989. *Modernity and the Holocaust*. Ithaca: Cornell University Press.

Beck, Ulrich. 1992. *Risk Society*. London: Sage Publications.

Becker, Howard S. 1992. "Cases, Causes, Conjunctures, Stories, and

- Imagery." In *What is a Case?* Charles C. Ragin and Howard S. Becker. Cambridge: Cambridge University Press.
- Becker, Howard S. 1986. *Writing For Social Scientists*. Chicago: University of Chicago Press.
- Beckett, Samuel. 1965. *Three Novels by Samuel Beckett*. New York: Grove Press.
- Belenky, Mary Field, Blythe McViker Clinchy, Nancy Rule Goldberger, and Jill Mattuck Tarule. 1986. *Women's Ways of Knowing*. New York: Basic Books.
- Benjamin, Jessica. 1988. *The Bonds of Love*. New York: Pantheon.
- Berg, Bruce L. 2001. *Qualitative Research Methods for the Social Sciences*. 4th ed. Boston: Allyn and Bacon.
- Berg, Temma F., Anna Shannon Elfenbein, Jeanne Larsen, and Elisa Kay Sparks (eds.) 1989. *Engendering The Word*. Urbana and Chicago: University of Illinois Press.
- Berger, Peter. 1969. *A Rumor of Angels*. New York: Doubleday Anchor.
- Berger, Peter, and Thomas Luckman. 1967. *The Social Construction of Reality*. New York: Doubleday and Company.
- Bertaux, Daniel. (ed.) 1981. *Biography and Society*. Newbury Park: Sage Publications.
- Bettelheim, Bruno. 1979. *Surviving and Other Essays*. New York: Knopf.
- Blume, E. Sue. 1990. *Secret Survivors*. New York: John Wiley and Sons, Inc.
- Bly, Robert. 1997. *The Sibling Society*. New York: Vintage Books.
- Bolker, Joan. 1995. Forgetting Ourselves. *Readings*, 10, 2:12-15.
- Brownmiller, Susan. 1975. *Against Our Will: Men, Women and Rape*. New York: Simon and Schuster.
- Bruner, Jerome. 1987. Life as Narrative. *Social Research*, 54, 1: 11-32.
- Burgess, Ann, Nicholas Groth, Lytle Holstrom, and Suzanne Sgroi. 1985. *Sexual Assault of Children and Adolescents*. Lexington, Mass: Lexington Books.

- Burke, Kenneth. 1989. *On Symbols and Society*. Chicago: University of Chicago Press.
- Burkitt, Ian. 1999. *Bodies of Thought*. London: Sage Publications.
- Bynum, Edward Bruce. 1993. *Families and the Interpretation of Dreams*. New York: The Haworth Press.
- Carey, James T. 1989. *Communication as Culture*. Boston: Unwin Hyman.
- Catani, Maurizio. 1981. Social Life History as Ritualized Oral Exchange. In *Biography and Society*. Daniel Bertaux (ed.) London: Sage.
- Clifford, J., and G.E. Marcus (eds.) 1986. *Writing Culture: The Poetics and Politics of Ethnography*. Los Angeles: University of California Press.
- Cornell, William. F. 1995. A Plea for a Measure of Ambiguity. *Readings*. 10, 2: 4-12.
- Coulter, Jeff. 1979. *The Social Construction of Mind*. Totowa, NJ: Roman and Littlefield.
- . 1994. *The Importance of Disappointment*. London: Routledge.
- Craib, Ian. 1989. *Psychoanalysis and Social Theory*. New York: Harvester Wheat Sheaf.
- Cronon, William. 1992. A Place for Stones: Nature, History, and Narrative. *The Journal of American History*. 1, 1347-76.
- Cummings, Anne L. 1998. Helping Clients Uncover Metaphoric Understandings of Bulimia. *Canadian Journal of Counselling*, 32, 3: 230-41.
- Davis, Laura. 1991. *Allies in Healing*. New York: Harper Collins.
- Demarrais, Kathleen Bennett. (ed). 1998. *Inside Stories: Qualitative Research Reflections*. New Jersey: Lawrence Erlbaum Associates, Publishers.
- Denzin, Norman K. 1987. *The Alcoholic Self*. Newbury Park: Sage Publications.
- . 1989a. *Interpretive Biography*. Newbury Park: Sage Publications.
- . 1989b. *Interpretive Interactionism*. Newbury Park: Sage Publications.
- . 1992. *Symbolic Interactionism and Cultural Studies*. Cambridge, Mass.: Blackwell.

- Denzin, Norman K. and Yvonna S. Lincoln. (eds). 1998a. *Collecting and Interpreting Qualitative Materials*. Thousand Oaks: Sage Publications.
- . 1998b. *The Landscape of Qualitative Research*. Thousand Oaks: Sage Publications.
- Des Pres, Terrence. 1980. *The Survivor: An Anatomy of Life in the Death Camp*. New York: Oxford University Press.
- Douglas, Mary. 1966. *Purity and Danger*. London: Routledge Kegan and Paul.
- Dreyfus, Hubert L., and Paul Rabinow. (eds.) 1982. *Michel Foucault: Beyond Structuralism and Hermeneutics*. Chicago: University of Chicago Press.
- Engel, Beverley. 1989. *The Right to Innocence*. Los Angeles: Jeremy P. Tarcher.
- Epston, David. 1984. A Story in a Story. *The Australian Journal of Family Therapy*. 5(2): 146-150.
- Feagin, Joe R., Anthony M. Orum, and Gideon Sjoberg. (eds.) 1991. *A Case for the Case Study*. Chapel Hill: The University of North Carolina Press.
- Featherstone, M., Mike Hepworth, and Bryan Turner. (eds.) 1991. *The Body*. London: Sage Publications.
- Felt, Lawrence F. 1987. "Take the 'Bloods of Bitches' to the Gallows": *Cultural and Structural Constraints Upon Interpersonal Violence in Rural Newfoundland*. St. John's: ISER.
- Ferrarotti, Franco. 1981. On the Anatomy of the Biographical Method. In *Biography and Society*. Daniel Bertaux (ed.) London: Sage.
- Finkelhor, David. 1984. *Child Sexual Abuse: New Theory and Research*. New York: The Free Press.
- . 1986a. *A Sourcebook on Child Sexual Abuse*. Beverly Hills: Sage.
- . 1986b. *Impact of Child Sexual Abuse: A Review of the Research*. *National Clearinghouse on National Violence*. Ottawa: Minister of Supply and Services.
- . 1989. New Myths about Child Sexual Abuse. *National Clearinghouse on National Violence*. Ottawa: Minister of Supply and Services.
- Finney, Lynne D. 1990. *Reach for the Rainbow*. New York: Putnam Publishing Group.

Fossum, Merle A., and Marilyn J. Mason. 1989. *Facing Shame: Families in Recovery*. New York: W. W. Norton.

Foucault, Michel. 1965. *Madness and Civilization*. London: Tavistock Publications.

---. 1972. *The Archaeology of Knowledge*. London: Tavistock Publications.

---. 1977. *Discipline and Punish*. New York: Pantheon Books.

---. 1980a. *Power/Knowledge*. Colin Gordon. Sussex: Harvester Press.

---. 1980b. *The History of Sexuality. Vol. I: An Introduction*. New York: Vintage Books.

Frankl, Victor. 1959/1984. *Man's Search for Meaning*. New York: Simon and Schuster.

Francis, Serena. 1990. *The Circle of Healers*. New Brunswick: Department of Indian Affairs.

Fraser, Sylvia. 1994. Freud's Final Seduction, *Saturday Night*. March.19-21, 56-59.

Freund, Peter E. S. 1990. The Expressive Body: A Common Ground for the Sociology of Emotions and Health and Illness. *Sociology of Health and Illness*, 12, 4: 452-77.

Fulford, Robert. 1999. *The Triumph of Narrative: Storytelling in the Age of Mass Culture*. Toronto: Anansi.

Gagnon, Nicole. 1981. On the Analysis of Life Accounts. In *Biography and Society*. Daniel Bertraux (ed.) London: Sage. 47-60.

Geertz, Clifford. 1983. *Local Knowledge*. New York: Basic Books.

Geertz, Clifford. 1986. Making Experience, Authoring Selves. In *The Anthropology of Experience*. Urbana and Chicago: University of Illinois Press.

Giddens, Anthony. 1991. *Modernity and Self-Identity*. Cambridge, UK: Polity Press.

---. 1992. *The Transformation of Intimacy*. Cambridge, UK: Polity Press.

Gilligan, Carol. 1982. *In a Different Voice*. Cambridge, Mass.: Harvard University Press.

Goffman, Erving. 1959. *The Presentation of Self in EverydayLife*. New York: Doubleday Anchor.

---. 1961. *Asylums*. New York: Doubleday Anchor.

---. 1963a. *Stigma*. Englewood Cliffs: Prentice-Hall.

---. 1963b. *Behavior in Public Places*. New York: The Free Press.

---. 1967. *Interaction Ritual*. New York: Doubleday Anchor.

Gordon, Sol. 1986. Sexual Abuse of Children: a National Hysteria? In Benjamin Schlesinger (ed.) *Sexual Abuse of Children in the 1980s*. Toronto: University of Toronto Press. 92-94.

Hacking, I. 1995. *Rewriting the Soul: Multiple Personality and the Sciences of Memory*. New Jersey: Princeton University Press.

Hankiss, Agnes. 1981. Ontologies of the Self: On the Mythological Rearranging of One's Life History. In *Biography and Society*. Daniel Bertaux (ed.) London: Sage. 203-210.

Harding, Sandra (ed.). 1987. *Feminism and Methodology*. Indiana: Indiana University Press.

Harris, Michael. 1990. *Unholy Orders; Tragedy at Mount Cashel*. New York: Viking Penguin.

Haugaard, Jeffrey J., and N. Dickon Reppucci. 1989. *The Sexual Abuse of Children*. San Francisco: Jossey-Bass.

Hepworth, Mike, and Bryan S. Turner. 1982. *Confessions*. London: Routledge and Kegan Paul.

Herman, Judith Lewis. 1992. *Trauma and Recovery*. New York: Basic Books.

---, and Harvey, M.R. 1993. The false memory debate: Social science or social backlash. *Harvard Mental Health Letter*, 9, 10: 4-6.

Hester, Marianne, Liz Kelly, and Jill Radford. (eds.) 1996. *Women, Violence and Male Power*. Philadelphia: Open University Press.

Hicks, Cynthia, and Rosonna Tite. 1998. Professionals' Attitudes about Victims of Child Sexual Abuse: Implications for Collaborative Child Protection Teams. *Child and Family Social Work*. 3, 37-48.

Hochschild, Arlie Russell. 1983. *The Managed Heart. Commercialization of*

Human Feeling. Berkeley: University of California Press.

Hughes, S.H.S., Q.C. 1991. *The Royal Commission of Inquiry into the Response of the Newfoundland Criminal Justice System to Complaints*. Vol. 1. St. John's: Office of the Queen's Printer.

---. *The Royal Commission of Inquiry into the Response of the Newfoundland Criminal Justice System to Complaints*. Vol. 2. St. John's: Office of the Queen's Printer.

Jacobi, Joland. 1974. *Complex/Archetype/Symbol in the Psychology of C.G. Jung*. New York: Bollingen Foundation.

Jackson, Stevi. 1982. *Childhood and Sexuality*. Oxford: Basil Blackwell.

Johnson, Robert A. 1986. *Inner Work*. San Francisco: Harper Collins.

---. 1991. *Owning Your Own Shadow*. San Francisco: Harper Collins.

Josselson, R., and A. Lieblich (eds.). 1995. *Interpreting Experience: The Narrative Study of Lives*. California: Sage Publications.

Jung, C.G. 1958. *Psyche and Symbol*. New York: Doubleday Anchor.

---. 1965. *Memories, Dreams, Reflections*. New York: Vintage Books.

---. 1968. *Man and His Symbols*. New York: Dell Publishing.

---. 1972. *Two Essays on Analytical Psychology*. Princeton: Princeton University Press.

---. 1974. *Dreams*. Princeton: Princeton University Press.

Kelly, Liz, Sheila Burton, and Linda Regan. 1996. *Sexualizing the Social: Power and the Organization of Sexuality*. New York: St. Martin's Press.

Kelly, Liz. 1988a. *Surviving Sexual Violence*. Cambridge: Polity Press.

---. 1988b. What's in a Name?: Defining Child Sexual Abuse. *Feminist Review*, 28, January: 65-73.

Klapp, Orrin. 1991. *Inflation of Symbols*. New Brunswick and London: Transaction Publishers.

Kohli, Martin. 1981. Biography: Account, Text, Method. In *Biography and Society*. Daniel Bertraux (ed.) London: Sage. 61-76.

Kunzman, Kristin A. 1990. *The Healing Way*. San Francisco: Harper and

Row.

Labovitz, Sanford, and Robert Hagedorn, R. 1976. *Introduction to Social Research*. New York: McGraw Hill.

Laidlaw, Toni Ann, and Cheryl Malmo. 1990. *Healing Voices*. San Francisco: Jossey-Bass Publishers.

Lasch, Christopher. 1984. *The Minimal Self*. New York: W.W. Norton.

Linden, R. 1993. *Making Stories, Making Selves: Feminist Reflections on the Holocaust*. Columbus: Ohio State University Press.

McCall, Michael M. 1990. The Significance of Story Telling. *Studies in Symbolic Interaction*. 11, 145-61.

McGoldrick, Monica, Anderson, Carol M., and Walsh, Froma (eds.) 1991. *Women in Families*. New York: W.W. Norton.

Mead, George H. 1933/1970. *Mind, Self, and Society*. Chicago: University of Chicago Press.

Melendy, Michelle. 1993. The Victim's/Survivor's Perceptions of Participation in the Hughes Inquiry. Unpublished M.S.W. thesis, Memorial University of Newfoundland.

Miller, Alice. 1984. *Thou Shalt Not Be Aware*. London: Pluto.

Mills, C.W. 1959. *The Sociological Imagination*. Oxford: Oxford University Press.

Mollon, P. 1996. *Multiple Selves, Multiple Voices: Working with Trauma, Violation and Dissociation*. Chichester: John Wiley and Sons.

Morrow, Susan L. and Mary Lee Smith. 1995. Constructions of Survival and Coping by Women who Have Survived Childhood Sexual Abuse. *Journal of Counselling Psychology*, 42, 1: 24-33.

Myerhoff, Barbara. 1992. *Remembered Lives*. Ann Arbor: University of Michigan Press.

Orr, Elaine Neil. 1987. *Tillie Olsen and a Feminist Spiritual Vision*. Jackson: University Press of Mississippi.

Pearce, Joseph Chilton. 1992. *Evolution's End: Claiming the Potential of Our Intellect*. San Francisco: Harper.

Plummer, Ken. 1995. *Telling Sexual Stories*. London and New York:

Routledge.

Porter, Marilyn. 1985. 'She was Skipper of the Shore-Crew': Notes on the History of the Sexual Division of Labour in Newfoundland. *Labour/le Travail*, 15: 105-23.

---. 1988. Mothers and Daughters: Linking Women's Life Histories in Grand Bank, Newfoundland, Canada. *Women's Studies International Forum*, 11, 6: 545-58.

Ragin, Charles C. and Howard S. Becker. (eds.) 1992. *What is a Case?* Cambridge: Cambridge University Press.

Reno, Janet. 1990. *Ishmael Alone Survived*. London: Bucknell University Press.

Ricoeur, Paul. 1969. *The Symbolism of Evil*. New York: Beacon Press.

Ricoeur, Paul. 1984. *Time and Narrative*. Chicago: University of Chicago Press.

Rogers, Rix G. 1992. *Reaching Solutions: The Report of the Special Advisor to the Minister of National Health and Welfare on Child Sexual Abuse in Canada*. Ottawa: Minister of Supply and Services.

Rose, Nikolas. 1989. *Governing the Soul: The Shaping of the Private Self*. London: Routledge.

Rose, Nikolas. 1996. *Inventing Ourselves: Psychology, Power, and Personhood*. Cambridge: Cambridge University Press.

Rowbotham, Sheila. 1973. *Woman's Consciousness, Man's World*. Middlesex: Penguin Books.

Sanford, John A. 1978. *Dreams and Healing*. New York: Paulist Press.

Schlesinger, Benjamin (ed.) 1986. *Sexual Abuse of Children in the 1980s*. Toronto: University of Toronto Press.

Scott, Sara. 1997. *The Politics and Experience of Ritual Abuse*, Unpublished Ph.D. thesis, Department of Sociology, University of Manchester.

Seligman, Adam. 1997. *The Problem of Trust*. Princeton: Princeton University Press.

Sennett, Richard. 1998. *The Corrosion of Character*. New York: W.W. Norton.

- Singer, June. 1990. *Seeing Through the Visible World*. San Francisco: Harper and Row.
- Smith, Dorothy E. 1987. *The Everyday World as Problematic*. Toronto: University of Toronto Press.
- . 1990a. K is Mentally Ill. In Dorothy Smith, *Texts, Facts and Femininity: Exploring the relations of ruling*. London: Routledge. 12-52.
- . 1990b. *Texts, Facts, and Femininity: Exploring the relations of ruling*. London: Routledge.
- . 1990c. *The Conceptual Practices of Power*. Toronto: University of Toronto Press.
- . 1999. *Writing the Social*. Toronto: University of Toronto Press.
- Spender, D. 1980. *Man Made Language*. London: Routledge and Kegan Paul.
- Spradley, J.P. 1979. *The Ethnographic Interview* Holt, Rinehart and Winston, New York
- Stanko, Elizabeth. 1990. *Everyday Violence*. London: Pandora.
- Stanley, Liz. 1990. *Feminist Praxis: Research, Theory and Epistemology in Feminist Sociology*. London: Routledge.
- . 1992. *The auto/biographical I*. Manchester: Manchester University Press.
- , and Wise, Sue. 1993. *Breaking Out Again*. London: Routledge.
- Stearns, Maurice A. (ed.) 1974. *Perspectives on Newfoundland Society and Culture*. St. John's: ISER.
- Stevens, Wallace. 1923/1982. *The Collected Poems of Wallace Stevens*. New York: Vintage Books.
- Strictling, Bonnell Lewis. 1990. Reclaiming the Inner Child: Jungian Dream Analysis. In Laidlaw, Toni Ann, and Malmo, Cheryl (eds.) *Healing Voices*. San Francisco: Jossey-Bass Publishers. 143-160.
- Strong, Paul M. 1979. *The Ceremonial Order of the Clinic*. London: Routledge and Kegan Paul.
- Thompson, Paul. 1981. Life Histories and the Analysis of Social Change. In Daniel Bertaux (ed.) *Biography and Society*. London: Sage.

- Tomm, Karl. 1987. Interventive Interviewing: Part II. Reflexive Questioning as a Means to Enable Self Healing. *Family Process*. 26, 2: 167-83.
- Turner, Victor. 1967. *The Forest of Symbols*. London: Cornell University Press.
- , and Bruner, Edward M. 1986. *The Anthropology of Experience*. Urbana. University of Illinois Press.
- Vella, Susan. 1992. False Memory Syndrome: The Latest Defense to Childhood Claims. *Jurisfemme*, Winter, 12, 4:1-2.
- Walby, S. 1990. *Theorizing Patriarchy*. Oxford: Blackwell.
- Weingarten, Karl. 1998. The Small and the Ordinary: The Daily Practice of a Postmodern Narrative Therapy. *Family Process*, 37, 1: 3-15.
- White, Michael. 1986. Negative Explanation, Restraint, and Double Description: A Template for Family Therapy. *Family Process*, 25, 2: 169-84.
- . 1988. The Process of Questioning: A Therapy of Literary Merit? *Dulwich Centre Newsletter*, Winter: 8-14.
- White, Michael, and David Epston. 1990. *Narrative Means to Therapeutic Ends*. Adelaide: Dulwich Centre Publications.
- Wiesel, Elie. 1990. *From the Kingdom of Memory*. New York: Summit Books.
- Wolf, Charlotte. 1986. Legitimation and Oppression: Response and Reflexivity. *Symbolic Interaction*, 9, 217-34.
- Wolf, Naomi. 1991. *The Beauty Myth*, New York: William Morrow.
- Woodman, Marion. 1982. *Addiction to Perfection*. Toronto: Inner City Books.
- . 1990. *The Ravaged Bridegroom*. Toronto: Inner City Books.
- . 1992. *Leaving My Father's House*. Boston: Shambhala.