A study of the impact of abuse on children, adult survivors and practitioners, and the implications for service delivery and therapeutic interventions.

Moira Walker

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Contents

Author's declaration

I declare that all the work presented in this thesis within *my body of work* is my own, with the exception of the jointly edited *Hidden Selves.*

In this jointly edited work I clearly indicate and include in Chapter 2 the chapters solely written by myself

Moira Walker

October 2005

This is to confirm that the work submitted here for a Ph.D. by Publication has not been submitted for any other qualification

Moira Walker

October 2005

A STUDY OF THE IMPACT OF ABUSE ON CHILDREN, ADULT SURVIVORS AND PRACTITIONERS, AND THE IMPLICATIONS FOR SERVICE DELIVERY AND THERAPEUTIC INTERVENTIONS.

MOIRA WALKER

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Abstract

This thesis presented for a Ph.D. by publication traces the progress of my work from 1988–2004. The portfolio and narrative herein developed demonstrates that the publications and their dissemination constitute a contribution to knowledge equivalent to that of a traditional doctorate.

This portfolio aims to demonstrate how my original contribution to knowledge has been a cumulative process developed from my on-going integration of practice and academic work and that this has substantially impacted on the understanding of childhood abuse on children and on the adult survivors they become, on practitioners working in the field, and on the implications for service delivery and therapeutic interventions.

I consider how practice has fed and focussed my thinking on areas subsequently studied, explored and described in these publications; and that these are fundamentally deeply rooted in and with survivors, but significantly extend to consideration of issues for practitioners. I examine how in order for survivors to be truly heard, their voice has to be communicated effectively and be translated into the development of appropriate responses. I have therefore demonstrated not only the intrinsic necessity of survivors of abuse being core to the whole process, but that educating practitioners is of parallel and equal importance, ensuring and facilitating safe and effective practice. I show how my work has made an effective contribution in these respects.

The thesis is presented in three chapters:

Chapter 1 describes and overviews the selected publications and contextualises these; explores the research journey; examines the methodological base and rationale, and considers the influence of practice. The twelve cited selected publications (Appendix B) are intertwined within the developing narrative, with particular focus on specific

key publications, notably the single authored *Surviving Secrets* (1992) and the jointly edited *Hidden Selves* (1999). Throughout, I reflect on my own learning and development academically and clinically, demonstrating the crucial significance of the interrelationship between these two. I refer to my publications to illustrate the progress of my development, how these have drawn on and fed back into practice, and essentially how survivors of abuse have continually remained at the very heart of my work.

Chapter 2 is the body of the work containing the cited articles and book chapters, including the most relevant chapters from *Women in Therapy and Counselling : Out of the Shadows* and *Hidden Selves.* The four books cited: *Surviving Secrets: the experience of abuse for the child, the adult and the helper; Hidden Selves: An Exploration of Multiple Personality,* and *Abuse: Questions and Answers for Counsellors and Therapists,* are attached separately.

Chapter 3 summarises the results of the published works demonstrating their original contribution to knowledge. As this portfolio extends over 16 years, and considerable work has taken place, for the sake of clarity I trace the impact of this body of work, and the contribution it has made, in respect of the four most significant pathways: education, training, practice, policy and service development. The chapter concludes by reflecting on both strengths and weaknesses of this body of work, including further consideration of the methodology used.

Chapter 1

Introduction

This chapter contextualises the twelve cited works and, where relevant, explores the methodology used. The selected list of relevant publications is included as Appendix B (and included in Chapter 2) and a complete list as Appendix A. Discussion of all the publications, and my reflections, will be intertwined within the developing narrative, with particular focus on key publications- the single authored *Surviving Secrets* (1992) and the jointly edited *Hidden Selves* (1999). Both use differently, but have at their core, a narrative approach to research with abuse survivors [1] and this will be illustrated and described.

The earliest publication (1988) *Features of Counselling work with Adult Survivors of Childhood Abuse* marked a tentative beginning, but triggered considerable interest encouraging further work leading to *Women in Therapy and Counselling* in 1990. This contained one chapter based on clinical experience of working with survivors and victims of violence (included in Chapter 2). The positive and extensive responses from survivors and service users[2], students and professionals encouraged a major project leading to the publication of *Surviving Secrets: the experience of abuse for the child, the adult and the helper*. This was based on in depth interviews with survivors of abuse and practitioners in the field. The response to this book was considerable, resulting in its widespread dissemination (Chapter 2).

Other published work, notably 'Working with abuse survivors: the recovered memory debate'(1996) in Bayne, R. and Horton, I. (Eds.) *New Directions in Counselling*;

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[1] The term 'survivor' is used to describe an adult who has experienced childhood abuse. It is used in preference to the term 'victim', reflecting the preference expressed by those abused as children. It celebrates their struggle as adults to overcome the pain of the past, when the child was indeed a helpless victim.

[2] It should be noted that not all survivors are also service users, although many are or have been either as children or as adults. Service user is here defined as a person who has used either statutory or voluntary services to assist them in difficulties they have experienced as a result of childhood abuse. These would include social services, clinical psychology and other mental health services.

'Working with abused clients in an institutional setting: holding hope amidst despair' (1996) in E. Smith (ed.) *Integrity and Change: Mental Health in the Market-place*, and 'Feminist Psychotherapy and Sexual Abuse' (1997) in Bruna Seu and Heenan (eds.) *Feminist and Psychotherapy* continue to incorporate the service user/client and the practitioner [3] perspective. This is combined with a theoretical analysis, questioning existing thought and practice, aimed at developing an integrated approach based on accurate understanding of survivors issues.

Other work has developed specialist themes present in the publications cited above: 'The inter-generational transmission of trauma' (*European Journal of Psychotherapy, Counselling and Health*, 1999) studies the impact of trauma across generations; the consequences of childhood abuse[4] on later parenting, and on children of survivors. The links between childhood abuse survival and holocaust survival were also explored. My inter- generational interest has been present since writing *Women in Therapy and Counselling* which incorporated a chapter (see Chapter 2) on three generations, and the patterns and influences identifiable across a century.

'Supervising practitioners working with survivors of childhood abuse: counter transference; secondary traumatization and terror'. *(Psychodynamic Practice, May 2004)* explores the impact of working with trauma on the practitioner, and their supervisor's role in managing the resulting consequences. Publications in 1993 and 2002, *The Aftermath of Abuse*, and *The impact of abuse: the client, the counsellor and the educational organisation*, reflect an ongoing interest in working with young people in an educational setting with a history of abuse –examined in Chapter 3.

Hidden Selves: an exploration of multiple personality (1999) was based on the experience of one survivor service user, and was written and edited with a long term

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[3] Although throughout the 16 years my own primary professional context has been that of counselling and psychotherapy, I frequently use the more generic and inclusive term 'practitioners' to both denote the wider relevance of the cited works and to give absolute recognition to those who inspired and assisted in my work, representing those practising across different care professions and the voluntary sector. Where 'counsellor' and 'psychotherapist' is used specifically, it denotes where the work was in that context.

[4] Childhood abuse is not defined here narrowly as sexual abuse, but throughout is understood as a continuum of abusive behaviours and acts perpetrated against the child including physical, emotional and sexual abuse. Definitions of abuse are included in my work, see *Abuse: Questions and Answers for Counsellors and Therapists*, 1-5.

mental health service user, both with multiple personalities[5]. This examined a highly controversial area that previously constituted one part of the project that resulted in *Surviving Secrets* (1992, 113-142) *Abuse: Questions and Answers* (2003) aimed to integrate theory and practice and to increase the knowledge base in an accessible form for practitioners.

1. The journey towards research:

The inception of this process predates the first piece of work presented (1988). Early in my career I worked in child protection social work, when child abuse was struggling to find a place on political, social and policy making agendas. Its actual existence was historically documented (Middleton, 1971; DeMause, 1976: Rush, 1980; Herman, 1981; Pollock ,1983; Hall and Lloyd, 1989) but remained conveniently sidelined unless forced into public awareness by undeniable and dramatic tragedy storming unbidden and unwelcome into the nations consciousness. Thus, the gap between evidence, belief and effective action was considerable. Denial ruled: as a 22- year-old social worker I struggled to believe a baby could be attacked, blinded and deafened by her father; and society struggled to face Maria Colwell's miserable life, suffering and finally death (DHSS, 1974).

I also struggled when a girl of thirteen , in care because of parental abuse, was further abused in residential care. Action (of a sort) was taken. The young abusive house father admitted a sexual 'relationship', arguing she was sexually active and enjoyed it. He was sacked: no further action was taken. I was told that girls 'like that' did 'attract' sex and not to feel upset. There was an implied but definite sympathy with the house father. I still wonder how many children he abused. This incident influenced my decision to involve young people in care when researching for *Surviving Secrets*. Indeed, reflecting on my work, an ever present feature is seeing, hearing and believing the unbelievable; of facing appalling abuse of children, of thinking I have heard the worst, only to be faced by further horrifying realities. No wonder many prefer not to know. However, once known it cannot be unknown and

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[5] For a definition of 'multiple personalities' or 'dissociative identity disorder' see *Abuse: Questions and Answers for Counsellors and Therapists*, 53.

needing to respond has been a continuous theme in my professional life, reflected in the development of my work.

I left social work in the late 1970's to take up a student counselling post. For the first time I fully recognised the connection between child victims and adult survivors. Retrospectively, I am amazed by my own tunnel vision. What did I think happened to abused children as they grew up? Making this connection was powerful. In my first week I met two young women with a history of childhood abuse, both ex-patients of mental health services, where their abusive history had been deemed insignificant. I was angry and disillusioned, but reflected that in my training and practice child protection was significant, but its ongoing impact was not. So why would this be different for other mental health professionals? Young people and adult abuse survivors seemed not to exist. Recognising the reality and pain of abused children was problematic: considering its impact on adults was a step generally untaken.

I was working both clinically and academically. I taught about violence in the family and child protection to different professional groups. I was increasingly aware that abuse survivors were invisible and inaudible, and that I was horribly part of the world that only saw so far. As a result, in my own work adult survivors began to feature. I started actively considering the on-going and life-long impact of childhood abuse. I reflected on my work with abuse survivors; I recognised more fully the appalling cocktail of pain and difficulties resulting from child abuse and the complicated dynamics that thereby arose in practice.

These reflections led me to undertake training in psychotherapy at Warwick University (1982/4). At that time approximately 30% of my caseload were abuse survivors. I wrote a case study on an abused client providing opportunity for in-depth study and reflection. Working with this client was a powerful experience and my determination to train others and undertake research was intensified by her experience on a psychiatric ward. Her psychiatrist commented that her childhood was irrelevant - she was now twenty-five and grown up. Her ongoing abuse, her witnessing of violence, and rape by her father at gunpoint was dismissed. I responded badly: outrage overcame my awareness that effective challenges are careful, reasonable and considered. The psychiatrist had power, labelling her attention seeking and

manipulative. The system further damaged her and ultimately she committed suicide after being sectioned under the Mental Health Act, a section I had tried to prevent.

Such experiences are formative and deeply influential. I recall thinking I should either leave or bite the bullet - I could not be a passive bystander. This was intensified by undertaking research (1984/5) with drug abusers: interviews were structured; abuse not asked about, but over 50% of interviewees voluntarily told stories of abusive childhoods. This connection is well documented in the literature (Herman, 1981; Hall and Lloyd 1989; Swan, 1998; Kendler, 2000; Zickler, 2002). Interviewing people needing to tell their stories and gaining relief, was a feature I held in mind , influencing the methodology for *Surviving Secrets*: telling stories was clearly powerful and empowering.

From 1986 I taught a course, 'Women in Therapy', as part of adult education training in counselling. Women found their voices and told their stories. This was not the intention but it was the result. They told me of their childhoods, their relationships with men and other women, and their children; of their struggles to be and find themselves. And they described violence they had suffered: of childhood abuse, adult domestic violence, and rape. They were extraordinarily diverse in age, background, educational achievement and culture and they took their learning into their personal lives and workplaces. I learnt there is no neat divide between survivor, parent, student, worker, professional, and service user: individuals encompass aspects of the many or all. This fluidity between roles, experiences and identities, is reflected in the work presented here. Nowhere is this more poignantly demonstrated than in the work resulting in *Hidden Selves*– my co-editor was my former student, a survivor, a service founder, my colleague, a service user, had severe disabilities, and, latterly became a writer.

My clinical experience expanded, including supervising practitioners. In 1988 a colleague asked me to write an article, based on my clinical experience, on working with abuse (Walker, 1988). After initially responding that I could not write, I did. It was short, well received, and contains the kernel of later ideas: that abuse erodes trust - the foundation stone of the person; that losses are central and huge; that 'badness' is

internalised; that acknowledging the perpetrator's responsibility is complex, and that abuse fragments the self . In a small way I felt writing had given a voice to survivors. Recognising that abuse silenced, and hoping that therapy broke the silence, I was nevertheless concerned that the survivor's secret became the secret of the therapeutic dyad.

The question of how to give survivors a louder voice began forming. I also began, crucially, to recognise that research need not be quantitative-as my education had suggested- but practice based research was fundamentally valid and significant. This recognition and this first publication, enabled me to find my voice. I tentatively began to believe I had something useful to say- I too wanted to be heard, and wanted others to hear. So my own process paralleled that of survivors, including some crises of confidence. An unexpected consequence has been that as I encouraged survivors to believe in themselves, they frequently, albeit unknowingly, have done the same for me.

As a direct result of teaching, counselling and interacting with women, *Women in Therapy – Out of the Shadows* was written, published in 1990. It has sold 4412 copies, and copies of 7 reviews, citation[6] details, and two chapters are in Chapter 2. It contains the genesis of later work: I had significant material that could not be included needing further investigation. So whilst completing *Women in Therapy* I was undertaking further research. for *Surviving Secrets.*

2. Surviving Secrets: the experience of abuse for the child, the adult and the helper

This book was published in 1992, based on research mainly undertaken between 1988 and 1990. To date 5225 copies have been sold, and copies of 16 reviews and citation details are included in Chapter 2.

At this time, the impact of child abuse on the child was beginning to be documented and researched (James, 1989; Finkelhor, 1979, 1984, 1986, Wolfe, 1987). Attempts

[6] Although Bournemouth University librarians have assisted valiantly with citation searches it proved an impossible task to track these completely: many citations are in books and there is no e-system for locating these. Many psychotherapy and counselling journals are not yet placed on Web of Science. Therefore, these citations are indicative but unlikely to be complete.

measures indicated a problem of magnitude and horror. Work on child development had demonstrated the necessity of safe attachment and a secure base (Bowlby,1988) for satisfactory development. It was recognised that children learn who they are through their earliest relationships. Stern (1985) described the 'dance' of baby/parent interaction, helping the child to know, recognise and value her/himself. It was beginning to be evident that children abused by significant care givers were in an impossible position: the person they needed and trusted for protection they also needed protection from and hence consequences were considerable and negative. The long-term effects of child abuse were beginning to be documented (Peters, 1984, 1988; Bagley and Ramsay 1986); and powerful and moving accounts by individual survivors entered the public arena (McNaron and Morgan 1982; Angelou, 1983; Spring, 1987). Some studies had specifically explored childhood abuse in the histories of psychiatric patients (Briere and Runtz, 1987; Craine et al; 1988; Chu and Dill, 1990; Palmer et al., 1992), discovering a high incidence of reported childhood abuse– between 44% and 63%.

However significantly missing were studies based on extensive and first hand accounts from survivors exploring their experiences; their perceptions of the impact of abuse on them as children and as adults, and of help received. My work filled this gap, based primarily on such narratives, also incorporating practitioner experiences. I wanted to identify and explore emerging themes, but uniquely these would emanate from survivors. My aim was to firstly acquire, and secondly, effectively communicate new knowledge by enabling survivors to speak about their lived experience of violence.

I aimed to disseminate this knowledge in an accessible but substantial book that neither patronised nor over simplified; not intimidating those without an academic background. I would consider and value practice, including chapters on therapeutic issues and processes. Unlike individual accounts, my research would uniquely enable many to speak: the book would extrapolate from their voices, exploring commonalties, core issues and implications for practice. I envisaged and envisioned that by tapping and communicating the survivor's voice in this way further dissemination would occur by running specialist courses and workshops attracting

survivors and non-survivors, professionals and volunteers, those with high levels of previous education, and those without.

This was based on a conviction and recognition that survivors had exclusive knowledge about childhood abuse and its impact on their developing worlds and relationships, not possessed elsewhere. To me it was fundamental to tap, understand, respect and utilise this knowledge in educating others, in considering therapeutic process, and in planning and evaluating services. Survivors were to be the unique core of the research and its most important tool.

3. Choice of methodology

Prior to undertaking this research, my own work indicated the objectification of abuse survivors -power was used against them; they existed for gratification of others. Punishment, minimisation or invalidation were common responses if they tried to tell, their words being reframed, misinterpreted, or categorised as evidence of lying and dishonesty, manipulation, or mental ill health. For many this continued throughout childhood into adulthood: denial and collusion was their tragic and on-going experience, including in health and social care. They were marginalised, misunderstood, and silenced. Therefore it was vital that the methodology did *not* repeat this experience of objectifying, disempowering, invalidating and failing to hear, but actively redressed this balance, by incorporating an entirely different and opposing philosophy that positively valued and actively heard their experiences. Hence narrative research was an obvious option.

Narrative research is most obviously traced to the early 20th century (Thomas and Znaniecki, 1927). Its development is 'characterised as an amalgam of interdisciplinary lenses ... all revolving around an interest in biographical particulars as narrated by the one that lives them' (Chase, 2005: 651). Within this amalgam I was particularly influenced by the women's movement and by feminist researchers which validated the significance of life stories and personal narratives, viewing these as the essence of, and essential to feminist research (Belensky et al., 1986; Personal Narratives Group, 1989). Using women's stories challenged existing knowledge, its acquisition, and the

culture and society they were embedded in. Wider challenges were a consequence but for feminists the primary significance remained the value and centrality of women exploring and expressing their perceptions of their worlds. Women were the subject and not the object. Paralleling this emphasis on women as subject was a focus on the person-hood of the researcher, and the impact of this, including scrutinising power aspects. Feminism and this philosophical and political discourse underpinned the approach selected although never implied omitting men from the study, as I always recognised that boys were victims too (Briggs, D. 1998; Bolton et al., 1989; Mendel, 1995).

Narrative research pays close attention to the relationship of the two participants. As a therapist this was congruent with my therapeutic stance. Indeed, narrative research and narrative approaches to therapy share commonalities: that story telling facilitates both expression and resolution, and that story hearing enables the listener to enter the world of another (Laird, 1989; Schafer, 1992; Parry and Doan, 1994). The therapy role holds as key paying careful attention; following the lead of the client, attending to their experience, managing uncertainty and having a calm and containing presence. I was familiar with not taking control in response to not knowing, but facilitating the development of a safe space whereby uncertainties could be explored. Narrative researchers move away from the tradition and constraints of a pre-ordained structure decided by them, and take second place. Narrative researchers can struggle with this (Reissman ,1990; Anderson and Jack, 1991) but struggle may be less when this approach mirrors previously developed skills and a prior philosophy.

I wanted to limit minimising survivors' stories: participants told their stories as they wished, controlling the topics raised without imposition. As far as humanly possible this proceeded without assumptions and presuppositions. As researcher my role was creating an environment in which the story could be told. As a methodology it is rooted in the individual's experience; in constructing their narrative, and in how they connect and make sense of their worlds. The respondent has the power: creating their own frame, with their experience firmly at the research centre. The story therefore is the research data (Frank 1995, 2000) and is trustworthy. This is significant: survivors are used to their stories and experiences being re-framed and invalidated.

I knew from survivors that they often suffered invasive questioning in a non-facilitating environment and was aware of unintentionally re-traumatizing. I knew of attempts to seek help leading to a damaging replication of the abuse, literally (Rutter, 1990) by an abusive practitioner; more subtly - stories were sceptically received- or via invasive therapeutic methods. My research must not further this powerful cycle of abuse. My therapeutic experience provided evidence that a narrative approach would enable survivors to construct their meanings, and make sense of their experience. I had been privileged to be part of the process, whereby telling the story; making connections and linking previously unrelated fragments led to growth, relief and sometimes transformation. Recently, the efficacy of this narrative approach specific to abuse survivors has been further illustrated (Etherington, 2000); and the therapeutic significance of telling one's story has been documented by other writers (Frank, 1995; Rosenwald and Ochberg, 1992; Beverley, 2000). All methodology, including narrative research can be critiqued, and this is considered in Chapter 3.

4. The research process

Qualitative researchers have long recognised the difficulties inherent in accessing respondents involving sensitive areas (Renzetti and Lee 1993). Although many survivors had offered their stories; some suggesting that research was needed, I wondered if adult survivors would retain fears of the child victim that speaking results in recriminations; whilst others may not trust me, or be suspicious of my motivation. Inevitably, sampling 'invisible' populations is a research issue with abuse survivors: abuse is a 'secret' and survivors may be shamed into continuing silence. I wanted to access survivors previously unidentified- for example, studies targeting psychiatric patients omitted all others and I wanted these to be heard.

However, difficulties in accessing survivors did not materialize. Those interviewed self selected, defining themselves as survivors of abuse[7], including those previously silent, and those with previously bad experiences of speaking. I knew many groups

[7] In the early stages of this project I attempted to neatly organise material into categories of abuse (physical, emotional, neglect, sexual), to demonstrate the most frequent forms of abuse encountered. However it became clear that this was futile; that when survivors are given space to describe their experiences categories become irrelevant: for most abuse was a complex and horrible mixture of aspects of all these forms.

and individuals working with clients and patients and I taught on a community based adult education programme. Through talking about my proposed research, survivors came forward, and others came through them. This 'snowball' effect was very noticeable. Hendricks and Blanken (1992), suggest that snowball sampling may be particularly useful when exploring sensitive issues and Fougier and Sargeant (1997) note that this technique effectively accesses those not easily identified. This proved so, although unintended and spontaneous, rather than a planned methodological strategy. Another unintended consequence was that telling their stories to me enabled some survivors to tell others. They broke the secrecy and overcame the injunctions of the perpetrator, challenging their fear and the perpetrators demand that silence must be absolute.

Thirty two survivors of childhood abuse were interviewed. Twenty five percent were men. Nearly all had experienced a cocktail of abusive experiences. Additionally, I visited the National Association for Young People in Care (NAYPIC). As noted previously I was concerned about abuse of children in care, wanting them to have a voice. NAYPIC expressed interest; informed the young people using their centre, suggesting I visited and hung about- anyone who wanted to talk with me would. . Many spoke movingly and at length and one (Nicki in the book) represented the stories of many. Nowadays such abuse is well documented (Gosling, 1998; Barter, 1998; Wolmar, 2000) but was then a problem fighting for recognition. Although some published evidence existed (Westcott, 1991) knowledge was limited, with a gap between this and effective response- vividly demonstrated by these young people.

I also interviewed seventeen practitioners- counsellors, psychologists, psychotherapists, social workers, G.P's, and psychiatrists. Another myth was firmly shattered: many were abuse survivors, particularly interesting as I had asked them to talk with me – they had not self selected. Even today, with the agenda of service user inclusion, it is insufficiently recognised that many are both service providers and service users, maintaining an unhelpful mythology.

Recognising the sensitive material enormous care was taken to de-brief the interviewees and ensure support was available. Only one took this up. Most expressed feeling stronger, validated, and relieved of a burden, and triumphant that their story

was to be used. I transcribed all tapes, and changed identifying details. Tapes were either destroyed or returned to the interviewee - this was discussed individually with them. The length and place of interviews varied enormously, decided by the survivor. After transcribing, the content of the tapes were themed and the resulting organisation of the book reflects these. In parts, sections of transcript were used verbatim : the words so powerful they spoke for themselves.

The book fell logically into its published format: abuse over the generations, focusing on five stories, from a young woman of 16, to a man in his 60's; survivors reflecting on childhood; their adult experiences; the secrecy of abuse and issues around 'telling'; and Multiple Personality Disorder (Dissociative Identity Disorder) . This was not initially intended, but survivors with MPD presented, asking for their experiences to be included. Hence another strand in this portfolio began to develop, culminating in the publication of *Hidden Selves*. Although MPD had been the subject of intense debate for many years (Prince, 1905; Sidis, and Goodhart 1905; Braun, 1984; Kluft, 1985) this chapter was uniquely based on personal, verbatim accounts and implications for therapeutic work was drawn from them. Latter chapters explore stages of therapy, and particular issues in therapeutic process. The book concludes with a consideration of issues for practitioners, another theme developed throughout this portfolio.

As I reflect now I find it interesting that *Surviving Secrets,* published 13 years ago, remains so relevant . I still receive numerous letters from survivors; it continues to sell, and when used in teaching is often greeted as if new. I can only assume that it was ahead of its time; that the material is timeless and that the permeation of the realities of abuse into the national psyche is very slow.

5. From *Surviving Secrets* to *Hidden Selves*

Hidden Selves was published in 1999, and has sold 784 copies. A book review, copies of my single authored chapters, and citations are included in Chapter 2.

Although seven years elapsed between these two major pieces of work, the process of work continued, including publishing five of the cited works. Much of this process involved dissemination. (See Chapter 3). Key to the chosen methodology for *Hidden Selves* was the publication of a series of five books I jointly edited, (*In Search of a Therapist* (see complete list of publications). In these, a clients' story (told over several interviews), was presented to therapists representing different theoretical orientations for theoretical and clinical comment and analysis. This methodology, although impossible to place entirely neatly, is based in the narrative method outlined above, and that discussion is also relevant here. However, using narrative in this way was unique in counselling and psychotherapy research prior to the publication of this series. Corsini (1991) had invited similar analysis but on the basis of c invented case, and a series of films *Three Approaches to Psychotherapy* (1965) had similarities, but both had weaknesses and differences in their design .

This approach proved successful and my co–editor, Jenifer Antony Black and myself decided to use it for *Hidden Selves*. Ms. Antony Black is a survivor of abuse with multiple personalities, consistently suffered misdiagnosis and mistreatment, and failed by child protection and adult mental health services. She spent sixteen years as a psychiatric in-patient, including long periods of involuntary detention. She had not been heard, and she knew how those with multiple personalities suffered. We decided that this research must therefore be based on hearing and communicating a survivor's story. Unlike *Surviving Secrets* the focus would be on one person's detailed narrative. We wanted to increase professional awareness of multiple personality and to facilitate a serious debate around understanding and treatment, and we aimed to produce a measured book giving expression to different and divergent views.

Using Ms.Antony Black to work with the survivor (Lisa)was an obvious decision. She, like Lisa, was a survivor, a service user and multiple. She knew Lisa, Lisa trusted her, and they worked out how to proceed safely. Service users may prefer being interviewed by other service users, reveal more, with greater honesty, openness and depth created. (Ramon 2000) . Allam (2004) notes that those interviewed by service users feel freer to respond, and less anxious that judgements will be made. Rose (2001) and Faulkner and Layzell (2000) reflect similar views. Other studies also emphasise the benefits of participatory research (Green et al., 1995; Freshwater et. al.,

2000; Kemshall and Littlechild, 2000). Nowadays the Survivor[8] Research Network (supported by the Mental Health foundation) and INVOLVE, funded by the Department of Health, both support and advise the involvement of service users. *The Service User Research Group England* (SURGE) is a national network supporting service users, University researchers and NHS personnel working together on mental health research; and recently Faulkner (2004) has produced guidelines for ethical research in this field. Therefore, involving service users in research is now firmly established but not so when our work began in 1996 - in that year the Department of Health established the Standing Advisory Group on Consumer Involvement in the NHS Research and Development programme. This is now embodied in the Department of Health Research Governance Framework for Health and Social Care (2001). But we found our own way, considering carefully issues as they arose.

Ms Antony Black and Lisa met many times, taping their conversations. I transcribed and organised the material to accurately reflect Lisa's story; worked with authors, edited chapters, and wrote the first and final chapters myself. Essentially, Ms Antony Black was responsible both for working with Lisa and ensuring her well being throughout , whilst I organised technical aspects of research and publication. Confidentiality was crucial for Lisa and even I did not know her identity. Six very experienced therapists representing diverse theoretical and clinical positions, from the sceptical to the convinced, wrote detailed responses, meeting our aim of bringing together divergent views. They explained and explored their own theoretical and clinical stances, with reference to Lisa's story, thereby providing a unified point of reference for the reader.

Before we began I had concerns that passionate controversies relating to DID, (Aldridge -Morris, 1989; Merskey, 1992; Ofshe and Watters,1995; Spanos, 1996) may make therapists reluctant to be involved and this proved partially so. One practitioner, published widely, vehemently expressing that multiple personality is created by over zealous therapists, agreed to take part, pulled out late, worried that associating himself with alternative perspectives compromised him. He feared I might

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[8] 'Survivor', as used in this context, does not mean an adult survivor of childhood abuse. It is used more broadly, referring to those who have 'survived' treatment as patients of mental health services. Some, of course, may have survived both experiences, but this is not necessarily so. However the work of this group on service user involvement in research is of relevance here.

misrepresent him. I attempted to dialogue regarding needs for transparency, reasoned debate, and scrutiny, assuring him his chapter would appear unaltered. This fell on deaf ears, powerfully highlighting the existing fears, anxieties and splits.

Hidden Selves therefore offered a unique contribution to the understanding of multiplicity, distinguished by its collaboration between myself as a therapist–researcher, a service user survivor as co-researcher (Ms. Antony Black), in further collaboration with a survivor with DID, placing her narrative and experiences at its core. It is distinctive by gathering diverse views in the context of a personal narrative. By these means the existing understanding of multiplicity, and the current responses to it were developed and enhanced, and survivors with personal experience and insights into it were key, both in its central narrative and in its design and implementation.

6. *Abuse: Questions and Answers for Counsellors and Therapists*

Abuse: Questions and Answers (2003) represents the culmination of years of practice and research (sales to date are 834). It marks a different initiative, influenced and informed by clinical practice and my work in education, training and service delivery. My concern to communicate complex ideas accessibly has existed throughout the sixteen years presented here. This book draws together questions frequently asked by practitioners into one volume. The challenge was to respond succinctly but in depth, creating a relevant, wide ranging resource, avoiding glibness or over simplicity. It aims at straightforwardness whilst dealing with difficult areas, many not dealt with in the existing literature. Therefore the format and the content represent a new contribution to this subject that continues to perplex practitioners as they seek to respond appropriately to the distress of the adult survivor of childhood abuse.

Chapter 2 consists of copies of the cited publications, including chapters from *Women in Therapy* and my single authored chapters from *Hidden Selves;* a list of citations and copies of reviews. Copies of the four books cited are attached separately. Chapter 3 follows, examining, considering and demonstrating the original contribution made

by my work in different spheres, concluding with reflections on its limitations and strengths. Following Chapter 3 are the appendices referred to in Chapters 1 and 3.

Chapter 2

The body of the work - copies of publications

Reviews and citations

Publications are in date order, starting with the earliest in 1988.

The two relevant chapters from *Women in Therapy* (that is, those that are specifically referred to in the thesis) are included, and a copy of the book provided.

My two single authored chapters from *Hidden Selves* are included, and a copy of the book provided.

The books *Surviving Secrets* and *Abuse: Questions and Answers* are provided, and at the end of the publications a brief extract refers to the translation of a chapter of *Surviving Secrets*

WALKER, M. (1988) 'FEATURES OF COUNSELLING WORK WITH ADULT SURVIVORS OF CHILDHOOD ABUSE.' *COUNSELLING, JOURNAL OF THE BRITISH ASSOCIATION FOR COUNSELLING.* NO. 64. PP 15-18.

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FEATURES OF COUNSELLING WORK WITH ADULT SURVIVORS OF CHILD ABUSE

This article was first published in the May 1988 issue of the Counselling in Medical Settings newsletter. This issue was based on the theme of child abuse.

Moira Walker is head of Counselling Services at Leicester University. She is also a clinical supervisor on the M.Sc. Course in Psychotherapy at Warwick University. The following article reflects Moira's experience of abuse in families when she worked in the community.

Recent media attention has focussed very much on the problem of child abuse - both sexual and other forms of physical abuse. Whilst it would be a mistake to see this as a recent problem (one only has to read the novels of Dickens and his contemporaries to see that the perpetration of violence on children has a horribly long history) the nature and extent of child abuse is only now becoming to be recognised, and appears to be far more widespread than many had supposed. In terms of sexual abuse of children, it has been unfortunate that Freud's early acknowledgement of the existence of sexual abuse rapidly gave way to this theme of fantasy - one can only wonder how many children have been mis-diagnosed through Freud's own capitulation to the pressures of his time and society. Equally, as a society now, we have been slow to dispel the global myth of the 'happy family'; to really acknowledge what may, for many, lie beneath the carefully packaged image, so beloved of the cornflake advertisements. To look at the question of why abuse has been so slow to be recognised is not the purpose of this article, rather, the following is an attempt to look at some features that are commonly present in working with adults who have been abused as children.

However, the sustained interest of the media in the past few years has brought to public attention the existence of the reality of child abuse. Perhaps largely as a consequence of this, more and more people who have been abused as children are coming forward as adults, and are presenting themselves for counselling. What is noticeable to many practitioners is that many more clients are now able to either acknowledge abuse at an early stage in counselling, or to come with this in an initial session - it is as if public awareness has facilitated the personal courage to say: 'This has happened to me'. That is not to say that all who have suffered abuse are able to acknowledge this easily: the role of many counsellors will be to allow the story to painfully and slowly emerge. Such clients may present with a variety of symptoms: anxiety states; depression; relationship and sexual problems that can seem difficult for both client and counsellor to make sense of. For the counsellor there can be a sense of missing links, of pieces of the jigsaw that, if only they were available, would aid the counselling process. This sense of confusion, of feeling something important and significant is unattainable can, of course, reflect some of the inner experience of the client.

'It's like something is missing: there is a part of me been taken away from me; something of mine has gone. I've lost part of myself.'

For many clients the process by which counselling or therapy can become a safe place to finally acknowledge painful realities is in itself a tortuous one: abuse (especially where the perpetrator is a close and supposedly trustworthy person — parents, grandparents etc.,) is a killer to trust, and the experience of abuse can be

viewed as eroding the foundation stones of the person. The degree to which this erosion has extended will depend, of course, on the nature, degree, length of duration of abuse, the age of onset, and the identity or identities of the abuser(s). So, the creation of a trusting relationship, which many see as pivotal in successful counselling anyway, is perhaps the cornerstone to the possibility of effective work with abuse victims.

There is a danger of sounding too simplistic about this: the development of trust is a living process of its own, it is not an event, and the creation and maintenance of trust will not be straightforward. It will be under constant review by the client; s/he will be needing to test and re-test this; both wanting and needing to feel safe and at the same time terrified of the possibility of this.

This constant testing out can be a considerable drain on the counsellor's resources, and those who have also worked with abused children will be able to recognise that the pattern of the hurt and angry child who intensely desires comfort and care but can simultaneously push it away, exists too in the adult, although often differently expressed. Abuse victims will often describe their watchfulness in childhood; their fear that when violence abated it was indeed only a temporary lull. Often violence would be unrelated to any particular act on the child's part; so violence would be an unpredictable response. (Leading, of course, to the belief that 'it's nothing bad that I've done, it must be me who is bad') One client describes the fear of this unpredictable assault:

> 'I used to go home from school every day and be terrified of going in through that door. I just never knew what I would meet. I would creep in, going back as late as I dared. Sometimes everything would be fine, sometimes I'd find myself flung across the room. I'd ask myself why, why, ... I hadn't done anything, so it must just have been me.'

For this client the testing out of the therapeutic relationship was ongoing for a considerable length of time. It was significant for her when she was able to identify, and link to her childhood feelings, the terror and rage she would experience coming through my door. This theme of trust, and, for this client, the nightmare quality of her fears about the uncertainty of human response, and the powerful replay of these scenarios in her relationship with me, as within other relationships in her life, is one that is always present.

For the child, the destruction of trust, in those whom society deems you are meant to trust, has a ripple effect: if parents aren't trustworthy, then how can other people be either - abuse becomes a secret (often a shameful one) and the secret becomes buried deep inside, and as childhood turns to adulthood various defence mechanisms ensure the secret is well protected. The acknowledgement of abuse - particularly where it extends over a long period of childhood - can feel the most devastating loss:

> 'The worst thing is I look back and I have no good memories. I feel my childhod was torn away from me. I could never had told anybody - it would never have occured to me that I would have been believed.'

Those words come from a client abused by a parent during her early years, subject to extreme bullying at school, and sexually abused as a teenager. This appalling catalogue of abuse is not uncommon; feelings of lack of self worth; a sense of inherent 'badness'; of not deserving more, and the difficulty of appealing to anyone for help all combine to make child abuse victims vulnerable to later forms of abuse.

A central dilemma for abuse victims surrounds the whole theme of 'badness', and the feelings of guilt, shame, and lack of self value that result from this. 'I was told I was bad'. and 'I must have deserved it. I was just a bad child - you've no idea how bad I was.' are the sort of remarks frequently made. For the adult, reassessing this 'badness' is a painful and tortuous process. Moving towards the acknowledgement that they were not (and are not) bad - often rationalised before it can be felt - can be agonising. It is perhaps less painful to see oneself as bad, than to see the parents as bad. Gradually there can be a shift from 'I am bad' to the rage and grief of 'he/she was bad', to the question of 'bad things were done to me' - a stance that can be freeing for the client and in which they are often able to recognise and understand the acts of the abuser (and often, of course, that they were abused themselves).

The stage where 'badness' is very much in view for the client can be a very difficult one for both client and counsellor; the anger that can be released is tremendous. Those counsellors and therapists who work psychodynamically will recognise the negative transference that can operate so powerfully as this point. It is as though the counsellor her/himself becomes identified with the abusing person, thus facilitating the client's experiencing of feelings of rage and despair often long repressed. These are frightening feelings for the client, and it is essential that counselling or therapy is a safe place where the anger is containable, acceptable and most importantly, made sense of. It is also important to acknowledge with the client, and to work with, the pull towards violence that can be there for those who have been on the receiving end. One client clearly experiences this:

> 'When my father used to attack me and my mother, most of me would feel sick inside - the fear and pain are indescribable. But another part of me was drawn to it and fascinated by it. I hate to admit to that, but I know it's there. Sometimes I feel I'd like to hurt you. I hate that part of myself. I just want to shut it away.'

Not all clients are able to describe this feeling so clearly, others, indeed, do shut it away inside, or project their feelings in other ways. They may be withdrawn and depressed, or self abusive. They may develop somatic symptoms or abuse drugs or alcohol. The expression of anger, the feelings about violence, can be a very stormy part of counselling abuse victims, but can lead to calmer, sadder waters. As referred to earlier, abuse victims have experienced an enormous loss - the degree of that loss being dependent on the degree and nature of the abuse; the identity of the abuser, but also on the presence - or absence - of a significant other who gave a more positive input to the child. One client described a loving grandparent who, although geographically distant, provided a quality of care (although intermittently) that the client described as something she could 'hold onto inside myself' giving her 'a taste of how it could be'.

The process of grieving these losses is, as always, painful, but is particularly confused and confusing for abuse victims - the situations they have experienced dictates that grieving cannot be straightforward. But it is there, and the stages are recognisable - the questioning, the disbelief, the anger - and, finally, the acceptance that allows the client to move forward. There is also the feeling of alienation, of being different to others, of having no happy and easy reminiscences to share with friends and partners about aspects of childhood remembered with affection or

amusement; no anecdotes to share with your children. The birth of children can bring back a flood of painful memories, and can cause enormous fears that the pattern will again be repeated, and children reaching the age at which the parent was abused can be another watershed. Having a child offers the chance to extinguish the past with hope for the future but the pressures, pain, and fears the abused client can feel in respect of their own children should not be underestimated.

The acceptance of loss, and the movement forward that this can precipitate, is often marked for abuse victims by their psychological separation from the abusing parent. For survivors of abuse successful separation and successful entry into new relationships is an emotional obstacle course (and this is reflected too in the counselling relationship); basic needs have not been met; trust, as we have seen, has not been established; the dependency that can lead to independency has not been safely allowed; families are often very enmeshed; secrets have been many and fear of telling long been established. Consequently, clients can be tied to their families by what can feel like iron bands, and the loosening of these, with the accompanying freedom to move away can be experienced as a real liberation. At that point the past can be more firmly established as the past, and the present and future can take on a reality of their own.

To sum up, the words of a client express more vividly than I am able, the predicament, fears, pain and isolation faced by an adult survivor of, in this case, very severe abuse, and also touch on how the experience may feel to the counsellor.

> 'I dreamt I was in a very barren and windswept place. I was in the middle, completely alone and surrounded by a barbed wire fence. You were on the other side. I wanted to come out to you, or for you to come in to me. But if I tried to get out I would have been ripped to pieces and if you'd tried to come in you'd have got ripped to pieces.'

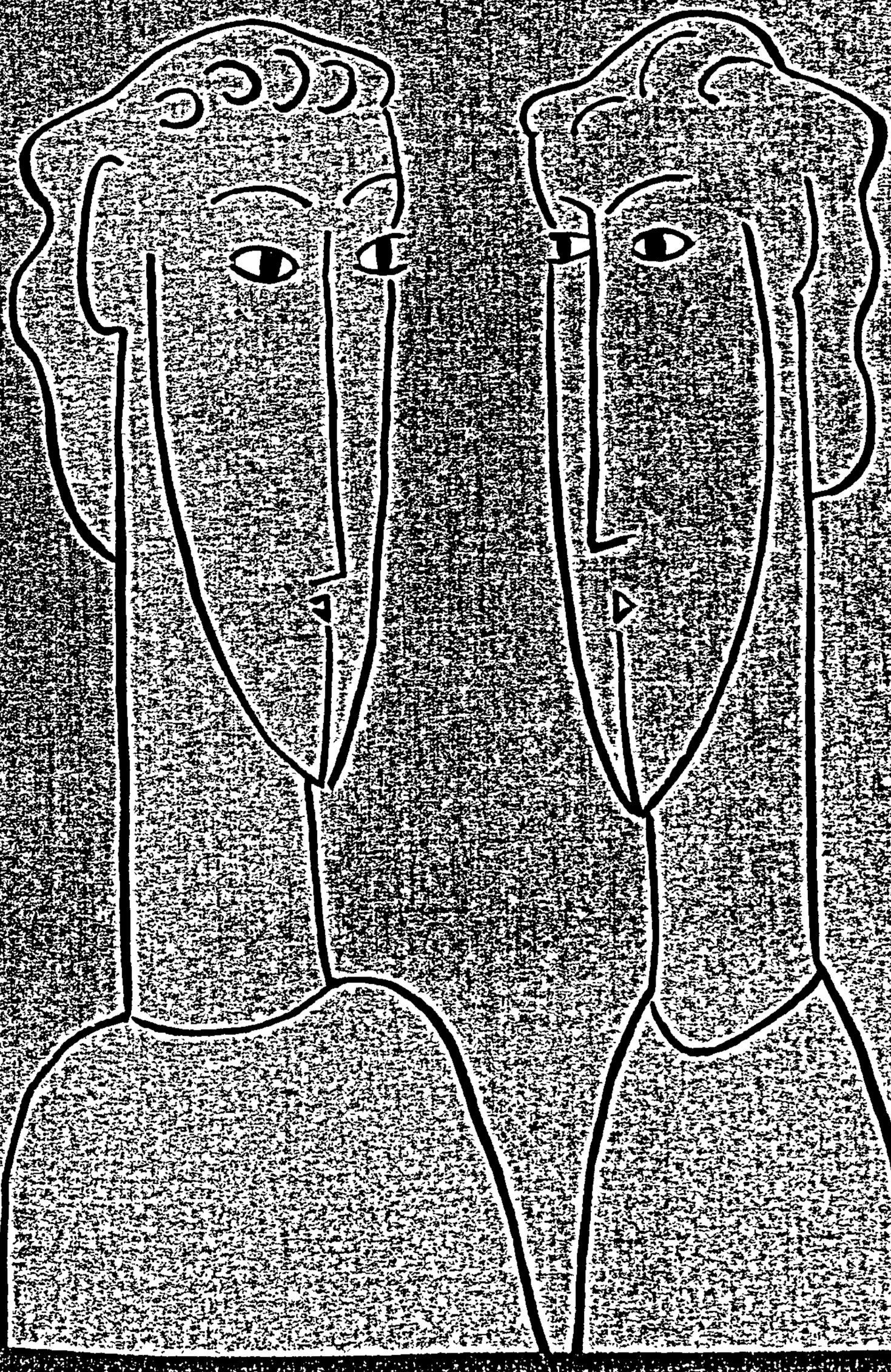
Such words, experienced as feelings, or experienced as dreams, are not atypical of abuse victims. What such words do point us to is the extent of the agonies of such clients, and the need for responses that are both careful and caring.

WALKER, M. (1990) ***WOMEN IN THERAPY AND COUNSELLING.***

BUCKINGHAM: OPEN UNIVERSITY PRESS ***Copies of two referenced chapters***

WOMEN IN THERAPY AND COUNSELLING

MOIRA WALKER



2

Three generations: the life of a family

Time past and time future
What might have been and what has been
Point to one end, which is always present.

T.S. Eliot

To understand the position and experiences of women today it necessary to know something of their history. As we have see for Suzanne to make sense of herself, she needed to look at h own past. In the same way, the past, in a wider historical sens must be recognized if we are to understand the conflicts ar difficulties that women undergo. Women do not exist in a vacuu they are influenced by a society that both implicitly and explicit gives messages about their expected and accepted role ar position. As we shall come to see, these messages frequently ha little to do with the well-being of women, but much more to c with what suits society in political and economic terms at particular point in its development. Thus women are at the whi of changes that they are not able to control. These take place in t context of a society in which the political and economic structur are controlled and dominated by men. Even in this day and age t inroads made by women into these male bastions are limited, ar yet it is there that decisions are made which exert enormo influence over the everyday lives of women.

To try to review the whole history of women is quite obviously huge task, and one that could take us back many centuries. Whi trying to unravel the story of Suzanne, reference was made to h mother and grandmother, both very significant people in her lif Her grandmother was born in 1890. Although any starting da for examining women's history is inevitably somewhat arbitrar the time of her birth is a good starting point. It will illustrate ho the life of one family, of three generations of women, has be influenced by the events and developments of their time. Partic lar attention needs to be given to the role of women as worke

both in the home and in paid employment; to developments in education; and to changes in legislation relating to women's rights. As will be seen the effect of two world wars in this period had far reaching consequences extending way beyond the actual years of conflict.

This attempt to examine historically the world of women, leads us to ask where women are in the world of today. Have things really changed for them, or are all the old conflicts still really there albeit in slightly different form? Do women occupy a more central role in the power base of society? Where are they employed, and what are they doing? What is their economic position? To help explore this, we will return to the story of Suzanne, to look at her life, and at what is different for her, compared to the two generations before her. We will also examine the patterns that run through the lives of all three generations; aspects that have not changed; ways of relating; and experiences that may have affected them all in similar ways across the twentieth century.

The first generation: the story of Alice

Suzanne's grandmother, Alice, was born in 1890. The industrial revolution was in full swing; the male workforce was increasingly organizing itself into trade unions; the extent of poverty, both urban and rural, came under scrutiny from social reformers. Compulsory elementary education for boys and girls up to the age of twelve was now enforceable by law. Education for girls firmly prepared them for their future role as wives and mothers, and for most women employment outside the home was short term. Long-term prospects were irrelevant and generally inconceivable. Two Acts of Parliament gave married women the same rights to property as unmarried women. London University was admitting women students, although few women were able to use this opportunity. There were changes occurring at this time that are historically and politically significant. However, for the majority of women, their role in the world remained clearly and unquestionably defined: they were firmly rooted in the home and responsible for all childcare and domestic duties. This was in the context of the man being seen as the sole breadwinner, thereby carrying the weight of economic power. Working-class married women struggled within a web of appalling levels of poverty; housing of the most basic kind; infant mortality rates that made the death of a child commonplace; and an ethos that gave the

'worker' in the household the lion's share of the available f
Moreover, the assumption that working-class men could ea
'family wage', that is, enough to support the whole family, wa
many a myth. Women, therefore, often had to turn to casual
badly paid work to supplement a poor wage, thus struggling
the burden of two jobs, still familiar to women today.

For the middle-class woman the picture was different: if
worked prior to marriage her employment tended to be n
pleasant and more protected. After marriage, although restri
within the confines of the home, she nevertheless enjoyed a hi
standard of living. Labour was cheap and easily available, and
role of the middle-class woman was to supervise the smooth
ning of the home. Her participation in this process was limited,
did not dirty her own hands, ensuring that others did so on
behalf. The higher up the social scale, the more indirect a wom
involvement in this process. The upper classes employed a
number of domestic servants (in itself one of the major source
employment of young working-class women) and there was a c
plex hierarchy of status among the servants of these establ
ments. The picture of the languishing lady on the *chaise-longu*
beloved of Victorian literature, perhaps reflects the fact that
many women in this situation a pale, interesting and seemi
passive persona was one identity that was easily open to th

Suzanne's grandmother was born into a middle-class far
and as a child she never knew poverty. It was a comfortable
although not outstandingly prosperous. She was one of
children, but even in this relatively affluent household one w
die in his first year of life. Suzanne remembered Alice telling
about the two young maids who were employed, and recou
her astonishment when as a young child she heard of the drud
of their lengthy daily routine. Like other girls and boys of
time, Alice attended school until the age of twelve. She rememb
long hours when the girls had to do needlework, the emphas
those days being firmly on domestic subjects. She left scho
1902, at a time when the women's suffrage movement
gaining momentum, although at the age of twelve she was lar
unaware of its existence and certainly unaware of its significa

Alice's life fell into a predictable pattern in her early post-sc
years. She did not work, and her family did not intend her to d
However, the ill health of her father forced a change in
circumstances, and she became employed as a milliner's assis
Her employment was short-lived; as she later recalled the ev

of the time, her relief at giving up work was very evident when she married at eighteen. In her terms, at least for the time being, the status quo had been re-established. She did not feel she should be employed outside the home; she experienced this as a real insult to her rightful place in the world. For Alice, both social acceptance and self-acceptance lay in being in charge of her own household with a husband who would support her financially. Those were the days when middle-class married women normally did not work unless circumstances absolutely forced them to, and although there were some important regional variations, working-class women preferred not to. As we have seen, this preference did not reflect the reality for many. Work outside the home was generally a response to poverty, and not to choice.

Alice's only child, Suzanne's mother, Emily, was born in 1916. In 1917 disaster struck this young family, as it did so many others. Alice's husband was killed in action in the First World War, just one of the vast number of young men who were slaughtered in that conflict. Suzanne remembered vividly her grandmother's accounts of the despair she felt at the time: her growing disillusion with the war; her experience of real poverty for the first time in her life; her fear that she would always be alone as she could not envisage remarrying. With such huge losses of life such fears were real for many women. Following the war one in three women had to become self-supporting.

The effects of the First World War (and, similarly, as we shall come to see, of the Second) on the status and position of women were far-reaching. With the mass exodus of men leaving for war service, the country lost its supply of labour at a time when it was essential that industrial output was effectively maintained. Consequently, the view, so righteously upheld in pre-war days, that a woman's place was in the home, at first wavered, then crumbled, and soon gave way to the equally fervent expression of belief in women as workers.

While men were tempted and cajoled by patriotic outpourings to become cannon fodder, so women were tempted and cajoled into the workplace; what was previously banned now beckoned. Women became the workforce that maintained the heaviest of heavy industry: they built armaments; they maintained and tarred roads; they did many of the jobs that had previously belonged in the male domain. And, they were, of course, still mothers. During the war women carried out 90 per cent of the work normally done by men; they discovered abilities and uncovered potential previously

unrecognized. However, this process was not one of gr self-discovery. It was imposed by political and economic fa Suddenly, and conveniently, women were discovered to be of sterner stuff. But only temporarily. At the end of the war a women workers were dismissed.

For Alice, life as a widow was hard. She struggled to bring u daughter in an economic climate in which many prices had do in the war years. Women who, like her, were trying to surviv small and fixed income, fought a continual battle against po and, ultimately, against destitution. At the end of the wa dreaded Poor Law was still in force, representing for many th of the road in the battle to stay respectable. Alice, however never entirely destitute: she had a small income, and her sk millinery offered her some earning potential. Her memories those of poverty, but she was well off compared to many ar her. Her child never went without clothes or shoes; and they occasionally had insufficient food. She saw many around he suffered more. In the years following the war most w returned to the home. Their foray into active participation i wider world had been but brief. Many found themselves i same position as Alice; their husbands were dead, and the sta war hero was both short-lived and did not feed hungry mo Moreover, although so many women, both single and widc now faced a life alone, with little hope of marriage, the prev and powerful view taken by society was that a woman n a man to take care of her.

Some changes were occurring. The 1918 Representation c People Act gave the vote to certain categories of women ov age of thirty. It gave the vote to all men over the age of tw one. Many women who had taken over, without prior traini warning, the running of essential services during the war were now deemed to lack the maturity necessary for full suff The battle for suffrage continued, and was finally won in

In 1922 the first woman Member of Parliament was electe in the same year the Law of Property Act was passed, for th time giving wives and daughters equal rights in intestacy with fathers and sons. The following year saw another major of legislation: the Matrimonial Act made the grounds for di the same for women as they were for men.

In the field of education, some movement was also evide the private sector a small number of fee-paying schools established, offering a wide-ranging curriculum, with an a

panying ethos of educational opportunity that was not reflected in state provision. In state schools the emphasis remained very firmly on subjects that would equip girls suitably for a domestic role; indeed the 1926 Board of Education report recommended that there should be more housecraft on the syllabus for girls. In 1920 women were able to take degrees at Oxford (Cambridge resisted this move until 1948) although only a very small number actually did so.

The second generation: the story of Emily

Alice was thirty-eight years of age, and her daughter, Emily, twelve when women were finally given full voting rights. Alice, although not a political militant of her time, remembered this as a great victory. Emily was brought up in the firm knowledge that many women had fought long and hard for this basic right. Her childhood and youth was in many ways different from her mother's. She was an only child in a single-parent family that struggled to keep poverty at bay. Her education was more extensive than her mother's, and undertaken in the knowledge that she would have to support herself financially until the marriage that she hoped for. She stayed at school until she was fourteen and did very well, but there was no possibility of continuing in full-time education. However, she did undertake some further part-time evening study. In the midst of a political climate marked by economic depression, rising unemployment, and consequent pressure for women either to stay at home or to enter the traditional realms of domestic service, Emily managed to find clerical work.

In comparison with the wages a man earned, Emily was very badly paid. Although the trade unions had grown in membership and strength in the inter-war years, they were generally not only uninterested in the rights of women, but had a powerful vested interest in keeping women out of employment. During these years when the trade union movement membership was almost entirely male, both the economic depression and the availability of cheap female labour cast an unwelcome shadow over their hard-won victories. They were not sympathetic to the plight of women: they were too great a threat to an already vulnerable position.

Emily enjoyed her job, and remained in employment until her marriage in 1937. In common with most women of that time, she then automatically gave up her job. There were some class and

regional differences, but generally marriage still meant returnin to the role of housewife; indeed, some occupations still imposed marriage bar. Again, it was a war that not only dramaticall disrupted family life but also forced the roles of women to underg a major shift. Just as in the First World War, sudden changes i thinking resulted from political and economic pressures and wer powerfully imposed. War temporarily opened doors for man women, but not in response to their needs. It was a response to th requirements and demands of a wartime economy.

From 1937 until 1943 Emily stayed at home. She cared for h husband and for her daughter, Suzanne, born in 1941. She w responsible for running the home. Soon after the start of the w. her husband left for active service and was only home on leave f brief periods. As in many other families, Emily's mother mov into the family home to be with her daughter. When Emi responded to the call that 'there is a job awaiting every woma and returned to work, Alice happily took over the care of her litt granddaughter. Of course, many women returning to work at th time did not have relatives available for childcare. This was not t obstacle it would have been in pre-war years. Once again a maj ideological transformation occurred: the advent of war w accompanied, conveniently, by the simultaneous discovery th alternative care was not harmful to small children! Crèches a nurseries were organized, and a variety of social provisi encouraged women to work. As in the First World War, wom demonstrated that they could and would do any job, and that, the same time, they could care for home and children.

Emily enjoyed her job. In later years she was to tell h daughter: 'I felt whole again, and not guilty, because during war we were supposed to work.' But she did not enjoy the sa wages as a man would have done, for women's pay was still low the war years there was some negotiation on wages with unions, resulting in agreements that after six months a wom doing the same job as a man should be paid the same. Howev such agreements, although establishing a principle, did not w well in practice. It was too easy for employers to adopt avoid tactics, and many did. Women working in the Women's La Army may have felt very well off in comparison with those w worked on farms before the war. They earned double peacetime rate, but it was still half that of men.

With the conclusion of the war in 1945, this further taste of wider world ended for many women. During the war the mess

was that their country needed them; now it was that their home and family should be their firm priority. Crèches and nurseries were closed, often with very little warning. Mothers and their children were faced with a change in policy that was arbitrary and non-negotiable. Doors were shut on them with little or no regard to their real needs. Women had once more served their purpose; they could now retreat to their homes quietly and without fuss.

Once again the message was clear: young children needed their mothers. The work of John Bowlby[1] left many with the firm understanding that even brief separations could damage their children. Bowlby's work, and the conclusions he reached, were based on studies of children in institutional care, but became generalized to all children. At a time when there was such societal pressure to return to the home, the work of Bowlby was conveniently timed. The dual pressure from a government that dictated the rights of returning heroes to employment, and from a childcare expert who argued that anything other than full-time maternal devotion could lead to delinquency, were indeed powerful. To resist these two simultaneous injunctions without falling into a whirlpool of guilt and anxiety was too much for most women, and the back-to-the-home policy proved effective.

Emily, like many others, gave up her job and returned to working in the home. Her husband took up his previous employment, and Emily's mother left to live separately, albeit nearby. In 1946 Suzanne started school and a year later her baby sister was born. To an outsider it may well have appeared that a coherent and stable family structure had been easily and comfortably re-established after considerable, but temporary, upheaval during the war period.

But, as Suzanne's own story has shown, this external appearance was not matched by the internal perceptions of at least some of the family members. These transitions were particularly problematic for Suzanne, and were remembered as such. She also remembered this time as one of unhappiness for both her grandmother and her mother. In all likelihood it was not an easy time for her father either. It must have appeared to him, and this is perhaps supported in reality, that he had disrupted a female trio that had managed quite well without him.

This picture is the other side of the one more commonly presented of the returning hero being rapturously received back into the welcoming bosom of the family. Such enormous disruptions to family life as was caused by both world wars could not

be easily put aside. The traditional roles of women had beei challenged; it had been acknowledged that changes could occui and that they could be incorporated into the other demands o home and childcare. The knowledge of the possibility of a differen way of being could not be entirely wiped out, although the post war period certainly submerged this to a quite considerable, an entirely intentional, extent.

With the end of the war came major political changes that wer almost revolutionary in their impact. A wealth of legislatio marked the onset of the welfare state which was impressive i both its aims and extent. This is not the place to examine in detai the breadth of these changes, although to understand the worl that Suzanne and other women of her time were brought up in it i necessary to identify the central strands of policy changes. One o the most significant changes was the introduction of free health care. Women came forward for treatment with complaints tha they had previously had to tolerate if they could not afford to pay In many families it was the breadwinner's health that had to b protected, and surviving on a low income left little to pay fo treatment of 'women's complaints'. Women were used to being bottom of the pile when it came to sharing scarce resources, whether it be food or doctor's fees. Consequently, the intro duction of the National Health Service in 1948 benefited them and their children, enormously.

The introduction of Family Allowances in 1946 was anothe measure that directly benefited women. These were paid for each child after the first and were funded from national taxation, tha is, they were not based on insurance contributions. After a free vote in the House of Commons it was decided that the Family Allowance should be payable to the mother, and not to the father This acknowledgement that women had a right to control of this money was an important step; for some it was their only access to finance other than that given them by their husbands.

Changes in the education system were also much in evidence a this time. The 1944 Education Act, and the formation of a government ministry with responsibility for education, repre sented a major policy shift. For the first time a universal system o education for all children up to the age of fifteen was introduced Further education was also included in this plan, with the provision of financial assistance where necessary. Traditionally girls' education had been viewed as less important than the education of boys, who were destined from an early age to be

breadwinners and decision-makers. What, after all, was the purpose of educating girls when all they were going to do was to become housewives and mothers? This created a somewhat circular argument, and one that was difficult to escape from. However, the 1944 Education Act at least ensured that all girls received education to a specified age, and did greatly increase their chances of continuing thereafter. What it did not do was to remove the subject and attitude discrepancy, which, as will be seen later, still exists.

The third generation: the story of Suzanne

Born as she was in 1941, the world Suzanne entered as a child and teenager was in many ways very different from that experienced by her mother and grandmother before her. How great these changes really were, or whether the underlying situation for women now is really the old one in disguise, we shall attempt to clarify. There were some obvious and important changes. Whereas her mother's education stopped at fourteen, and her grandmother's at twelve, Suzanne continued in full-time education until she was twenty-one and throughout that time she received financial support from the state.

The boom in the 'new' universities in the 1960s benefited her, as it did so many other middle-class girls. It is worth pointing out that in 1963, when Suzanne was completing her studies, the Newson Report[2] was suggesting that for the academically less able girls the emphasis should be on home-making skills. Not so, of course, for the academically less able boys. The distinctions in girls' subjects and boys' subjects remained very clear. In the same year, 25 per cent of all university entrants were girls, although very few were entering the 'traditional' male disciplines of science and technology.

Of the three generations of women in this one family, Suzanne had the longest and most easily accessible education. This in turn enabled her to move more smoothly into a career, although she still opted for one that has traditionally been viewed as acceptable for women. Indeed, Suzanne remembers teaching being given the seal of approval when she was a pupil at school. Teaching was very much encouraged as a career that ultimately would fit in with a girl's other role in life, that of being a wife and a mother. She was brought up with the assumption that one day she would marry, and that if she were to continue to pursue a career it would essentially need to fit in with these other commitments.

Yet, simultaneously, there was another pressure, that she was fortunate and privileged to have access to an education that had been denied her mother and her grandmother. Consequently, she must be grateful and not waste the opportunities presented to her; she must be successful, and always work hard. Perhaps the hidden injunction that lay beneath the obvious messages was one that is recognizable to many women of Suzanne's generation. It is rarely made explicit but often felt to be there: be successful, but not too successful; be ambitious, but cautiously so; be careful not to be too competitive with men; their male powers will be easily threatened.

Additionally, there was some fear about succeeding where her mother had not. On the one hand, a girl's academic success can evoke maternal pride; but, on the other, it can also be experienced as disloyalty to, and rejection of, a mother's accepted values, so leading to feelings of isolation in the daughter. Increased opportunity for Suzanne, while it freed her from some of the constraints experienced by earlier generations, did not make her life conflict-free or straightforward.

Other developments, too, had their significance for Suzanne's generation. The wider availability of contraception and the legalizing of abortion gave women greater control over their lives and bodies in a way that was unimaginable to earlier generations. While women still largely take responsibility for domestic tasks, the technological advances and the advent of convenience foods has at least lightened the load. Family size is smaller; infant mortality rates have declined; childhood illnesses have been rendered less severe with the availability of more sophisticated medical treatment.

Legislative changes

The 1970s and 1980s have seen the introduction of a considerable amount of legislation broadly aimed at reducing the inequalities between men and women in some key areas. The effectiveness of such legislative changes is always in question. Changing the law does not automatically change attitudes, yet without changes in attitude legislation is hard to enforce. Perhaps a degree of good will and positive intention is assumed to exist within society when such legal changes are made. More cynically, and perhaps more accurately, creating legislation may be the end in itself: it can be a response to pressure from powerful or vociferous groups; it can be pointed to as a genuine attempt to deal with a problem, while in

reality it contains so many loopholes as to render it ineffective.

Individual attempts to enforce and utilize legislation are fraught with difficulty. The 1970 Equal Pay Act is a prime example of legislation that was impressive in name, though ineffective in practice. This Act only applied to work that was equivalent for men and women and was therefore very limited in scope. Very few women came within its ambit, and where they did it was an easy task for employers to alter the work slightly so that it was no longer equivalent. The Act blatantly failed to achieve what its title suggested it would do. It was not until 1984, prompted by the European Court of Justice, that the Act was amended so that women could get equal pay for work of equal value. Even with that important amendment it remained unclear whether the large number of women employed in exclusively female jobs, often with low pay, would benefit.

Other legislation has also been significant. Changing employment laws gave women the right to paid maternity leave. It also gave them the right to return to work after the birth of their child, opening up the possibility of continuous employment that was previously denied. This is a far cry from the days, not so long ago, when most women automatically gave up their jobs on marriage. Indeed, in 1987 women made up 42 per cent of the workforce in Britain, although their growing equality numerically was not reflected in their earnings or their type of employment. In terms of their average gross weekly earnings, women took home approximately two-thirds of a man's wage, a gap that has persisted in spite of the amendment to the Equal Pay Act. This differential is only partly explained by the fact of poor pay in occupations mainly staffed by women. For example, while two-thirds of laboratory technicians are men, women in the same job still only earn 80 per cent of a man's wage; again, while half of those employed as footwear workers are men, the women still earn just under 70 per cent of what is earnt by men.

Women as paid workers: where are they?

The positions women hold in work are also significant. In the political arena the UK in the 1980s still only had one woman cabinet member (the Prime Minister). Only 6 per cent of Members of Parliament are women.[3] Schoolteaching, traditionally an area women have been encouraged to enter, demonstrates enormous inequalities. In nursery and primary education about 80 per cent

of teachers are women, and in the secondary sector it is about 5(per cent: yet they are concentrated in the lower grades. Men ar(four times as likely to become headteachers. In the universitie: this situation is even more pronounced: in 1986–7 only 3 pe: cent of professors and only 8 per cent of senior lecturers were women.

Similarly, in the English judiciary, in 1987 out of seventy-six High Court judges only three were women. Although many more women are entering both the legal and the medical professions, they continue to be underrepresented at the most senior levels. In 1985, 39 per cent of general practitioners aged under thirty, and 25 per cent of all hospital doctors, were women, and in the same year 15 per cent of practising solicitors were women. However, only 13 per cent of women reached consultant grade in hospitals, and only 7 per cent became partners in solicitors' practices.

In British industry the picture is even more pronounced: less than 0.5 per cent of company chairpersons are women, and they constitute just over 6 per cent of senior managers. Within the Civil Service, traditionally a major employer of women, they constitute 70 per cent of clerical assistants; 5 per cent of under-secretaries, and there are no women permanent secretaries. Taking a more global view: women are half the population; they do nearly two-thirds of the world's work, and yet they earn just one-tenth of the world's income.

Currently, yet another shift is taking place in government attitudes towards women in employment. In January 1989 a junior employment minister stated that women would be desperately needed in the workforce as the number of available young people declined. (No prizes for guessing what the current policy might be if the number of young people in the workforce were not declining!) At the same time government assistance in funding childcare is severely limited allowing tax relief on work place nursery provision. And with so many more women working it may seem reasonable to assume that the burden of household tasks would be more fairly distributed. Not so: a recent survey carried out by the Family Policy Studies Centre points out that 'while it is true that men – on average – probably take a more active role in the home than in the past, this is typically a helping role rather than an egalitarian allocation of domestic responsibility'.[4] It is still the woman who is responsible for looking after the home; the man may assist, but he does no more. Even when both partners work full-time, the majority of the women are left with the bulk of house-hold tasks as their clear responsibility.

Over three generations, women's role in the labour market, and their role within the home and as mothers, has seen considerable movement, but also vacillation, in terms of government policies and objectives. Women have been used as a back-up labour force when economically and politically necessary, while at other times they have been firmly relegated to the home. Not only has this been confusing to women, adding another layer to the contradictory role demands which many of them experience, but also it has had the effect of casting doubts on the value of motherhood and mothering. Society's ambivalence regarding women's employment, and the lack of real support for mothers, have combined powerfully together with the false, packaged image of ideal motherhood, frequently seen in the media and advertising. The result has been a mixture of messages impossible to disentangle or to make sense of. Policies towards women could fairly be described as a somewhat arbitrary mess of political expedience, false idealization, and cavalier attitudes all taking place within the context of a society in which the power base lies firmly with men.

It is this world that Suzanne and others of her generation find themselves in, a world that is in some ways vastly different from that of her mother's and grandmother's generations. Women's role is no longer so firmly fixed in the home; they can control their own fertility to a greater extent; abortion is a real choice; divorce and single parenthood do not carry the same stigma as they once did; education is more easily available, and even though housework is still firmly left with the vast majority of women it is not the same drudgery that it was for earlier generations. Women are organizing themselves and taking charge of their lives in new ways; many are more assertive and more militant. Groups such as Women's Aid and Women for Peace, rape crisis centres, women's therapy centres, the active involvement of women in the miners' strike, the Greenham women – all suggest women's growing confidence that they have a voice and that they can be heard. Many may feel that this voice is not being adequately heard, and that there is a long way to go. Certainly, in other ways change is not so apparent. The figures on employment quoted above should not be underestimated in their significance. They clearly indicate that in the power structures of the UK men are disproportionately overrepresented. Some argue that women's real influence lies in their role as home-maker and carer. While the value of that is clear, it is not reflected in society's treatment of women who occupy that role. That has not changed.

Towards a broader understanding

To understand individual women in therapy and counselling, counsellor also has to understand both their wider history, an their current position in society. Some may ask why we need th view when therapy and counselling deals with individuals. It because a counsellor's concern is to stay close to the experience c an individual in her own world – a world that is part of the large world, which is influenced by political, economic and social issue: The experience and perceptions of an individual come not onl from inside her, but also from outside her. Internal worlds mee external worlds; external worlds exert powerful pressures an demands that cannot be dismissed or ignored, without renderin part of the picture invisible. When women try to express thei conflicts, and their unhappiness, and try to untangle the com plexity of strands of their lives, it is demeaning or arrogant if thei therapist is not able to acknowledge the real pressures and rea contradictions they are also facing.

Equally, however, there is always the temptation, just a unhelpful, to brush away the psychological aspects of individua sorrow and suffering by saying that 'it's all society's fault'. To d so equally demeans the weight and significance of an individual's own life, history and dynamics. In the same way as emphasis or the purely societal or political level can block exploration of th psychological, the reverse is also true. With any client we are dealing with a very complex series of interactions, often with nc clear cut lines between them. That needs to be acknowledgec before there can be any attempt at unravelling. As Suzanne has shown, her present distress and her own past history are closely linked.

Having seen how changes in society have influenced three generations, another question remains. What similarities are there in the lives of the three women: Alice, Emily and Suzanne? Are there any patterns that are repeated throughout the genera tions? It is striking that all three women had to cope with the absence of their husband. For Alice this temporary absence during war turned to a permanent one on his death. She had to support herself and her child at a time when this was particularly difficult, with little support, and with little acknowledgement of the hardship. She had to cope with grief, with isolation, with poverty, and with the double demands of caring for a young child while supporting her financially. This was true of many women at this

time. Yet very little heed has been given to this suffering, compared to the attention paid to the vast loss of men on the battlefields.

Similarly, Emily lost her husband to war, although for her the separation was not permanent. The war involved other separations: leaving her young daughter to return to work does not appear to have been traumatic for either of them, but leaving her employment, and the departure of her mother when her husband returned were difficult times for her. They were also, as we have seen, difficult for Suzanne. Again it seems that these problems were not given any credence by anyone. Men were welcomed home and were given back their jobs. Some protection and acknowledgement was thereby afforded to men, but little to women. Having made the shift to employment and independence with little choice, they were thrust back into domesticity with even less choice. Men were applauded for their war victory; an accolade awaited them. Did anyone applaud the women?

Suzanne did not lose her husband to war, but she did lose him, on many occasions, to his job. She lost him to a world of work that was male-dominated, and to which she did not have equal access. Her earlier equality was lost, but, as with her mother and grandmother, the difficulties imposed by the situation were not acknowledged. Although there are obvious differences between the three generations, these women shared a common experience: of seeing men come and go, and doing 'important' things that women were apparently unable to do; of not complaining, since it is important that men fight wars and make money: of having to be flexible and adaptable. They were expected to praise their menfolk – as having paid the ultimate price, as returning heroes, or as providers for their women and children.

Another common feature, manifested in different ways in the different generations, was experienced by all three women: women are often caught up in processes and events created by decisions made by men. Women, correctly see themselves as playing a central role; at the same time, they recognize that they are unable to assert much control over policies, or over the outcome of policies. Although they lack control, they are deeply affected by many of the consequences. They carry responsibilties and burdens in a manner that is largely unseen and given little credit. On the contrary, the role of men carries greater visibility and is much more obviously given credit. The availabillty of employment and education were crucial to Alice, Emily, and

Suzanne, although they had little control over these areas. Suzanne may have had access to education and to employment inconceivable in earlier generations, but it is also clear that at school she was encouraged to enter a profession that would also accommodate the roles of wife and mother. Although the world of employment was open to her, as a mother she still had somehow to merge two worlds. In the same way, her grandmother had needed somehow to combine the two. During the war years Suzanne's mother had done the same, although her job was then to be taken away from her.

Although there were differences for the three of them, there is an underlying pattern that is uncomfortably similar. First, for these women, as for many others, domestic and working worlds were not rigidly defined or divided. They overlapped, and sometimes conflicted, but essentially somehow had to fit together, even if in tension. A major consideration for all three in their working lives was how work would fit in with their children. Suzanne's grandmother, after her husband's death, had to work. Her work had to fit in around childcare. When Emily worked, Alice was there to be the carer. Suzanne chose a job with hours and holidays to suit her school-age children, although this did not remove all the conflicts. And her husband did not have to make such compromises: he was free to take a job that meant absences from home. Absences to fight a war are obviously not quite the same, nevertheless they reinforce the pattern of it being acceptable for a man to go away; for a woman to stay at home and take sole responsibility, and for her in effect to do two jobs simultaneously. For the three generations employment was not a matter of clear choice and preference: it depended on circumstances into which Alice, Emily, and Suzanne in turn had to fit.

Another pattern that is evident for all generations is that of separation and loss. Obviously in every life there are deaths, losses, and separations; but in this particular family there were many, combined with an ongoing difficulty both in acknowledging them and in dealing with the resulting grief. The effects on Suzanne of these losses were deep; although, equally, her grandmother suffered similarly at the death of her husband. She, too, had felt very alone during that period of her life, her grief had been enormous yet unrecognized, and she had faced huge practical difficulties. Emily, her daughter, as a very young child lost a father whom she hardly knew. She was too young to grieve for him, but not too young to experience the effects of her mother's grief.

Perhaps this very early experience - although, of course, not consciously remembered - partly accounted for the enormous grief she felt in later years when her own mother, Suzanne's grandmother, died. At this time, too, Suzanne experienced the most enormous loss, unrecognized by those around her. As a young girl she experienced the same isolation in her grief, as her grandmother as a young woman, and her mother as a young child, had felt all those years earlier.

To understand something of the experience of today's woman, we need to know something about the experience of yesterday's. We need to have some awareness of how society has developed and how the role of women within that society has been defined, and by whom. This must never detract from the necessity of listening with care to the story of each individual woman, and must not minimize her significance and value as a unique person in her own right. It does, however, place her story in context, thus increasing the breadth of our understanding, and making available further insights. To comprehend the many layers of the person, we need, first, to know and accept that person as an individual; second, to look at the history of the family for further insights and third, to be aware of the wider society and its influences. Essentially, we need to encompass a multi-dimensional view so that we can avoid tunnel vision and its resulting distortions.

Notes

1 Bowlby, J. (1947). *Child Care and the Growth of Love*. Penguin.
2 Ministry of Education. Central Advisory Council for Education (England) (1963). *Half Our Future*. (Newson Report), HMSO.
3 The source of all the statistics on employment quoted in this chapter are: The Equal Opportunities Commission (1987). *Women and Men in Britain: a Statistical Profile*. HMSO; The Equal Opportunities Commission (1988). *Women and Men in Britain: a Research Profile*. HMSO.
4 Henwood, M., Rimmer, L. and Wicks, M. (1987). *Inside the Family: Changing Roles of Men and Women*. Family Policy Studies Centre.

8

Violence against women

> I wonder what abuse a woman has to go through at the hands of a man before she gives up the inward flutter of delight, like the click and flame of a cheap cigarette lighter, at being chosen? Where did we learn that definition of honour? As long as it is there we are never really independent.
>
> Mary Gordon

Women who have experienced violence as a child or as an adult see the world through different eyes than those who have not. They frequently express feelings of being alienated, out of step with others, and of psychological distance. Violence, especially from those who are apparently to be trusted, is a deep and terrible assault on the self. Being abused as a child erodes the cornerstone of the person, and replacing and rebuilding it in adulthood, while not impossible, is never an easy process. For some women, violence is an ongoing part of life: abuse at home, bullying at school, battering from partners. Others, abused as children, may not enter violent relationships in adulthood. Nevertheless, they carry within them the experience of earlier assaults, which inevitably affects their later relationships.

Violence is not confined to individual acts, and is not a modern syndrome. It can be an approved societal or political response, as is seen in wartime. The extent of permissible violence depends in part upon whose side you are on, and the question of whether the means justify the end assumes paramount importance. Aggression on a major scale may seem a long way from a child being tortured, or a wife being battered, but we need to remember that such acts take place in the context of a world in which torture of children and adults is commonplace, and often conveniently forgotten. South and Central America, South Africa and Beirut are sufficiently far away to be dismissed by most of us, most of the time. Horror rapidly becomes history, but it cannot be forgotten; nor should we forget that the perpetrators of war, with a few exceptions, are men, and that those who fight are generally

men. Throughout history men have been reared to enter battle, to fight, and to kill.

Similarly, most violent crimes are committed by men, and this is particularly true of domestic violence. Figures from the Home Office show that in 1986 in England and Wales 60,000 men were cautioned for or prosecuted and found guilty of violent offences, while the number for women was under 6,000. Figures from the United States show that 95 per cent of assaults on spouses and ex-spouses during 1973-7 were committed by men.[1] Historically, men have had considerable rights over their wives - over their property, person, and daily life. Dobash and Dobash[2] suggest that the use of violence in this context has been viewed as a male right, exercised for purposes of control, punishment and domination.

Similarly, violence against children has a long history. The carefully packaged image of the happy nuclear family, lovingly nurturing its children, to which the advertising world adheres so tenaciously, lacks substance beneath the glossy images. Historically, depending on the social class of the family, children have been a source of extra labour or bargaining counters in making advantageous marriages. Children may well have been loved, but they and their mothers were seen as no more than men's possessions. The treatment of children was often brutal. It was not until the late nineteenth century that social reformers became concerned over their condition.

The poor physical state of recruits in the First World War help to heighten awareness. Combined with the publication of, and growing interest in, the work of Freud (in which the significance of early experiences was recognized), there was increasing acknowledgement of childhood as a state and stage of its own. Even so, it was not until the 1940s and 1950s in the United States[3] that doctors began to suspect that some injuries to children were not caused by accident or disease. In 1962 Dr Henry Kempe[4] coined the term 'the battered child syndrome', and this generated an enormous amount of interest and research thereafter.

Those working with women in any context (counselling, social work, the voluntary sector, nursing or psychology) will be familiar with the difficulties for women resulting from exposure to violence. Violence against women is not a rare event; it is horribly common. It frequently takes place within the home, and is frequently not reported to the police. Rape and sexual abuse are often committed by someone known and trusted, and, similarly, often remain a secret. Women who have been abused as children

may be many years into their adulthood before they are able to reveal this, despite carrying the heavy burden of such an experience. Working with abused women can uncover an appalling catalogue of brutality, and it is perhaps understandable, although not excusable, that violence has been dismissed as fantasy in some quarters. As with the abuse of children, the reality is so unacceptable that the appeal of fantasy is considerable.

Working with women abused as children

Child abuse and gender

It should be said that boys as well as girls suffer abuse – sexual or otherwise – in childhood. Given that men commit the majority of violent offences, it is highly probable that more men than women abuse children, and clinical experience further supports this. Research suggests that girls are far more likely to be sexually abused by their fathers or other men, than boys by their mothers or other women. The American Humane Association[5] indicates that with incest, as with other forms of sexual abuse of children, 97 per cent of offenders are male, and 92 per cent of victims are female. Even if this figure is an underestimate of mother–son incest, the evidence certainly suggests that father–daughter incest is a far more extensive problem.

This is not to say that women do not physically and sexually abuse their children, as it is evident that they can and do. However, it is important in understanding the effects on women in later life to recognize the patterns of sexual differentiation that exist. The question of how abuse in childhood may effect men and women differently in adulthood is both complex and important, and needs to be considered in more detail than I have opportunity to do in this book.

To understand how abused women react, the context of their childhood abuse must be recognized. In a patriarchal society, in which, as we have seen, men are well established in positions of power, such blatant misuse of their position from early life onwards has long-lasting influence on girls and women. Their lack of power becomes double-banked, coming from two sources: patriarchy and male violence.

The powerlessness of the child

Women who have been abused may present as such, but they may come with a variety of other symptoms. Some will never have talked about the experience before. Some will have repressed either the whole experience or certain aspects of it from conscious memory. Uncovering the experience also uncovers fears, anxieties, neediness, insecurities, hurt and rage. When counsellors and therapists work with women who have survived abuse, they are also working with very hurt little girls, betrayed by those they thought they could trust, unable to control what was happening to them. In so many ways they had no power, but, potentially, had so much invested in them. A woman who had been sexually abused by her father recalls being told:

> This is our secret. If you tell, I'll go into a prison and you'll be put in a home. It'll make your Mum ill, and then there'll be no one to look after your brother and sister.

She was powerless to resist her father, while holding, in her young eyes, the potential to destroy the family. If the family split up, it would be her fault. As an adult, giving the responsibility back to her father and disowning it herself was an arduous process. Guilt and responsibility were instilled into her from an early age. Another, physically abused by her father and brother, and bullied at school, describes her response to her treatment:

> I never knew what would happen. Neither of them would ever defend me against the other, and they always used to tell me that it was my fault, that I deserved it. They told me I was bad. My father told me that if I told anyone they'd know I was bad, and I'd get locked up.

The death of trust

It is hardly surprising that, as a young adult, telling or trusting anyone was a huge barrier for this woman to overcome. She feared that she would not be believed, that she or the counsellor would not survive the revelations, that somehow damage would result. As a child she felt overwhelmed by the abuse; she feared she would not survive. Revealing and reliving the experience carried the same fear: she might disintegrate herself, or cause (and perhaps desire) others to do so. In the same way as the early experiences were too much for her as a child, so she feared they would be too much for her counsellor.

This was further complicated by a desire (at least in part) for this to happen - the angry child that wanted the satisfaction of revenge on a brutal and uncomprehending adult world. The untrusting child wanted her view of the world reinforced: that no one would understand, and that nothing would be different. Her despair would remain. Anger would have been expressed but not dealt with. Hope would be quashed and the situation would become more deeply entrenched. However, another part of her, desperately clung on to hope, and to the possibility of change. Her relationship with her counsellor reflected this extreme ambivalence: she would alternate between clinging to the relationship with an intense desire, and pushing it away in extreme fear and anger. Her response when her counsellor was ill, and had to miss a session, typifies this:

> I thought, 'She's just like all the others, I can't trust her'. I didn't want to ever come back, and I didn't care. Later, I just felt so scared in case something had happened to you. I need you to be there, and that makes me want to run away.

Hoping for love

Both the women quoted above had lost much of their childhood. Starting to comprehend the extent of such a huge loss and grieving over this, was a painful process. They had both been abused by male relatives, and had not been protected by their mothers. They were both still in close contact with their families of origin: neither had been given the self-confidence to fully enter the adult world, and it was as if they were still somehow waiting with false hope to receive what they needed but had never received. One of them painfully and vividly expressed this feeling when she told me that she felt like a lost lamb trying to suckle from a dead mother. The image was powerful and evocative: trying in vain for what she knew she would never have, but not quite being able to give up the attempt.

Partners and children

Neither of these women had their own children, and both had difficulties in relating both to men and to women. The one who had been sexually abused struggled against continuing a very destructive pattern of relationships with men. She vacillated between being firmly in control of very unassertive men, and

relationships where she was being controlled by an aggressive man. Both were highly unsatisfactory for her, but reflected her confusion and fear of relating. She felt as if she had to be either firmly in control or aggressively controlled. She had no experience of safety in a relationship, of sharing, of compromise, or of care. In her experience being needy or vulnerable led to the worst sort of exploitation. In essence, you had the choice of being the exploited or the exploiter.

The fear both women expressed about the possibility of ever having children came from anxiety that abuse is repeated in families, reinforced by media reporting on abuse. As therapy progressed, this changed for one of them: she realized she could not have prevented her own abuse, but that she did have sufficient power and control over her destiny not to repeat the pattern in her life or in the lives of any children she might have. However, this is a real fear for many women who have survived abuse, creating another potential loss for them: their fear impeding their freedom to choose whether or not to have a child. What has been described here will be a familiar picture both to those who work with abuse survivors and to women who have been abused. It is only a glimpse of what for some is a lifetime's fear and secrecy, a constant experience of a hurt and damaged self that seems impossible to express, and so continually invades present life. It is like living with a ghost which is unseen by others, but is always present, casting a shadow over many aspects of daily life.

Working with women survivors of abuse: the process of therapy and counselling

Disclosure: enabling without pressure

Many abused clients come to see a counsellor or therapist still unable to tell themselves what has happened, let alone anyone else. In my view it is of central importance that the client is not pressurized into revealing details before she is ready. She could not say 'no' to her abuser; she must be able to say 'no' to her counsellor. If she does not feel she can proceed at her own pace, and control what she reveals, she may experience a repetition of earlier abuse. This is a fine balance for the counsellor: on the one hand, she wants to be receptive and facilitative, to hear and acknowledge what is being said; on the other, she must not be invasive.

There is a danger of falling into one of two traps: either becoming another adult who ignores, and does not see or hear; or becoming the person who insensitively takes over without permission. Children who have been abused have frequently been told that they must not tell, and warned of dire consequences if they do. Therapy or counselling gives another message; it is all right to tell and it is safe to do so. However, it may be some time before this message can be believed: a lengthy process of testing may be necessary. Women who were abused as children do not trust easily, so the genuineness of the counsellor's message can only be proved with time.

Boundaries

For a child who suffers abuse, the usual boundaries that exist in a relationship are invaded and demolished. This has implications for the therapeutic relationship. It is important to be clear about the boundaries in counselling. It may reassure the client, and make her feel safer, if boundaries of time, place and length of counselling are clarified. It is important to be reliable and consistent. The client may not be: she may need to miss appointments. She may be late. She may also need to know that her counsellor will stand firm throughout, will not be damaged or upset, and will not take away from her what has been offered.

This is not to say that the counsellor should turn into a passive recipient when boundaries are challenged by the client. Such reactions can be discussed, and the reasons for them understood. This is very different from an authoritarian approach; boundaries exist to provide a safe but gentle holding. They should not become a strangulation. Women who survive abuse can feel tossed around in a sea of pain, uncertainty, and grief. It helps them if the therapist is reasonably securely anchored, and when they know that they themselves will not easily rock the boat.

The hurt child

The woman who has survived abuse as a child carries with her a very hurt small person inside. The counsellor can sometimes feel that she has the child in her counselling room, not the adult. That child must be listened to, and must be heard. She needs to protest, and she needs to grieve. However, the adult in the client has to return to the world after the session. The counsellor's anxiety

about this, and perhaps her difficulty in tolerating the intensity of her client's pain, prevent some counsellors from seeing this child. She will not go away if she is not heard, although she may well become repressed, or demonstrate her presence in other ways, particularly through self-harm. This child will have a very poor self-image, which is shared by the adult woman. Either her abuse has been denied, or she has been told that it was her fault and that it was she who was bad.

Counsellors generally prefer to adopt what they see as a neutral, non-judgemental approach to their work. Feminist therapists in some respects diverge from such a stance, and I would argue against neutrality in respect of abuse work. Abuse against children is an adult responsibility; it is never the child's, and it must not be projected on to them. Women survivors have a right to that knowledge, especially where it has hitherto been withheld from them. Counsellors can spell out the innocence of the child to those who have had this taken away from them. Acting as an advocate for the hurt inner child is becoming a more widely accepted model for working with abuse survivors, and the work of Alice Miller has been influential in this respect. She says:

> I always regard myself as the advocate of the child in my patients; whatever they may tell me, I take their side completely, and identify fully with the child in them, who usually is not able to experience his feelings and delegates them to me.[6]

This approach is a long way from the traditionally distant and neutral stance of the analytic therapist, encompassing as it does a belief in firmly taking the side of the hurt child.

Loss, anger, and grieving

Abuse survivors have lost much. Their childhood cannot be recovered, and accepting that is a major ordeal. There can be stages of disbelief, of great distress, and acknowledgement of the loss can lead to enormous anger. This is sometimes expressed in extreme rage towards the therapist or counsellor. It is important not only to contain the anger and despair within a session, so that it does not spill out elsewhere, but also to be able to accept it.

Recalling these earlier events can be a time of major crisis in a client's life; it is useful to check out other sources of support she may have. Offering extra sessions may be necessary. The client needs to know that she cannot hurt or damage the counsellor by

letting out her anger. However, containing and accepting is not enough. It is also most important to work with her to understand the source of her rage. In becoming the target for the anger, and allowing her feelings about the abuse to be safely expressed and then understood, the counsellor enables her client to reclaim herself.

For some clients, part of the grieving process involves visiting places or houses where the abuse occurred. Others need to confront their abusers. Some do not need to do this literally; they do it inside themselves. While it is helpful to give opportunity to explore these as possibilities, the client needs to trust herself regarding what will be helpful or unhelpful. She needs to be in control of her own actions, and decisions. What is important is feeling in charge of herself, and taking decisions, rather than the particular choices she makes.

Support for the counsellor

Where counsellors carry much work of this nature (and many people in a whole variety of different settings do), it is essential to have sufficient support. Listening to the details of abuse is not easy. It can be unpleasant, distressing and worrying. Trusted and safe supervision, regular and frequent, is a safeguard for both counsellor and client. A counsellor can easily feel like a saturated sponge. It helps to have someone to throw it at who is resilient enough not to fall over. Abuse survivors have often not learned how to be self-protective. It is important for those working in this field to be able to protect themselves. Constant assessment and self-monitoring help in avoiding too heavy a workload. Self-knowledge and self-awareness are also vital, and if this work touches unresolved aspects of the counsellor's being, then at that point in his/her life it may be better not to take it on.

Working with women living with violent partners

Past and present: women and violence

The 1970s saw a renewed awareness of the problem of 'battered wives' with the opening of refuges for women, but domestic violence has a long history: A man's right to beat his wife was firmly entrenched in British law until the late nineteenth century, the only controversial issue until then being what the acceptable limits were to such treatment.[7]

It is paradoxical that for abused women and children, the home is the place of greatest threat. For most of us, it is a safe place to retreat to. Evidence from women's refuges, and from several studies, for example those of Pahl[8] and Bowker,[9] gives a clear indication that the level of violence suffered by women is serious and extensive. Lorna Smith points out that:

> Despite disagreement over many aspects of domestic violence by various researchers, one of the few things about which there is almost universal agreement is that it escalates in frequency and intensity over time. Numerous studies have exploded the myth that serious injuries seldom occur or that weapons are seldom used. If violence happens once, it is likely to happen often.[10]

Women who have been subjected to violence, especially in the early stages of a relationship, can appear convinced that change will occur, and violence will cease, particularly when the attack is followed by contrite apology. The following extract comes from the first counselling session with a young woman who had left her boyfriend after a serious attack on her. In their short relationship, she had already been badly hurt twice:

> Well, of course, he's not really a violent person. I mean, he's terribly upset afterwards, and it's always when he's been drinking. But I know it's dangerous: he did knock me out, and I suppose I'm lucky he didn't kill me. Everybody keeps telling me that once a man starts being violent he won't change. But I can't believe that, can you? I really need a bit of time to think it all over, but he's so sorry he won't leave me alone, he keeps coming round. If I go back to him I think it will be all right. I think he'll know he mustn't do it again, after all he knows I'll walk out.

She did go back; the violence, predictably, occurred again. In this instance, this woman was not restricted, as so many women are, by economic factors, by lack of housing, by dependent children. She was able to support herself financially, and had her own accommodation. Whatever drew her to, and kept her in, a relationship that was life-threatening, appeared to come from within her. On one level she was fortunate: she did have choices. On another, this was evidently not the case. Something prevented the choices from being translated into reality.

Women and separateness: why women don't leave

We have seen in an earlier chapter that women tend to define

themselves in terms of their relationships with men, and that when a relationship ends, or goes wrong, they experience a sense of loss of self. We have also seen how women are disadvantaged in the job market, and, therefore, financially; and how difficult it is for women to bring up children single-handedly, although many do so successfully, against the odds. These factors operate together to maintain women in relationships that are violent.

It is very difficult to leave a relationship when doing so makes you feel a failure, when you know you cannot adequately support your children (especially when state support is a passport to poverty), and when abuse has left you demoralized, frightened, and defeated. To leave a partnership under these conditions needs a considerable degree of courage, desperation, assertiveness and self-protectiveness. Violence can induce a feeling of numbness, non-existence and psychological paralysis. Small wonder that leaving is so difficult.

Men who are violent have real power over women, and they use it. Women know what this has done to them, and they live with fear. Leaving a violent partner does not always remove a woman's fear; she often lives in terror of pursuit and retaliation, accompanied by an anxiety that the law will not afford her adequate protection. Many a woman's previous experience has been that her partner's violence has been unstoppable.

Some women appear to fall into a pattern that could be seen as a false and distorted maternalism towards men. This may not be surprising, as this is a role that is universally acclaimed and approved of for women, and one which does give them some status and limited power. The syndrome can manifest itself in many ways: 'I must get back and cook his tea, he can only just manage to boil an egg, and you should see the mess he makes' is a typical expression of it. Another is: 'Well, he works hard, he needs his relaxation; he always goes to the pub/ goes fishing/ plays golf/ watches football'. The man becomes the child: he cannot be expected to take care of himself, and he must have his playtime. This may be one way of dealing with someone who in so many ways has more power and authority: the idea of 'they're all little boys at heart' perhaps reduces men to a more manageable size. But when extended to indulging, and excusing, violent behaviour the distortion becomes potentially life-threatening. Consider the following words from a wife following another attack by her husband:

> I can just be sitting there and he'll be walking through the door and he'll just throw me on the ground and start kicking me. I think he thinks it's his right really – his dad is like that with his mum. But he's really very fond of me and he's often ever so sorry afterwards and ever so nice. And I suppose I'm not a very good wife to him, my job is important to me, and he doesn't like it when I'm back late and he's waiting for his tea. I think it might be up to me, you know, to avoid situations when he might be violent. After all, he can't really help it – I mean they can't, can they? It all just gets too much and he explodes, poor thing.

It is not a truculent and tired three-year-old in a tantrum who is being described here, but a grown man whose violence has already once led to his wife's hospitalization.

Repeating patterns

Popularly held opinion maintains the idea of the cycle of violence: that men and women abused as children somehow seek one another out in adulthood and continue the pattern into their own adulthood and, indeed, often into the treatment of their children. In this analysis pain and pleasure, love and torture, become inextricably linked. Erin Pizzey and Jeff Shapiro[11] have described how they believe this explains the behaviour of both abused and abuser, and the tenacity of such couples in clinging to abuse. If they manage to leave one violent relationship, they will enter another. However, although this may apply to some situations, and there is evidence that it does, it is not a universal explanation, and should not be treated as such. As an explanation it is horribly near to the twin myths of 'women ask for it', and 'they enjoy it'. Such myths can all too easily prevent serious attention from being paid to domestic violence. Explanations that look only at individual pathology, and ignore the wider picture, need to be viewed with caution. It is easy to regard abused women as disturbed, neurotic or mentally ill without realizing that it is violence that can make them so.

The other side of this argument is illustrated by the findings of a study carried out by B. Andrews[12]. Out of a sample of fifty-nine women victims of domestic violence, only three entered a new violent relationship, having previously left one. It seems more likely that the behaviour of the abusing man can be explained by a violent childhood. A study by D. Martin and D.S. Kalmuss[13] shows that it is not women victims who come from abusive

families; it is male aggressors who do. Many women are able to leave violent relationships, although it is never an easy thing to do. The following words come from a session with a woman with a small child and no independent income, who stayed in temporary accommodation for many months after leaving her partner. Her words illustrate how demoralizing violence can be:

> What you said last time really made sense [that her partner was turning her into a powerless, defenceless child]. He's turned me into a little girl; he's taken away my adulthood. He's got no right to do that to me. He says things like: 'You've been a good girl today' or 'You've been bad; you deserve to be punished' or 'I'm only violent because you deserve it, because you can be so annoying – you answer back' or 'If you were reasonable you wouldn't make me hurt you'. After a while I start to believe he's right, and I think, 'I'm going mad'.

This woman did manage to leave. Doing so produced a real crisis of self-confidence in her, and she lived in abject terror for some time. She was not able to go out alone, and she suffered nightmares for a long period of time. However, she began to rebuild her life successfully, to discover and enjoy herself.

Working with women in violent relationships: the process of therapy and counselling

Unravelling the practical from the psychological

Understanding how women subjected to violence make sense of it, and looking with them at why they stay with violent partners, is of obvious importance. However, some who come into contact with abused women make the assumption, especially where violence has continued over a period of time, that the woman must somehow be colluding with or enjoying it, or that she would otherwise leave. Violent treatment can become a way of life; demoralization and fear can be so all-encompassing that they wipe out any ability to question, think or feel.

Not all women who are abused by partners will present that as their problem. They may be aware of feeling depressed, tired, anxious and hopeless, but will not have connected this with how they are being treated. They see no way out, and feel there is no point in talking about it – it is just the way things are. If violence has been part of a way of life, someone else enquiring about it, and

encouraging them to enquire into it, can seem strange. Connecting the violence with, for example, depression, may seem obvious to the counsellor but not to the client.

If a woman says that she would leave, but has no money, no accommodation and no job, or that she believes that her husband would come after her, these are real problems. They should be acknowledged as such. They can be extraordinarily difficult, though not always impossible, to overcome. That needs to be stated. Leaving is not easy; knowing that it is a problematic situation, rather than feeling individually responsible for finding it hard, can be reassuring. It should never be forgotten that fear of retaliation is a powerful reason for not leaving. Women can and do run away, only to be found, brought back and subjected to even worse treatment.

In this situation, it is quite clear that psychological help is inappropriate as an initial or only response. The counsellor may not have the skill or knowledge necessary to assist with these difficulties. But if they are not addressed, and not taken seriously, other forms of intervention will be ineffective. Other agencies may be able to work with the client, as an advocate, to help with these crucial practical, difficulties. If she is worn out, depressed and scared, she will need help in seeking the legal, medical, financial and housing assistance that she needs. You have to feel at your best, not your worst, to deal effectively with a complex of agencies and professionals, yet this is not how abused women feel. A woman trying to leave a violent relationship must be given every chance to do so. If she is not met with a prompt and positive response, she can find it even more difficult to request help on future occasions.

Others present themselves as wishing to leave a violent partner, particularly if there has been a recent and serious assault, but then seem unable to do so, even if economically they are able to support themselves and their children. Similarly, when practical support is offered to women who say they would leave if they could, they do not always do so. Other factors are then at work, and if they are not identified and worked with, what is an intolerable situation will simply remain unchanged. This can take a variety of forms.

'I can't manage alone'

A woman who has experienced violence can feel so deflated and devalued that she cannot imagine being able to cope alone. If this is

further reinforced by feeling that it is her fault that the marriage has gone wrong – often emphasized by her partner – her self-esteem is in danger of dying completely.

It is important to understand what can be meant by phrases like 'I can't cope alone', and to help the client to understand this. It is likely that she cannot conceive ever feeling different. Furthermore, there is the additional pressure that being alone carries some social unacceptability. There seems no way forward. Resurrecting hope is a struggle. Her right to despair, and for this to be heard, is important. It is not helpful, although it may feel comforting to the counsellor, energetically to rush into consultations with, for example, housing departments, when the client may not yet be ready. If her despair, and anger are not given space for expression, they will sabotage other attempts at help.

This balance has to be reached sensitively: if practical resources are not offered when needed, the client may feel rejected, and withdraw; if they are offered when not appropriate, she will not be able to accept them. The danger is then that when she finally wants help she will have alienated those in a position to offer it, by earlier refusing it. It can be helpful, as a counsellor, to be open about this predicament with the client. The client is often not aware of this problem, but may be able to recognize what is happening when it is discussed. It opens the door to a mutual assessment of what might be most helpful at what stage. Recognizing the possibility of sabotage can make the situation more manageable.

Paradoxically, a woman often fears her ability to be alone, when the reality, as others see it, suggests that her relationship is so destructive that, far from offering any support, it knocks her down emotionally and physically. Essentially, she is already alone, and common sense suggests that she would be better off literally alone. This awareness, often so obvious to both friends and those in the caring professions, can cause them to become irritated and exasperated with her when she does not leave. Ultimately, if their sympathy and support is withdrawn, she is left even more alone and alienated, and finds it still harder to leave. A vicious circle draws tighter. Therapists and counsellors need to be able to recognize the possibility that this cycle exists: acknowledging it gives a chance of escape but denial reinforces it.

It needs to be remembered that a further layer to the anxiously expressed 'I can't manage alone' is provided by a pervasive societal message: that a woman needs a man to care for her. It is

not easy for women to live alone. There is no obvious recognizable and acceptable niche for them to slot into. Women who do live alone and enjoy it are often surprised that they do because society is strongly couple-orientated. The discovery that there are alternatives can be unexpected. Many women who are struggling to leave violent relationships have frequently had little or no experience of living and acting independently. The thought of doing so is frightening. Awareness of these issues in working with abused women is essential. If the context is not appreciated, and worked with, it is all too easy to fall into the judgemental responses that are heard, such as 'She won't be helped', 'She could leave if she wanted to' and 'She must like it really'.

Working with ambivalence

It is not easy to leave an established relationship. The existence of violence within it does not magically make it any different, as the following words demonstrate:

> It's the sort of thing we've discussed at women's groups. You know, what you'd do if your partner was ever violent. Well, that's an easy one, isn't it. I'm a feminist; I'm independent; I feel fiercely about women's rights. No man would ever do that to me. The answer clearly was: the relationship would end. I would leave, or he would go. That would be that. But, when it happened, it didn't feel that easy. Something must be wrong; he must be ill – having a breakdown. This couldn't really be happening. He wasn't like that. I wouldn't be with that sort of man. I couldn't have got it that wrong. I didn't understand. I couldn't just leave. I needed to understand what had happened. And for a while it was lovely. I was so glad that it was all right: it really was an isolated incident. But it wasn't. It took me a long while to recognize that. And by then I was so depressed, so stunned, that doing anything was hard, and making a major life decision, with all the practical difficulties that involved, felt impossible. I did it. But the pain, the heartache were dreadful.

The sense of disbelief, shock, questioning, and shattered hopes and dreams, is very evident. The pattern of attack followed by reconciliation and the renewal of hope, only to have it shattered again, is a familiar one. Generally people enter relationships hoping and believing that they will last, trusting that they have chosen the right person, and believing that the person they have chosen is trustworthy. Discovering that it is no longer so is always

a shock, and violence is a particularly brutal road to that recognition. The situation can be a very confusing one: in between the bouts of violence there can be loving and happy moments. It is a dilemma: which message to believe? Inevitably, it is preferable for most women to believe the loving message. The situation may seem clear-cut to those outside: violence is not acceptable, therefore it would be best to end the relationship. But it is not always so simple from the inside.

For a woman to leave any relationship can involve mixed feelings, and leaving a violent man especially so. She may well want to leave the violent parts, but not the whole. Really, she wants the situation to change, rather than to give up on it. Perhaps we would all like to feel that we would not tolerate abuse against ourselves, and that we would never be abusive. Perhaps when women are as deeply ambivalent as they can be about leaving a violent relationship, it is deeply threatening to others. Certainly, it seems easy for people to become quite antagonistic towards women who express ambivalence, which makes it hard for them to acknowledge these very confusing feelings. Yet, in order to find a way through, women need to be helped to express and accept that they are confused; that confusion, although unpleasant, is acceptable and, given the situation, appropriate. If they can understand the source of these feelings, they are far more likely to be in control of them and able to start making decisions. It is simplistic and unhelpful to suggest the possibility, or desirability, of anything certain, in a situation that renders clarity difficult and certainty highly unlikely.

Taking back power

The woman who recognized that her husband was treating her as a child, and not as an adult, was able to see that he had effectively knocked away all her adult coping strategies. She was quite clear that she would not tolerate that sort of treatment from anyone else, and indeed had not been treated like that as a child. It felt, talking to her, that in effect she had been brainwashed. The combination of physical violence and ongoing personal denigration, had completely removed, for the time being, her adult coping self in relation to her husband. She was completely powerless. This feeling extended into the rest of her world, although not to such a marked extent.

Helping women to look at how they may recover their power is

not an easy task. Challenging a violent man can produce more abuse as he attempts to maintain his power:

> While some women find the violence directed at them to be unanticipated, others report that, as long as the men they live with are not challenged or disobeyed, no abuse occurs or it is limited. As is true of oppressed people generally, women who live with violent men study their behaviour closely in order to be able to avoid violent encounters.[14]

For some women, recovering their adult autonomy and power is a slow process. It starts with the decision to separate, but continues for a long while afterwards. Counsellors can aid this process by offering a safe and reliable relationship and environment. Leaving violence behind does not take the memories or the effects away. The woman will need considerable encouragement and reinforcement, and an opportunity to try to make sense of her life. Having the space to do that can be frightening in itself. A new focus for living has to be found, and other relationships reassessed. When a previously abused woman starts making changes for herself, this can be an enormous delight to her and to her therapist. One woman, in a state of high excitement, reported the following:

> You'll never guess what I did. I told him to leave me alone; never to dare to touch me again. That I didn't care if he was in charge. That he didn't own me. And that if I had any more of that nonsense, I was reporting him to his manager, and I'd go to the union. He sort of crept away and he's been all right since. And I really mean it.

The man in question had been harassing her at work, causing her great distress. When she was able to recognise that he created the same feelings in her that her husband had done, she started reassessing the situation. After much discussion, and carefully looking at her options, and the possible outcome of these, she came to a decision and acted accordingly. This marked a very significant step forward for her. She had been made powerless by her husband. But in some situations she did have power if she was able to exercise it.

It may seem to the reader an obvious link for her to make: that other men could frighten her as her husband had done. In fact, recognizing this was not easy for her, and it took some weeks' work before she was able to appreciate the depth of her fear, the extent of her feelings of powerlessness, and how this had become extended to all her relationships. Ultimately this recognition,

combined with identifying and discussing possible strategies, and supporting her right not to be harassed, enabled her to act effectively and assertively.

Working with rape victims

Women in danger

Rape is not an unusual occurrence. The number of reported rapes is nowhere near the actual number of victims. In my own clinical work, only one rape victim reported the attack to the police; I have lost count of the others who reported nothing. Rape is primarily a violent and criminal attack; it should not be classed as a sexual experience. It humiliates, degrades and terrifies, and it is intended to do so. It is the greatest possible invasion of a woman's body and self, against her wishes, and without her consent. She often feels her life is in danger, and, indeed, the use, or threat of use, of knives and other weapons is common.

Women are warned against the dangers of walking alone at night: they should avoid alleyways and unlit roads; they should keep within sight and sound of occupied houses; they should not walk in the shade of trees and bushes; they should be watchful; they should carry alarms; they should avoid direct eye contact. Women have an enormous responsibility placed on them, to protect themselves and to keep themselves safe. It is almost like living under curfew. The threat and fear of attack is huge for women, and is based on reality.

In fact, many rapes are carried out by men known to the victim, sometimes well known, sometimes only slightly. Rape can occur at any time of day or night, and it is not always in a dark alleyway. Rape frequently occurs in a woman's own home; even what was felt to be a safe place becomes tainted and spoilt.

Where is the responsibility of men? Given that attacks on women are mainly carried out by men, and all rapes are by men, what about some controls on them? If anyone should be restricted after dark, perhaps it should be men who are kept inside. Perhaps there should be more emphasis on men taking care; of acknowledging and respecting the rights of women. Perhaps more men should get angry about violence to women. It seems reasonable to pose the question: why are more men not actively protesting? In reality, neither men nor women can be restricted in their movements, although considerable attempts are made to impose such restrictions on women. But the emphasis on women needing to

keep safe implies that men are a lost cause. Women have to accept that and to beware. Somehow, that seems most unsatisfactory.

'Women ask for it'

Women are all too easily blamed for rape:

> Both men and women tend to blame the rape victim, although their reasons for placing the blame differ. Men are more likely to assume that the woman unconsciously wanted to be raped and was seductive: her clothes and appearance were too sexy, or she led the rapist on and then changed her mind. Women, on the other hand, tend to blame the woman for simply being in the wrong place at the wrong time.[15]

Blaming women for rape is another means of emphasizing the victim and playing down the role of her attacker. It also assumes, for example, that if a woman is dressed attractively she is issuing an invitation to a man; or that if she is out late at night, that is provocative. Men who dress to accentuate their sexuality, and stay out late, are not perceived in the same way. Women not only have to cope with the appalling trauma of rape, but also are faced, all too often, with a sceptical world that holds them responsible.

Perhaps it is comforting for women to believe that if they are careful, and obey certain rules, they will be protected. A woman who is raped must have broken the rules, and failed to take sufficient care. If she had done she would have been safe. Similarly, men who rape are somehow viewed as a different species. Both men and women can collude in this belief. It moves reality into the realm of the sick and the mad, and away from men and male responsibility.

A man will protect you?

Rape can be a sudden attack by a total stranger, but often it is not. Women are frequently raped by partners. (Although rape within marriage is a contentious issue women certainly experience this.) They can be raped by acquaintances, colleagues, neighbours, former partners and friends. The betrayal of trust in these instances is overwhelming and bewildering. The question 'How could he do that to me?' is one which women painfully ask and cannot answer. Rape, in these circumstances, is rarely reported, and none of the women quoted below would even consider going to the police.

One woman describes her experience:

> I've known him for ages. He'd drink in the bar with his students. I went with him to his room to get a book I wanted to borrow. That's when it happened. I couldn't believe it was happening. He took no notice of me; he wouldn't listen. I didn't realize just how physically strong a man can be. Afterwards he said 'I've always wanted to do that to a lesbian'. He told me that if I was thinking of telling anyone, there was no point. No one would believe me, and he'd say I said 'yes'.

The man in question was, in fact, a pillar of the community, well known in his locality, a professional, married man with children. She felt she would not be believed, and that the trauma would be made even worse. A few weeks later she attempted suicide.

Another woman describes her terror:

> I'd broken off the relationship with him, but I'd tried to keep things friendly; I had to really, because there were a lot of things that had to be sorted out. And, anyway, we'd had good times, and there's no need to get nasty, just because it doesn't work. We were going out for a meal. We agreed to do that, and sort out some outstanding money. On the way there he drove off the main road, and he raped me. I did fight and scream. There was no one to hear, and it seemed to excite him. I can't describe the terror I felt. I suddenly thought: this is how women get killed. I stopped fighting then. I didn't want to die.

Her rapist, frighteningly, had a job where he exercised power and control over the lives of other people, and, even more worrying, over people who were themselves in a vulnerable state.

Another victim describes staying with her friend in a house shared by a group of men and women:

> I was woken in the night by one of them, who I knew slightly. He got into bed with me, gagged me, and raped me. It was like a nightmare. He didn't say anything. I saw him in the morning, having breakfast with one of the other women, who is his girlfriend. I was numb and terrified. I did tell my friend. She wanted me to go to the police, but I couldn't have gone through that as well.

It is often assumed that rape by a person known to the victim is in some way an 'invited rape' – that somehow signals have been given, that the woman really wanted the man. This is not the case. In all these instances, and in many more I could cite, the victim assumed that she was safe with a man who was known to her and apparently trustworthy. These men proved not to be so. But

unless these women had led their lives in a constant state of high suspicion and cynicism, their trust was, as far as they could gauge, justified.

Working with rape victims: the process of counselling and therapy

Immediate responses

The implications for the counsellor of working with rape victims depend in part on whether the rape has just occurred, or whether it has been finally acknowledged by the victim years after the event.

If a woman presents soon after the event, then clearly she is in an immediate crisis which demands a particular response. Holmstrom and Burgess[16] suggest that the victim is treated as a customer, and that the counsellor should therefore pay careful attention to her requests, taking these seriously and, as far as possible, meeting them. These crisis requests fall into several categories, including the question of possible police intervention, requests for psychological help, and the need for medical care.

Crisis intervention techniques essentially focus on the crisis of the moment; past experiences and history, are not, at that time, relevant. Meeting the particular needs of rape victims immediately after the attack is important: my own clinical experience is that intervention at an early stage, geared to the individual's expressed needs, enables a more rapid recovery. At this time, the victim is likely to need to make decisions about involving the police, and will require accurate information about the legal process involved. Whatever her decision, it has to be hers, and she will need support for her decision, whatever it may be. She must not be pressurized by anyone – it is crucial that she is able to decide independently.

Younger victims are faced with the dilemma of whether they tell their parents. They may not be able to do this alone, and it can be helpful if their counsellor is present. If this is done, it is important to be quite clear beforehand what the client wishes you to say, and what must remain confidential. Having had no control over what has happened to her, she must be given as much control as possible in the counselling process. Once parents have been told, the victim is often left feeling greatly relieved. But her parents may be very shocked and need help in their own right, to cope with both their daughter's distress and their own.

Recalling the rape

Recalling the detail of the assault, often repeating this over and over again, is helpful and necessary. The victim not only needs to do this at the time of the assault, but often for a long while afterwards. She is likely to need reassurance from her counsellor that she can do just that, in as much detail and for as long as she needs to. It can be difficult for her to do this with friends and family, even those who know what has happened to her. She may feel that they cannot cope, and she may be correct. It is not comfortable to listen to details which are often horrifying. It is hard to be with someone in such psychological agony and distress.

She may worry that no one can bear to be with her when she feels so awful. Such a feeling is apparent in the initial period following a rape. At first she can talk about it but as time goes on she feels it becomes less acceptable. Often her anxiety will be that if she expresses how awful she feels, people around her will not cope with it. One victim expressed it in this way:

> I can't keep going on about it. It's like a nightmare. I can tell nobody wants to hear it again. It's too much for them. They can't handle it. It's hurting them.

When she said this in the session, everything felt completely stuck. She could say nothing, and found it hard even to look at her counsellor. Three things had to be said by the counsellor before any headway could be made. The first was to acknowledge the client's anxiety that her counsellor might not want to hear her talk about the rape, and would not be able to cope. It was very important to reassure her that this was not so. Second, it was necessary to suggest that her fear that no one could tolerate her recounting the experience very much reflected her experience of the rape. It had been so intolerable, and so awful to her, that she had felt, and still felt, that she herself could not cope. The third intervention is central, and deserves a section to itself.

Anger

The third aspect, handled with enormous care, was a guess, but one which was acknowledged as correct. The counsellor attempted to draw out the angry feelings which the client might be experiencing. The counsellor suggested that such a dreadful assault had perhaps left her very angry, as well as extremely distressed and hurt; it might be more difficult to show the anger,

especially if she also felt angry with those she needed. The client was able to acknowledge that she was indeed frightened by her desire both to be very angry and to hurt those close to her. Part of her wanted to be intolerable to them, so they would know how bad she felt, and so that in some way she could retaliate for what had happened to her. Another part of her was genuinely protective to those around her.

Her counsellor was able to recognize this protectiveness and at the same time allow the anger to be expressed, knowing that it would not be destructive to either of them. Unexpressed, there was a danger that the client would not have returned for further sessions, or that her feelings could have become translated into actual destructive actions.

Rape can also induce feelings of absolute fury in those who work with the victims, rage which feels entirely appropriate. However, care must be taken that the counsellor's outrage does not overwhelm considerations of what the client needs. In fact, the anger of the counsellor is often in direct contrast to apparent lack of it in the client. Rape victims frequently do not appear to be angry. When they start feeling and expressing anger, it can be the beginning of the process of recovery.

It is important, as illustrated above, to be sensitive to when a woman is feeling anger, and to be able to look at this with her. On the occasion under discussion, the counsellor herself was very aware of her own anger with the unknown rapist. Her caution in responding to her client arose partly from her awareness that this was a sensitive area, partly also because of her uncertainty about projecting her own angry feelings onto her client. This is a useful illustration of a golden rule in therapy and counselling: if in doubt be tentative; certainly be aware of your own feelings, but do not assume that they always reflect your client's experience. They may, but that needs confirmation by the only person who knows - the client. This is particularly true in working with rape victims since rape arouses such powerful feelings.

'I must have deserved it'

The experience of rape is devastating. The lack of expressed anger towards the perpetrator, especially in the early days and months after the attack, is partly explained by the victim feeling that she was herself to blame; and that she must have deserved it. That such a terrible thing should happen, that has made her feel so bad,

can only have occurred because she was bad: this may not seem rational, but it is a very real feeling. It is as if she was so powerless to resist what was an appalling act against her, that the badness of the act enters her so deeply, that she herself becomes bad, and cannot resist that either. Rape victims feel dirty; an immediate response after a rape is often to throw away their clothes. Continual bathing can become a way of life, but the feeling does not go away easily. One victim describes her feeling of being bad, and of feeling dirty:

> I can't escape it. I must have deserved it; I must be a really bad person. He wouldn't have done it otherwise, would he? I wish I could stop feeling so dirty. It's unbearable, I just keep trying to wash it all away, and nothing helps.

As with making clear the responsibility of the adult in the abuse of a child so the counsellor can assert the total and absolute responsibility of the perpetrator for rape. This will need ongoing repetition so that the victim can reach a point where she challenges her view of herself as guilty. Recognizing that powerful and violent acts have powerful and violent consequences also assists the victim in reviewing her own negative self-image.

Delayed recognition

Some rape victims supress the experience for a long time. Memories are triggered by a television programme, an article, or friends discussing rape. Whatever the trigger, the effect is considerable. It is much more difficult to tell family and friends long after the event, so support may be limited, and reactions various.

Although the process of working is similar to when the attack is revealed immediately, it needs to be recognized that the shock of revived memory is severe. Counsellors need to be aware of this, and also that support may not be forthcoming from others. Although it is not appropriate in early sessions, it is worth considering the reasons for the repression of so momentous a trauma. It could, for instance, reflect other patterns in her life of major events being ignored, or significant others not being trustworthy. A woman who has been raped more than once can find disclosure particularly threatening. She will fear that others will assume that it must have been her fault.

Moving on

Rape inevitably has serious consequences for the victim's relationships, especially with men. Any sexual activity can become abhorrent, and this can cause great distress in an existing relationship, or can prevent the formation of new ones. Distress is also caused to the partner; he, too, may feel guilty, helpless, angry and powerless, and at a loss to know how best to help. Couple therapy may be appropriate at some stage, or the partner may need a chance to talk in his own right.

Most rape victims wish to be able to resume satisfactory relationships with men. When a client expresses this, it is important to acknowledge it, and to work with her to enable her to achieve what she wishes. In this sense it is not appropriate to adopt an anti-male stance. There is excellent reason unreservedly to uphold a woman's right to not be the victim of attack, but an anti-rape stance should not extend to an implication that all men are bad. Rape victims are vulnerable; dogmatic ideologies must not be imposed upon them.

Violence: an overview

There is nothing like condensing such a massive subject into so few pages to bring home the horrifying extent of violence against women and girls. It would be easy to be overwhelmed by it, to decide to look away, to turn the spotlight on another angle.

But there is hope there, too. Women are impressive in their ability to survive. Many women have appalling stories of abuse to tell. They carry physical and emotional scars. But they fight on and come out winning. Many give excellent care to their children and to others. They value life but never take it for granted. Others do not survive, or do so by the skin of their teeth. Their quality of life is unacceptably low, and the treatment they receive should not be tolerated. Therapists and counsellors, while gaining strength and hope from the one group, should not forget those who are less able, for one reason or another, to come through.

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COUNSELLING

The Aftermath of Abuse: the Effects of Counselling on the Client and the Counsellor

by Moira Walker

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If you are involved in the world of counselling, you know what it is to sit and hear stories of human suffering, pain and betrayal. There is a danger that it either becomes so routine that compassion and care can become blunted or becomes so overwhelming that it seems too much to bear. We accompany our clients as they journey through the pain, we hope, to healing. It is a journey that can be tough and tiring, one mountain climbed only leading to the view of the next peak to be overcome. At places the view may be breathtaking, at others you can see nothing and feel you are going nowhere.

Many of you will also have been clients, so you will know from your own experience what it is like to be in the other chair. You know how vulnerable you can feel and how important your counsellor or therapist becomes. If you have worked with clients who have been abused, or sought counselling to help you with your own abuse, you will know that counselling in this situation has powerful effects on both those involved. What I aim to do here is to explore some of those effects of counselling abuse survivors from the perspective of both the client and the counsellor and to ask what both need to help them with this experience, in order that it does not become abusive or destructive for either. I will use case examples to illustrate the points, and as I describe them invite you to enter the world of these clients and these counsellors.

The Clients Experience

Cara's story

Many years ago now, a thirteen year old girl, whom I will call Cara — a loved only child, was sexually abused by her father. This was the first and only time this happened. Previously she had adored her father, experienced him as protective, supportive and highly caring. Cara's relationship with her mother had not been so close; her mother provided well materially, but the closeness she enjoyed with her father was not there. He was very definitely her special person. His assault on her took place in silence in a dark room, and her father never referred to it again.

He became distant and cold. The loving father had disappeared for ever. She told her mother who reacted very passively. Her only clear message was that this must never be mentioned again and that her daughter should lock her door at night. When this thirteen year old tried in enormous distress to talk to her mother again, her mother was angry. She told her not to make such a fuss; that it was all over and that it had only happened once anyway. Cara was told that her father was a good man and a good father, surely she could forgive him this once.

It felt as if her world had fallen apart. Her mother was denying the seriousness of this assault. Her father could not be trusted and anyway hardly spoke to her. She experienced an overwhelming confusion of feelings that were indescribable, and, anyway, there was no-one to describe them to. Her school work suffered; she alternated between being withdrawn and very difficult. Consequently she managed to alienate both teachers and friends. She became the target of bullying. Her exam results were poor. She left school early, both to avoid further bullying and because she had by then been labelled as an educational failure. The cycle of the effects of abuse was in full swing.

Thirty years later Cara was still under-achieving, and following the death of her father a crisis erupted. She became seriously suicidal; her job — the mainstay in her life — became impossible for her. People who knew her were very concerned and she finally agreed to see a therapist. This was a huge step for her to take. She was assessed by a male therapist, another difficulty for her, but in this unit all assessments were carried out by men. There was no choice. However during the assessment she was able to say, very hesitantly that she had been abused, that talking to a man was difficult and that she would like to see a woman therapist. She was not very assertive about this. This was, of course, a woman unused to being heard, and totally unfamiliar with making demands. Indeed, her self esteem was so low that she did not perceive herself as having any rights. And she carried with her the experience of her thirteen year old self, who had tried without success to make herself heard.

She had to wait a long time for an appointment. When it came it was with a male therapist. Once again in life it seemed that she had not been heard and not been taken seriously. Cara did go to see him. She went for three sessions and did not return again. In her first session she was overcome with terror. She could not speak. For half an hour she said nothing. And neither did the therapist. Her fear grew. His presence became ever threatening, and she experienced a flash back to the abuse which itself had taken place in silence. After half an hour he commented on the silence. It was interpreted as resistance. She attempted to explain what was happening and could not. The silence continued and the session ended. Session two was similar. After session three, in which she had tried both to challenge her therapist and to explain her difficulty, both unsuccessfully, she gave up. She wrote to the therapist who ran the unit and who assessed her. She explained her position and asked for an appointment with a woman, saying she was prepared to wait. The reply was that she must work on her difficulties with the therapist and she could not be offered another. She did not go back. Events that followed were horribly similar to earlier childhood events. Cara alternately became withdrawn and explosively angry. She felt once again that she had been damaged and betrayed, not listened to, not taken seriously; here was another situation in which she had no power and no real voice.

To the world around it seemed ultimately that nothing very dramatic happened. She gradually resumed her old way of life. The angry storming stopped, and obvious withdrawal gave way to a quiet, rather distant sadness, as if she were in a far-away place. She was no trouble to anyone else, but greatly troubled inside herself. Nothing was resolved of course. Another layer of pain and rejection was added, only to be repressed. Cara would

not risk seeing other counsellors or therapists: the chance of further hurt was just too great.

Elaine's story

For Elaine too, the effects of seeing a counsellor could have been negative, but for her a more positive outcome was achieved. Elaine's story was different. She grew up surrounded by abuse. She watched her mother being beaten by her father and in turn experienced the same violence. Violence was part of life. Father's word was law, and he enforced it with no compassion or consideration and apparently little rational thought. He was powerful outside the home too. He held a very responsible position, was highly paid and highly regarded. The family lived in a large detached house, not overlooked or overheard. The abuse was successfully hidden. In her early teens the physical abuse lessened but the one adult she told about her abuse started to sexually abuse her. This continued into her early adulthood. The abuser was a man in his forties, working in one of the caring professions. She had gone to him for help. She did tell her mother but whilst her mother was not unsympathetic, she could not help. She told Elaine that she was sorry but it was just how men were and neither of them could do anything about it.

When Elaine came to counselling she was in her twenties. She too was initially assessed, although by a woman. She was offered the choice of a male or female counsellor and she asked for a woman, although she was clearly anxious not to be thought a nuisance. She was reassured and it was explained that the choice really was hers to make as of right. During her assessment she was able to express her anxieties about counselling and what a big decision it had been for her.

She waited about six weeks following her initial assessment for on-going appointments. Not long to a counsellor perhaps, but a long time if you are distressed. Here, we need to say a little about the counsellor. This was a last appointment of the day. She was tired and this was her fourth session without any break. Her previous three clients had also been abused. She had just remembered she had to go to a meeting immediately after the session. She had no car so had to leave very promptly in order to have a lift with a colleague who, she knew, hated being kept waiting. She was tired but also aware that another new client, although routine for her, was not so for the client.

The session seemed to progess well enough. Elaine seemed relieved to be there and talked freely although with much pain. She was encouraged to take her own time and to proceed at her own pace. The themes that emerged were exploitation, and lack of power and control in her life and how much she felt hurt and damaged by the abuse. The theme of abandonment when in greatest need was also ever present. As a teenager she would frequently be so distressed that she would beg her abuser not to leave her. He always did never acknowledging her pain. He would tell her that she had no rights, should not make a fuss, should keep quiet and that her feelings were her own problem. He always disclaimed any responsibility for any of his actions. Elaine also told her counsellor in this session that when she became very upset she would 'fade away' so nothing could touch her. Although Elaine was initially controlled and somewhat distant she became very upset as she was re-telling this.

Her counsellor was aware of having to draw the session rather rapidly to a close and also aware that Elaine looked rather tense on leaving. But she had to leave. At the beginning of the next session Elaine was very silent. And it was again the end of a long day for the counsellor. She was weary but also uneasy. Something was clearly wrong. She asked Elaine how she had felt after the previous session, commenting that it seemed hard for her to begin this week. Another very long silence ensued. The counsellor did not feel it was a silence that could be safely left. She asked Elaine if she could describe what was happening to her now. Another very long silence. Then Elaine replied that she had not wanted to come this week. After considerable encouragement she was able to explain why. The previous week she had felt pushed out by the counsellor, the session had ended too abruptly without any explanation and no acknowledgement of how she might feel. Elaine had been unable to say anything at the time; abuse in childhood does not easily produce assertive adults who are able to clearly state their point of view. She had left feeling very frightened; the dissociation she had described had happened and she did not fully return to herself for several days.

Cara and Elaine: lessons for counsellors

Clearly, the effect of counselling for Elaine could have become as abusive as it had done for Cara. It did not but only because at this early stage her feelings were explored and taken seriously. Some of what she was feeling did not belong to the counsellor, but some did. Mistakes had been made which needed owning and acknowledging. The counsellor was genuinely very sorry and said so. She realised that she had lacked sensitivity to process issues in the earlier session and failed to see that she was repeating in counselling what had happened in Elaine's life. The counsellor acknowledged her own part and this enabled Elaine to tell her more about the abuse. In turn this helped both of them to a fuller understanding of the significance of that first session, and a greater awareness of the issues that might arise in counselling. It felt as if an anti-therapeutic beginning was becoming therapeutic. The counsellor was beginning to demonstrate that she would not do what the abuser had done. She would listen, and take what she heard seriously. She would acknowledge her own responsibilities, and did believe that Elaine had rights. We can only guess that if Elaine's therapist had reacted similarly a more successful outcome may have resulted.

The Effects of Counselling on Abuse Survivors

As counsellors we have some awareness of the effects of abuse but we also need to understand the effects of counselling on abuse survivors. Denial is endemic in abuse and it is hard to accept that counselling can be abusive if practised insensitively or arrogantly. The two examples given above illustrate how this can happen although the latter example demonstrates how early mistakes can be rectified if they are honestly acknowledged. Obviously many abuse survivors do not encounter such bad practice but we should remember that some do, and monitor our own practices for any aspects that may be abusive. Counselling creates a complexity of effects on the client. If we listen to their words with care they valuably inform our own practice.

Amy's experience

Amy was sexually abused by an uncle and physically abused by her mother:

You see I have had some counselling, but I didn't know the words. I didn't make use of it as I could have done. She asked me what happened and I froze, and I'd chat about anything other than that. I desperately need it now. I now know it won't go away quickly and that I need two or three years help. That acceptance is a step forward. I really need that. Hospital was quite useless. Counselling would be my own special time. I need continuity with one person. I need to know they'll stay there, that they won't go away, that they can take it and won't stick me on drugs. I've always been depressed but I don't want anti-depressants. I want help.

Peter's experience

Peter was also sexually and physically abused by his father:

I saw the first counsellor for three months. What helped most was that I believed myself, and he believed me. I needed his acceptance and it was important that he was a man. I was

frightened of him — he's a powerful man, and I'm frightened of powerful men — although he was helpful.

I've seen another counsellor since, for longer. I had to admit I needed more help. It's helped a great deal. It's enabled me to help myself and recognize myself. I knew psychiatry wouldn't help, especially those who adhere rigidly to certain ways of thinking. It wouldn't have enabled me to move myself. This has allowed me to be me. I was very introverted and frightened and could be frightening to others. I'm much more free now to look at myself and to be happy with what I see. Before I had this incredible guilt at being happy, as if I wasn't allowed to, didn't deserve to be; and didn't deserve help. Guilt is a huge legacy. Dumping that guilt has been so useful.

It's helped me be more assertive about what I want for myself, allowing myself things, to do things I've wanted to do for years: like a whole new life has begun and I want to be free to enjoy it. Before there were just the trappings but underneath was still this little boy who didn't really know what he was doing and was intimidated by everybody. It feels as if I've been enabled and empowered to release that. I've had to grow up very rapidly.

It's been important to acknowledge that I do need help. It has been so good. My counsellor is a woman and because of my fear of men that was good. Now it wouldn't make much difference, but then it did. A lot of things have fallen into place. I can sit back and think 'Hang on. Why is that affecting me so much?' I've been given back the power through counselling so now I can take it for myself. She hasn't made the decisions for me, but has told me I have the right to take them myself and helped me to see why I wasn't able to take them, and she has acted as a mirror for me. I can't do that for myself. And it's been a big jump of trust.

Rachel's experience

Rachel was sexually abused by her mother:

I couldn't have managed without therapy. My therapist started out as god and has ended up as the painful truth. Without therapy I think I would have spent the rest of my life being scared of being ill again. I was in a constant state of anxiety. I knew I could not have lived through another breakdown. I just don't know what would have happened to me. It's been extraordinarily painful but absolutely essential: a painful necessity. The truth about my mother emerged. All this time in therapy has finally shown me that the four most important people in my life were not what I thought they were.

If I'd had therapy when I was first in hospital I'm sure that would have helped. As it was it was a waste of time. That was a dreadful time. Just these bloody drugs. I was so desperate. I was really ready then, I knew I had to make choices, to look at things. I was saying so. I was desperate for help, and it wasn't there.

The Effects on Counsellors of Working with Abuse Survivors

But what about the counsellors and therapists? What are the effects on them of working with abuse survivors? Those who work with abuse survivors regularly encounter a world of agony and despair. They hear details that the majority of people would prefer to avoid; they face realities that most people generally would not dream about. They also experience and share the joy and triumph that comes with the lessening of pain and the healing of wounds, as difficulties caused by the abuse are explored and begin to be resolved. Accompanying someone through such tortuous paths is immensely worthwhile but it is not straightforward. Issues and dilemmas abound.

Relationships with partners

Personal relationships in the counsellor's own life can be affected in many ways. A loving relationship, may be a tremendous support but strains can be imposed upon the strongest of relationships. Continuosly hearing details of abuse can make the most trustworthy relationship open to question and doubt. The counsellor begins to feel that nothing is ever what it seems. If the helper is working with clients disclosing the details of sexual abuse sexual difficulties can arise. Sometimes working with such material is more distressing than the counsellor is able to acknowledge even to themselves, let alone their partner. A partner who is not involved with this type of work may genuinely find it difficult to understand the stresses involved. The ssecret of the client can become the secrets of the counsellor, and it needs to be remembered that sharing these in general terms can be done without breaking confidentiality about particular clients. Counsellors can feel that some detail is so appalling they could not tell it to anyone. This, of course, mirrors the clients experiences. As they trust us with their secrets, so we may also need to trust others. We often work with our clients to help them share their experiences of abuse and its effects with their partners, because we know that without this tensions result that can be interpreted incorrectly, causing further strain. Those who are able to ask their partners for support and reassurance are greatly helped when this is generously given. This applies to both the clients and the counsellors.

Relationships with Children

Counsellors' relationships with their own children can also be affected. We realize through our work that the world is a far more dangerous place than we would like to believe. We learn much about the nastier side of human nature and that children are hurt and damaged. We know that abuse is widespread and that there are abusers throughout society. We can become over-protective of our children in the same way as abuse survivors can be of theirs. Achieving the balance between reasonable precaution and appropriate protectiveness is not straightforward. Becoming over-anxious and unfairly restrictive of a child is sometimes difficult to avoid.

Relationships with others

As we know, abuse survivors frequently feel alone, alienated and different. Those who work with them can share these feelings. Therapists and counsellors involved in this work enter a world that is beyond the experience and comprehension of most people. They thereby acquire access to special knowledge, unfamiliar to most other people, although of course horribly familiar to those who are forced to dwell in the world of abuse. Once visited and seen, this other world cannot be denied or ignored. Previous perceptions of how the world is organized and how people behave, may be deeply shaken and starkly challenged. Other people in the helper's personal life either find it hard to comprehend this other world or choose to live on a level that by comparison seems to have little relevance or significance, perhaps appearing relatively superficial. A counsellor who was new to working with abuse survivors described how it felt:

I've not got many cases like this and I suppose it's the first time I've heard that much detail. It was horrific: I just wanted to cry and cry for that hurt child. And I was shocked. I went home; and it felt really difficult and awkward. It's not that my partner isn't interested. He is, but he works in industry and it's a different world. We went out to dinner in the evening with friends. They're quite interested in my job, but you can hardly say, 'I spent this afternoon with a woman who was multiply abused. And what you're talking about seems utterly unimportant'. I started to feel as if I was on a different planet; and very angry — quite unreasonably. I remember thinking that if anyone mentions mortgages again, I'll scream. It gives you a different perspective, a different understanding, a different view of the world. It changes you. And it's lonely.

The sense of alienation is further intensified each time the counsellor is faced with new or different levels of abuse:

I'm just starting to hear about satanic abuse. And I think, 'Oh no! I don't want to hear about that. I don't want to have to work with that as well. It's too much!' It's the callousness of those who are organizing it, and the exploitation — using other human beings as objects. There's not enough of me left to start dealing with that.

Entering the world of abuse can also create feelings of guilt in the counsellor, as if they have no right to enjoyment, pleasure or an easier life. This is further compounded by what is frequently reported, and is alluded to in the example above, as a sense of alienation from the mainstream of everyday life.

Coping with difficult feelings

Working with abuse survivors can be draining and exhausting. Feelings of inadequacy, hopelessness or even despair are commonly experienced by counsellors who then have to walk the tightrope of their own emotions, while still needing to contain equally difficult emotions in their clients. A defensive armour that prevents such feelings from surfacing is unhelpful, even damaging; but neither is it useful to become an emotional sponge, soaking up all the client's negative, despairing feelings. Looking after yourself as well as the client is a delicate and difficult balance when such degrees of pain are witnessed and shared. Counsellors have to be self-protective, while remaining accessible, available and empathic. They need to find a position that represents the ideal interface between objective distance and personal involvement. Their aim is, on the one hand to convince the client that they will be with them, and fight for them, and on the other not to collapse with them.

You have to believe in the value of this type of work, in order to retain optimism even when you are caught up in the greatest bleakness. Amidst the pain and despair that are inevitably part of the therapeutic journey, you need to believe that the end is worthwhile and that progress and resolution are possible, even though there will be many times when the client cannot feel this. When the counsellor experiences despair and inadequacy it is often a reflection of the client's feelings.

Such emotions are powerful enough in themselves but they are even more threatening to clients if they feel their helper has been similarly overwhelmed, damaged, or hurt by them. The helper has to hold hope and demonstrate resilience on behalf of them both. This is a very valuable model for the client, and also central to the helper's own well-being. A counsellor who I was supervising, was telling me of her struggles with working with a terribly abused client. The work felt slow, hard and painful. The counsellor was clearly weary. But she finished by saying, 'but I have faith in this and I will never give up on her.' Had I been her client and caught that determined and somewhat fiery look in her eye, I would have felt immensely reassured and contained.

The effects of gender

Some of the effects of working with abuse survivors can be gender specific. Although as time goes on I am noting more and more references amongst those I supervise to women as abusers, men who are working with sexually abused women, are usually working with clients who have been abused by men. Their own gender identity and their feelings about their own sexuality can be adversely effected. In supervision one male therapist reported:

Hearing what this man had done sickened me. It made me so ashamed of being a man. And made me feel that I must never do anything to hurt this client, that I must be so careful. It's made me think, do I misuse women sexually? And it's made me realize how many men do, in so many ways. I don't know how to deal with all that.

There are issues here for women too — a woman therapist in supervision said:

Hearing about her father abusing her and her brother was awful. I felt powerless and helpless, just as she did. It's horribly easy to identify, as one oppressed woman with another. When I heard about her mother abusing her too, I wanted to give up. I'm a mother. I thought, mothers cannot do those things. I didn't want to believe that. It was too much.

These are very brief examples, but give an indication of the strength of feeling that can be aroused.

The effect on the counsellors' boundaries.

Abuse invades personal boundaries so totally that it is hardly surprising if counsellors often encounter difficulties with their own boundaries. In working with abused clients, limits need to be established and maintained If the counsellor is not to become either burned-out, ineffective, or overwhelmed. It is very easy to become over-involved and give more and more to the client. Of course every client is indeed important and should be given respect and care, but counsellors too have to learn to give the same attention to their own needs. No-one can take away all the client's pain. No-one can fulfil all their needs, but we would sometimes like to, and so acknowledging our own limitations can be painful. However counsellors need to acknowledge to themselves and to their clients what they cannot do, even though they continue to give generously of the skills and resources they have.

What will help the counsellor?

This all leads to the question: if this is what it does to us, what can we do about it, what will help the counsellor? Difficulties and anxieties are inevitably aroused in counsellors and therapists who work with abuse survivors and a first step is to acknowledge that they exist. Experiencing the feelings described does not mean the counsellor is incompetent or unable to cope. Those who manage counselling services need to ensure that unreasonable demands are not made on the counsellor. The size of the case load should reflect the particular difficulties and demands of this work and may need to be adjusted if the numbers of cases of abuse rise. Adequate time for reflection is not an optional extra; consultation and skilled supervision are not self-indulgent whims. If this work is to be taken with the seriousness it needs, then commitment to it must be demonstrated actively through the provision of adequate support, training and supervision. The validation of the counsellors work and the recognition of its value by employing institutions is ultimately of crucial importance to the client.

Counsellors also need to be aware of their own limits and to tell themselves and others that their own needs are equally important. It should be clear to counsellors that they have a right to set limits, not only with the client, but also with an agency that demands too much. S/he should not take on any more work than is comfortable and reasonable. There is nothing to be gained from the exhaustion and disillusion that is created through being overloaded. It is simply counter-productive: worn out helpers are not actually helpful.

Busy counsellors need to ask themselves what they need to survive this kind of work without it becoming abusive to them, although under pressure it's a question easily forgotten. Your needs are important too. Reliable, regular and trusted supervision is essential. It needs to be both supportive and able to challenge creatively. If you undertake a considerable amount of abuse work, your supervisor should have sufficient expertise and experience in this particular area. Supervision is a valuable space in which to share anxieties, doubts and difficulties, while at the same time providing an opportunity to draw upon the skills of another practitioner. It can also be tremendously reassuring and comforting just to talk with other counsellors involved in similar work.

Sometimes what you will experience in the process of therapy and counselling echoes and reflects the experience of

the client. Awareness of this can prevent you from passively soaking up feelings and help you make creative use of what you are going through, during and after the sessions. It is always a complex business to create and maintain real contact with a client, whilst simultaneously trying to grasp the various levels of meaning in the therapeutic relationship. If you can maintain a sense of clarity and direction you are less likely to feel overwhelmed and more able to protect and nurture yourself. If you experience anxieties and difficulties, it is important to recognize that you are not alone. Just as the abuse survivor is reassured by learning that their feelings are a normal response to very abnormal treatment, so counsellors need reassurance that this demanding work does create stress. It is not in itself a sign that the individual counsellor is incompetent, ineffectual, or lacking in strength. If you feel undermined by the difficulties, it is important to remember the positive messages I have referred to, from those who have received help. Disconsolate therapists and counsellors perhaps need reinforcement in their conviction that they do have a key role in helping survivors through the mire and misery created by their abuse.

In order to undertake this therapeutic work, a combination of knowledge, skill and energy is required. Underpinning all this a counsellor has to have the ability, with compassion and care, to make contact at a deep level with people in great pain, who have little reason to trust the motives of those who offer help. In addition to their compassion, many counsellors also feel considerable passion. They are both very angry at, and deeply saddened by, what they see and hear. They experience many intense emotions in the process of the therapeutic relationship. I have already suggested, that to be effective counsellors need to give of themselves while essentially retaining the core of their inner self. I started by comparing the therapeutic process to a journey. It is, of course a journey that for the counsellor has to end. Ultimately clients leave and like a good parent, a counsellor has to make possible and to encourage such a separation. The client's sadness will be acknowledged but so will their success. Their journey has not ended but they can now travel on alone. They have more resources to deal with the obstacles that are bound to arise. Doubts invariably remain in the helper's mind: 'Have I done enough? Will s/he be all right? What will happen if s/he isn't? Did I do my job well? Could someone else have done better? or given more?' Such questions are important, because the journey has been important, and because the travellers have become tried and tested companions. Together they have encountered much pain, and have dismantled many barriers. It is hard to say good-bye to someone you have travelled with when you have shared so much. The journey was a unique one and reaching the destination is a loss even though that was its original purpose.

Author's details: Moira Walker is Head of University of Leicester Counselling Service and author of the new book: Surviving Secrets — the experience of abuse for the child, the adult and the helper, published by Open University Press, 1992.

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Integrity and Change

Mental health in the marketplace

ROUTLEDGE

8

WORKING WITH ABUSED CLIENTS IN AN INSTITUTIONAL SETTING

Holding hope amidst despair

Moira Walker

'Getting back to my clients was a real relief. The meeting was appalling. I thought I'd go mad if anyone mentioned a mission statement again.'

'Really, my clients aren't the problem. Generally, I feel at least reasonably competent. It's the advisory committees that are so awful. It takes me weeks to recover from them. They not only deskill me but they are really quite abusive in a subtle sort of way.'

'I'm scared that I'm burning out. I'm so worn down by all the institutional machinations and game playing that I feel completely drained. My clinical work is suffering. I can't be creative; I can only play safe; I'm aware of steering the process away from difficult ground, particularly if it involves negatives. I can't cope with those clinically because there are too many to cope with institutionally. The best I can say is that I'm not doing any harm.'

'I'm getting out whilst there is still some of me left. I'm going freelance – which I have never wanted to do as I have a great commitment to working in the public sector – but it's the lesser of the evils.'

'My clients often feel the sanest thing in a world that appears to have gone completely mad.'

These comments have all been made to me within a supervisory context. They are all from people working within the public sector. They include a university setting, a voluntary organisation and the health service. All came from experienced clinicians with a particular expertise and interest in working with abuse survivors. Another strand that draws the speakers together is that they straddle, uncomfortably, the worlds of clinical practice

and service management and accountability. Achieving a satisfactory balance between these aspects is not straightforward. On the one hand, they attempt to act as an effective buffer protecting other staff from aspects of management and policy decisions that do not always enable and facilitate their clinical work. On the other, they are themselves working with a demanding clinical workload, whilst also keeping an overall eye on the effectiveness of the service itself. And this all within the current wider context of personnel at all levels struggling with the effects of policy changes and financial restrictions. No wonder that such stress and discontent filter through, and are experienced at all levels in institutions and agencies.

In reading these comments readers will react variously, depending in part on their own roles and experiences. For many they will ring a bell of recognition – you will have had or uttered similar thoughts yourselves. It may therefore be reassuring to know that others feel the same. Managers who are not clinicians could feel some indignation: questioning whether these people really have cause for complaint. You may feel they are being unduly precious, refusing to enter the real world, especially if you yourself work under pressure. Or you may therefore recognise some truth in their words, knowing that at a managerial level there are also few choices and that staff at these levels can feel similarly misused and worn down.

Others may draw on a different understanding from a psychological perspective. From this angle, these comments could be understood as examples of projection: of counsellors and therapists who are using the wider institution or advisory committees or the government as some sort of psychological dustbin for unwanted and difficult parts of their selves and their work. However, many who are running services within a large institution would argue the opposite: that it is they and their services who act as a receptacle for the parts others want tidied away. My own sense is that the latter is a more accurate understanding, particularly where the main purpose and function of the institution is not of a therapeutic nature. However, clinicians must always guard against denying personal, clinical or managerial difficulties by neatly placing them elsewhere. But, of course, aspects of both – real institutional difficulties and projections – can be present.

The statements quoted could also be understood as examples of splitting: those over there (the management) are bad, and we are good. Our clients, particularly our abused clients, will also create splits. Part of our job is to help them integrate these splits, to assist them towards a more reasonable and realistic understanding of their experiences, and perhaps we ourselves must guard against creating too simplistically an enemy out there. The flipside of this is another dynamic commonly experienced by abuse survivors which, as I will illustrate, also resonates in those working in this field. Victims of abuse have frequently been told in childhood:

'It was your fault'; 'You could have stopped it if you wished to'; 'You asked for it' and so on. This brainwashing of the child (or even the adult) into believing they were responsible, accompanied by the underlying implicit assumption that they thereby had some power, when in fact they had none, is extremely effective. The abuser's denial of responsibility is inherent in this and the innocent victim is reframed as the actual protagonist. This dynamic can cause a further twist in the story for the adult survivor. As a child, they may have been brainwashed into believing the abuser's version of events; as an adult, acknowledging its essential falsehood can be extremely painful, and experienced as yet another loss. This is best explained through the words of an abuse survivor I worked with, who told me that:

> Feeling responsible for the abuse has been a most terrible burden to carry, but letting go of that has been extraordinarily difficult and complex. At least if I had been responsible I could in some way believe I could have done something about it: that there was some choice; that it didn't have to be like that. What I've had to face is that that wasn't true; that there wasn't a damn thing I could do about it. That I was small, completely powerless physically and psychologically; that I was totally vulnerable. I have fought facing that one because I had to face my own total powerlessness and the fact that my abuser lied, denied and exploited me and – I now know – others.

Working with this client to acknowledge and work through yet another loss – of recognising her lack of power as a child – enabled her to move on in her adult life and recover some power for herself. This takes me back to the parallel process that can exist for counsellors: tired and disillusioned counsellors may also sometimes fall into feeling responsible for what is not theirs. Taking time to distinguish, acknowledge and work through areas where the lack of power is a personal and political reality is hard when you are struggling under pressure. However, it is time worth taking; it can free you to recover and utilise autonomy and control where you are able.

To demonstrate how the strands can be unravelled with counsellors I will return to the example of the counsellor who feared burn-out. In supervision she explored the organisational dynamics she was caught up in: identifying and clarifying the various issues; noting the different levels these operated on; examining the negative effects of these upon her, both personally and professionally. Some she could do nothing about, but others she could. Having separated the issues one from another she was able to organise and implement various strategies. Adult abuse survivors easily get caught into a generalised feeling that everything is beyond their control, as it was in their childhood, whereas in adulthood some things are not. Counsellors and therapists in this field can also all too easily be

overwhelmed by that same sense of helplessness and thereby become enmeshed in the same powerful dynamic. This will be recognised by all practitioners and supervisors who work with abuse, but they will also recognise that this dynamic is further intensified if the practitioner feels sandwiched between the needs of the client and the demands of the institution. In an ideal world, these two should constitute a reasonably close match. Sadly, this is often not the case today.

If counsellors and therapists are helped to deal with these structural issues, they are then freer to address their clinical work. Otherwise, as with this counsellor, a situation is created whereby the counsellor cannot work effectively and, ultimately, clients who have already suffered enough can suffer further. Helping counsellors to deal effectively with their anger and frustration and to understand its basis is essential. This is not always straightforward, and to unravel this it is necessary to understand the complexity of motivations of those entering the caring professions. The theme of counsellors and therapists being unconsciously motivated is not new, whether by a desire to seek both reparation and revenge, or as a reflection of their repression of aggressive drives. These themes are explored both by Prodgers in his article 'On Hating the Patient' and by Jacobs in his paper on the therapist's revenge. Prodgers notes that:

> It can be seen that any resistance or attack on the therapeutic alliance may reverberate with internal frustrations of an infantile origin increasing the sense of frustration. Resistance is therefore hatred to which therapists respond by hatred as it resonates with their own bad internal objects who hate them and they therefore hate back.
>
> (Prodgers 1991: 149)

What I am suggesting here is that counsellors and therapists can experience the interventions and policies of institutions as an attack on the therapeutic alliance, and can thereby 'hate' or attack the institution as an act of revenge in response to this intrusion. However, this can be carried out in a deeply counter-productive way, in turn further harming both the therapist and the therapeutic alliance with the client. As Jacobs notes: 'Acting out revenge risks turning constructive revenge into revenge which is equally destructive of the avenger' (Jacobs 1991: 6).

To expand on this point, I return to my example of the counsellor who was frightened of burning out. Her anger towards her agency was being in part unhelpfully acted out: there was an aspect of what Jacobs refers to as 'destructive revenge' as well as a further element of genuine and justifiable despair and frustration. This was reflected in the feeling which she expressed as: 'Why should I put anything into this when no one supports me? Why should I work well when I'm being so badly treated?' This left her feeling utterly deskilled, thereby further intensifying the

downward spiral of hopelessness and paralysing her ability to be clinically effective. By being helped to address these issues in supervision she recognised that if she were able to work better it would energise her rather than exhaust her further. By identifying and understanding that her albeit unconscious attempt to punish the institution by withdrawing her skills was not at any level working, she was enabled to move from such a stuck and potentially self-destructive position. She became able to reclaim her clinical skills and to assess more realistically how best to respond to agency difficulties that were indeed restrictive and unhelpful.

Those who work with abuse survivors know well the strength of their internal pull towards self-destructive acts. However, it may be more difficult for counsellors and therapists to recognise when the same dynamic is at work in themselves, although it is a significant and powerful force. The opposite is also powerful – that is, the desire to be an especially good counsellor or therapist. Paradoxically this can be another means of seeking revenge or reparation. Recognising these various pitfalls – feeling responsible for what is not yours; feeling that you have no power or control; the unhelpful projection of anger and vengeful feelings; too great a desire to get things right – can help enormously in dealing with what, by its very nature, is demanding work. When this work is being carried out within an agency or institutional context yet another layer is present, and both practitioners and supervisors need to be aware of how the context itself becomes enmeshed in the therapeutic work, particularly when agency or institutional objectives clash with therapeutic objectives.

Holding on to hope in working with abuse survivors is not straightforward; practitioners daily hear stories of horror and torture of children. A particular difficulty in remaining hopeful in abuse work in institutional settings in the current climate is that patterns tend to be repeated. Clients express feelings and experiences of having been ignored, disregarded, marginalised and having their realities denied. Counsellors and therapists can sometimes feel much the same, and although these feelings might for a time produce a fighting spirit, in which they feel energised, enthusiastic and active, there is a danger that depression, despair and a sense of alienation from self can result – especially if the underlying issues are not actively tackled.

An example will clarify this point: a counsellor in a sexual abuse project produced a report on the progress of the project and its future needs. The report described the work undertaken and the extent of the problem being uncovered. Some detailed clinical examples were given to show the need for continued funding and for longer-term work. The response she met was not one she expected – although those of us who have worked longer in this particular field may not be surprised. Clearly, the committee she was addressing had great difficulty in hearing what she was saying. There was considerable hostility and scepticism and it was suggested that she

must be exaggerating. This was accompanied by annoyance from some of those present that they should be exposed to hearing details of abuse. The counsellor was left demoralised and distressed, questioning her own skills and competence and wondering if she really had got it wrong. However, it was possible in supervision, after detailed discussion with her, to decide on a future strategy for these meetings that she felt hopeful would work. She had not been prepared either psychologically or practically for the strength of the reaction she had encountered, and was consequently left without a voice, as of course happens to abused children and adults. In fact, her description of the meeting was reminiscent of the experience of so many abuse survivors when they try to tell what has happened to them. We should perhaps not be too surprised by this. We need instead to understand the level of resistance and denial that inevitably occurs in this area. Cox notes that:

> The therapist is not only confronted by his patient's violence in fact or fantasy, but ipso facto, simultaneously exposed to his own violence. In other words, the therapist's inner world is always at risk because his patient may arouse ego-dystonic feelings.
>
> (Cox 1974: 2)

If the therapist or counsellor, who is trained to work with distressing and disturbing aspects of the human psyche, can experience ego-dystonic feelings in this way, it is hardly surprising that lay people encounter such difficulty and thereby bring their own defensive strategies into operation. As we work with survivors in terms of understanding the process and exploring unconscious strategies, we may need to understand the responses of others similarly. In that way we can more effectively prepare ourselves for hostile and defensive responses. Understanding responses in process terms creates the possibility of dealing more effectively with them, rather than simply feeling personally attacked. We have to remember that the whole history of the acknowledgement of abuse is marked by resistance and denial: it continually faces humanity with what is not humane and what is deeply uncomfortable. As Alice Miller asks:

> Why is it so difficult to describe the real, the factual, the true situation of a small child? Whenever I try to do this I am confronted with arguments that all serve the same purpose: that of not having to acknowledge the situation, of rendering it invisible, or, at best of describing it as purely 'subjective'.
>
> (Miller 1991: 96)

To return to my example of this advisory committee: it was more complex than an understandable psychological reaction to distressing material. There were other resistances in this agency to this project: they were unconvinced of the need for it. You may then wonder why it was accepted as

part of their work. The answer is financial: in the words of the counsellor, quoting a committee member, 'it was a nice little earner'. In that area at that time, money was available for abuse work and the agency was desperate for funds and so bid competitively. The counsellors had the skills, but the agency lacked the real concern, knowledge and interest that were necessary for offering effective back-up. So those on the committee were faced with realities and worlds they would rather not see or hear about. They did what so many do, including abusers: they denied the reality. In many ways, those of us working in institutions are perpetually caught up in this dynamic; we remind others of what they would prefer not to know or are trying to deny. Abuse is a highly charged subject for many people and, when we speak on the subject, some of those we address will be abuse survivors. But a less palatable truth is that we also address abusers. Working in this field you inevitably upset people for a variety of reasons.

However, this example is useful in that it demonstrates the need both to differentiate the structural and political issues from the psychological, and simultaneously to understand both their interrelatedness and the consequences that thereby arise from this connection. In the same way as we need to understand the therapeutic process in order to avoid becoming overwhelmed by it, particularly by its negative aspects, so we need to understand social and political processes in order to understand their effect on us as people, without taking it all personally. The present political climate certainly mitigates against an easy holding of hope: any concepts of a universal right to education and services related to need are rapidly and dangerously becoming eroded in the face of cost-cutting, profit-making and the market economy. This, combined with the ongoing and deeply embedded societal resistance to accepting the nature and extent of abuse, does create real and major obstacles both to holding out hope to abuse survivors and retaining optimism ourselves, although both are essential to the work.

All this points to the necessity of clinical work being carried out in the context of acknowledging and understanding both structural and political systems and the psychological dynamics, and their effects on the client, the counsellor and the working environment. However, this is not always the case. The degree to which counsellors and therapists regard clinical work as an individual activity devoted to the internal world, or how much they explore the complex relationship between inner experiences and external realities makes for a fraught and active debate. This relationship has always been regarded as central by the feminist therapists. Maye Taylor (1995) in her chapter in *Peta: a Feminist's Problem with Men* states his position clearly:

> Feminist therapy carries the extra dimension of recognising that for women, at least, transforming their lives is not simply a matter of

> their individual strengths and efforts, for the values and mental health of women are so inextricably tied up with the social structure.
>
> (Taylor 1995: 94)

Others are steadily moving away from the traditional purist view. Many would now agree that to separate politics from psychotherapy supports a false and unhelpful split. Andrew Samuels argues that:

> to refer to the political development of the person is to challenge the boundary that is conventionally accepted to exist between public and private. If we follow the challenge through, then we will have to consider how psychopathology, usually a discipline confined to the private and interior realms (though often measured by visible behaviour), also refers to the public and political realms.
>
> (Samuels 1993: 55)

Others would disagree and hold the distinction as necessary and essential to the therapeutic task. An analyst said recently to me, in a somewhat heated interchange we had on this subject, that 'analysis is not permeable', arguing strongly that its task was solely to explore the internal world: politics did not have a place in therapy. For any counsellor or therapist working in the public sector who holds this view, these modern times must be very difficult, although denial is a useful defence against inconvenient impingements. But nowadays, working in the public sector makes denial of the significance of external worlds extremely problematic. These worlds have rudely crashed through the privacy of the consulting room door. A few years ago one might have had to argue 'ignore it at your peril'. Now, even the most determined ostrich's head has been dragged from the sand.

Nowadays, counsellors and therapists working in agencies, particularly where a managerial role is combined with the clinical, are called upon to have skills in negotiation, financial management, and whatever the therapeutic equivalent is of creative accounting – possibly writing mission statements and producing statistics. It can seem that trying to match client need to available resources and to agency demands is a thankless task.

The growing emphasis on short-term work in some agencies exemplifies the problem. Short-term work is a potent model in its own right but it is not a universal panacea. It is often highly inappropriate for abuse survivors, where speed can seem intrusive, or even abusive, and where the complexities of the abusive experience and its effects cannot be easily and quickly identified and worked with. Trust is of the essence in any therapeutic encounter. Where it has been so effectively demolished by abuse it requires time, patience and tenacity to begin to re-create it. Yet some agencies are leaping into short-term work in an almost evangelically zealous fashion. Short-term work is not a miracle cure, and those who are

working with abuse survivors know it is not. They also know it can be damaging: there is time to begin to expose a sea of pain yet no time to work with it properly. No wonder then that practitioners in these agencies, as they try to fight for their clients, can experience the agency as hostile and not comprehending – again so often reflecting the experience of their abused clients. It is also important to note that not all agencies operate in this manner: some, including those where therapeutic services are peripheral to its central objective, are supportive and trust the professional judgement of the staff in terms of deciding and offering the most appropriate help. In such agencies morale tends to be high and the mood hopeful, even when the service is under pressure and when the material being presented by clients is difficult and demanding.

But many practitioner/managers of services know nowadays that presenting the correct image is often vital. Some counsellors and therapists enjoy being turned into impromptu politicians and learn to play clever tactical games. Others do not: it interferes with their work, and it feels dishonest and too like some of the awful manipulations their clients have suffered from – again, particularly those who have suffered abuse. Dislike of such tactics may even have been one factor that attracted practitioners in the first place to the apparently more apolitical world of counselling and therapy.

In this context, holding on to hope may be emerging as an increasingly problematic concept. However, what is being argued here does not destroy hope. Rather, it argues that for hope to have real substance it has to take place within a framework that faces, acknowledges and works with realities, rather than existing in a vacuum of the fantasy of a perfect or pure therapeutic world which is unsullied by politics and social structures.

So let me reiterate: firstly, the world we are in has to be acknowledged and its effects worked with. This is true for both our work with clients and our relationship with the institutions we work in. Secondly, recognising negatives, as well as understanding and placing them in the right context is essential. As they do not go away for our clients, so they do not go away for us either. We help our abused clients to work with these aspects of themselves and their experiences, and we have to do the same within our own structural contexts. Thirdly, we help our abused clients to differentiate between their real powerlessness and their projections of this. Fourthly, we help them to recognise their anger and deal with this appropriately, and we assist them to learn how to contain their murderous parts or to use them creatively without acting them out destructively. We also need to do the same for ourselves. Finally, we also help clients to work through and then let go of some of their experiences, whilst clarifying and identifying other aspects that may need to be more actively struggled with. Perhaps within our institutions we also need to recognise what must be grieved for and let go; and where we stand our ground, what we fight for

and how we do it. As with our clients, we too have to accept that the world we are having to live in nowadays is often not as we would like. Our disappointment and the sense of betrayal that can exist has to be acknowledged if we are not to be overwhelmed.

As previously noted we, like our clients, find it hard at times to have a voice. We, like them, can easily feel marginalised and misunderstood. Amidst this, we have to maintain our faith in what we do. We have to hold on to hope, and we have to retain this at times for ourselves and for our clients:

> It is crucial that the therapist does not fall into the same pit of despair as the client. When clients feel no hope, and feel they are drowning in a sea of pain, the therapist must stay afloat. It is hard for a therapist to carry hope for someone who feels none, at a time when the therapist's own sense of hope is under challenge. Carrying hope for both is further complicated by the parallel necessity to help carry the pain and the agony. It is not straightforward balancing these two requirements.
>
> (Walker 1992: 152)

It is relevant to return to the comments made by counsellors that I quoted at the beginning of this chapter. As you perceived, a feeling was often expressed that working with clients could come as a welcome relief after dealing with agencies and institutions. In terms of holding on to hope in what often feels like an alien and alienating world, in which money matters and people become marginalised as units, clients are indeed important. They do matter; the work is valuable; and maintaining a high therapeutic standard in circumstances that often seem to mitigate against this is extremely commendable. I would add that there is frequently a very high standard of clinical work in very hard-pressed services and that some employing institutions do not always recognise this. However, it is equally important to acknowledge those that do actively and positively support these endeavours, and those others that are quietly content for services to work without managerial interference.

As for the client, it is he or she who is the most important, and it is that belief that is possibly most significant in maintaining optimism. But they must not become too important if both their and their helper's emotional well-being is to be safeguarded. There may be a danger that tired and disillusioned counsellors and therapists look to their clients to provide the sustenance and the hope that is lacking externally. I am not suggesting that this is a conscious or simple choice or strategy but, that if you are having to deal with and respond to conflicts and negatives imposed from the institution – which often in turn reflect what the institution is experiencing as a direct result of government policy – it can be too great a relief to return to clinical work.

Abuse survivors in their own history have often had to develop extremely sensitive emotional antennae to help them survive or minimise abuse. Many will have unconsciously developed strategies aimed at appeasing their abuser. They will have little trust in the ability of people to be consistently available to them, or in others as able to be responsible for their own emotional needs. The abuse survivor is quite used to meeting the emotional needs of others whilst their own are entirely disregarded. They are accustomed to being used as fodder for the uncontained and unacknowledged needs and demands of their abuser. All these dynamics can all too easily be repeated within the therapeutic relationship. It is similarly possible for the counsellor and the abused client to collusively enter a relationship in which the enemy for both of them is firmly placed out there, whilst all in here is well and negatives are denied. There is a parallel here to the pattern of abusive families who not only deny the abuse but instil their children with a sense of the external world as being a dangerous place. The danger and viciousness that actually lie within the home are projected outwards, and any risk of the child speaking is thereby effectively minimised. Counsellors and therapists must continually monitor themselves and their own practice, especially when they are under stress, if they are to work with these dynamics rather than repeat them.

So we may prefer working with our clients to struggling with the policies and politics of our institutions. After all, as I noted earlier, it is what we are trained to do and what we thought we were employed to do. Many of those working in the caring professions nowadays feel as if management interferes rather than facilitates, and that it criticises or ignores rather than validates. Yet good work is done and we must somehow hold to that reality whilst not denying other real issues. In order to work well with abuse survivors we have to hold on to hope. In the same way as we must not be overwhelmed by institutional pressures, we must not be overwhelmed by the pressure of difficult and disturbing material. In working with clients who have been abused, details of violent and depraved behaviour against children are regularly encountered – details that still, I suspect, most people do not want to know about or believe in.

In order to maintain hope when working with these appalling situations it is essential to have and hold on to a belief in what you are doing. This does not mean being falsely optimistic, refusing to see negatives or believing that you can offer cures – that is a false therapeutic evangelism that is dangerous and unrealistic. But faith in therapeutic process based on knowledge and skill, combined with an ability to make contact at a deep level with people in great pain, can achieve a considerable amount for many clients. This may need to be accompanied by patient determination to see the process through; a belief in your own ability to survive emotionally, and a sense of resilience that is communicated

to your client. She or he needs to know that however great the internal struggles, however much negative and destructive feelings may threaten to swamp them, you will remain intact; that you can contain the feelings and that you will hold carefully to appropriate therapeutic boundaries. As Sheila Youngson points out in an article relating to ritual abuse but equally relevant here:

> To be clear about the extent and limitations of one's role, and the boundaries of the task and acceptable behaviour for both client and helper, provides the safety and security that allows and nurtures positive growth and change.
>
> (Youngson 1994: 298)

Equally, maintaining a balance of involvement and distance is crucial, as I have written elsewhere:

> Helpers have to try and find a position that represents the ideal interface between objective distance and personal involvement, if they are on the one hand to convince the client that they will be with them, will believe in them and will fight for them: and on the other are not to collapse with them.
>
> (Walker 1992: 197)

I would add that this balance between objective distancing and more active involvement also needs to be achieved within the agency or institution. It is partly linked to knowing when it is helpful both politically and clinically to do nothing. There are some issues that are best ignored: silence can be an effective response in some situations. As Andrew Samuels points out in *The Political Psyche*:

> Drawing on clinical experience, an analyst can offer the men and women of action – though the most brilliant of them know it already – a trained sense of timing: when to speak and act and when to keep silent and do nothing.
>
> (Samuels 1993: 77)

It is also essential to refer to some of the work we have undertaken because here we see the most heartening and the most significant reason for hope. We see in our clients their bravery in facing and dealing with the horrors they have encountered. Not all our work will have concluded as we and the client would have wished, and sometimes we will not know at the time if progress has been made. One client with a long history of abuse was seen in therapy without much obvious benefit. At the time it had been just a drop in the ocean. But afterwards it became clear that it had been a very crucial experience for her. It was the first occasion she had told anyone of her abuse, and it had been deeply significant for her. In her words:

It was both being believed and that you listened calmly and didn't collapse and that nothing terrible happened as a result that meant so much. But I couldn't have acknowledged that at the time. I wasn't ready to. But it's meant that I've now been able to decide to see someone else and I feel very optimistic. I know it will be painful but I really have faith that it will be worth it.

Another client was abused physically by her mother and sexually by a teacher. She had been self-abusive, unable to maintain relationships and unable to allow herself to succeed: all good things had to be destroyed in the same way as so much in her childhood had been destroyed for her. She had tried to destroy the therapeutic relationship too, and there had been many tempestuous and difficult times with her. Now she is in a relationship that is very strong, in a job she enjoys, and she is hoping to have her own child, an option she had believed for many years would never be open to her.

Other outcomes are not so obviously clear cut but, nevertheless, progress has been made: for instance, the client who overdosed and cut herself regularly and who is now able to deal with difficult feelings without hurting herself; or the woman who at the age of 40 was finally able to leave her abusive father. In both these instances much remains to be done, but such changes should not be minimised and should be celebrated. In this work we are continuously seeing distressed people, and it is sometimes hard to recall those who have moved on, having had a good enough experience, in which they have been given enough, and have been able to take enough, to cope more comfortably with life.

The question remains: what do counsellors and therapists need in order to hold on to hope in this very demanding work, that is taking place currently in the context of a country in which disillusion seems to be the order of the day? Some factors have already been mentioned. Supervision is indeed a professional necessity, and my experience from both ends of the process suggests that if you work in an institution it is particularly helpful to have a supervisor who has both clinical skills and an understanding of institutional dynamics. If you work therapeutically in a way that attempts to understand the interaction between inner and outer worlds, a supervisor who thinks similarly and who has a matching knowledge-base can offer a very particular form of support. The ability to stand back both from therapeutic and institutional processes, to observe them and make sense of them, may be hard to achieve but it is worth striving for.

To have other things and other people in your life is vital: to allow yourself to have fun and enjoy yourself without guilt is important for all of us. A clinical involvement in very demanding work needs to be balanced by involvement in other worlds – and you have a right to them. A very

liberating point for abuse survivors comes when they are able to put the abuse on one side – not to deny it but to give themselves a break from it. The recognition that it need not be their only identity is a crucial one. Similarly, counsellors and therapists need to allow themselves to put it down, to leave it in their consulting room, as we sometimes invite clients to do. Being clear of our own limitations is central; of course we need to be resilient, but fantasies of being a saviour need to be firmly addressed. We need to be realistic about our own needs, and value and care for ourselves. If we care for clients, we must also care for ourselves. A desire to heal others has to be matched by our own self-knowledge and self-awareness. As we encourage clients to be self-protective, so must we be.

Working with abuse survivors is a complex process for both the counsellor and the client. It is rendered even more complex if the counsellor is working in a setting that is problematic and unsupportive. Working with abuse faces counsellors and therapists with believing the unbelievable, thinking the unthinkable, and working with heartrending and tragic consequences. If it is hard for us to hear these things, it perhaps indicates how very problematic it is for those who run institutions or agencies to comprehend the nature of the work. As a counsellor or therapist you enter a different world, that many do not really want to know about; or if they do, they will struggle to understand. Resistance and denial are common. Difficult feelings are encountered which may sometimes seem impossible – which is of course just how abuse survivors can feel. You will also be impressed and amazed by the tenacity of the human spirit and the will to survive, as well as the inevitability of encountering and facing themes of death and destruction. It is no wonder this work can drain you as well as inspire you.

An abuse survivor I know said to me that her biggest triumph in life was bringing up her own daughter, and knowing that she would not be abused within the family, that the cycle of abuse had been broken in this generation. She was proud of herself and proud of her daughter. In a very important sense her revenge against her abuser was to reach a point where against many odds she could allow herself to be a successful parent and a fulfilled adult. She had overcome her abuse, and she could allow herself to live well and to celebrate that. She knew that there would be difficulties and problems but that, essentially, she would remain intact and overcome difficulties. Perhaps the best revenge for counsellors and therapists against policies and structures that are problematic is that against many odds we can allow ourselves to retain high clinical standards, remain hopeful and work well in an atmosphere that often seems aimed at mitigating against this.

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ROUTLEDGE

Chapter 10

Working with abuse survivors

The recovered memory debate

Moira Walker

INTRODUCTION

Abuse of children and adults has a long history, recorded in both literature and historical documentation through the ages. Wherever there has been a power imbalance, whether because of age, class, culture, gender, religion or politics, abuse of some of the weaker by some of the stronger has occurred. Violence and abuse may be positively sanctioned or tacitly allowed by the ruling regime of the time: the treatment of slaves throughout history, and the torture and rape that quickly occur in any war, are examples. We only have to look at the current levels of child prostitution in some countries to see that the sexual abuse of children is not always hidden away; and, of course, it is often wealthy Western businessmen who are exploiting these children. Hitting children has a long and acceptable history. The degree of violence and damage caused may be a question of debate, but the act of hitting itself has in many cultures been deemed acceptable child care practice. Abuse of children needs to be understood in the context both of society overall and of the psychology of the individual – it does not exist in a vacuum. It is part of a world in which violence, torture and uncontrolled aggression are sadly commonplace.

What is more recent is the acknowledgement of abuse as a serious social and psychological problem that has long-term and often devastating consequences. Given its long history, it is interesting that only in recent years has it been given rather more consistent and serious notice by clinicians and others. Certainly, concern over the well-being of children is not new: the philanthropists of late nineteenth-century Britain fought to get children out of the factories and into schools. There was a growing awareness of children as having special needs and rights. The NSPCC was founded, and the work of Freud emphasised the existence of childhood in its own right as a significant stage in the development of the person.

Freud's early acknowledgement of the existence of sexual abuse and the on-going controversy over the degree to which he retracted from this position cannot be discussed in detail here, but it is clear that he was not

entirely alone in recognising the possibility of the real abuse of children. Indeed, Helene Deutsch, the first leading woman member of Freud's Vienna Society, was herself brutally treated by her mother and sexually abused by her older brother Emil. However, this personal trauma was not to be reflected or utilised in her own work: it did not inform her theoretical or clinical understanding. She went on to write of the little girl's 'desire to be castrated by her father' (Deutsch 1973: 141) and saw this as an explanation of the frequent rape fantasies of little girls. She quotes as an example to support this view a patient reporting a dream in which she is forcibly penetrated by a male doctor with obstetric forceps while Deutsch watches, telling her she should not struggle. Her own experience of being sexually abused did not provide her with another possible explanation of these phenomena. It seems as if she successfully repressed or split off this aspect of her own childhood experiences. Melanie Klein, highly influential in the development of psychoanalysis in this country, emphasised the inner experience and fantasies of the child, and did not explore the possibility or likelihood of real traumas as being significant. However, the Hungarian psychoanalyst Ferenczi, in his paper 'Confusion of tongues between adults and the child', written in 1932 although unpublished until the 1950s, clearly recognised the existence of sexual abuse in childhood and the severity of consequences for the child and the adult (Ferenczi 1955).

In the wider world, greater attention was being given to the plight of children. The development of late nineteenth-century philanthropy was followed by two world wars which also gave rise to enormous concern over the health and well-being of children as well as adults. Following the Second World War, Britain saw the politics of state care and responsibility for its citizens put firmly in place through the burgeoning welfare state, tragically now eroded; and with this a key feature was legislative measures designed to protect children. Society has had the rights of children somewhere on the agenda for a long time, but sadly this has neither prevented their abuse nor meant that their needs in this respect have been consistently addressed.

THE DIFFICULTY OF BELIEVING

Although the last hundred years have seen a growing awareness and concern over the treatment of children, recognition of the abuse that many experience in their own homes or places of care belongs to the last few decades. Nowadays the term 'abuse' is often taken to mean sexual abuse, but it is crucial to recognise that neglect and physical and emotional abuse can be equally damaging. In fact, it was the physical abuse of children – 'baby-battering' – that first attracted public attention in the UK; recognition of sexual abuse came some time later. The shock that faced society in

the light of deaths caused by physical abuse was matched in later years by the recognition that children were also being abused sexually, and that the real danger was not from strangers but from those very people children are told they can trust.

The reality of abuse is a harsh one, shattering many popular myths. Not surprisingly, one defence against facing such horrors is to question the truth of the victims' stories; not believing avoids facing terrible reality. Another is simply not to hear or notice. As Judith Herman (1992: 7) points out, it is 'very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear and speak no evil.' Herman has commented on what she describes as the 'episodic amnesia' that characterises the history of inquiry into psychological trauma, a concept that is particularly apposite for any discussion of the recognition of child abuse. She points out (1992: 7) that:

> This intermittent amnesia is not the result of the ordinary changes in fashion that affect any intellectual pursuit. The study of psychological trauma does not languish for lack of interest. Rather, the subject provokes such intense controversy that it periodically becomes anathema. The study of psychological trauma has repeatedly led into realms of the unthinkable and foundered on fundamental questions of belief.

Abuse continually poses a challenge to what we are able to think and believe of our fellow humans. The pathway to the recognition of abuse has been consistently rocky: a process of societal resistance and denial, interspersed with periods of recognition and acknowledgement. It is a painful process, and resistance is understandable as people are continually being asked to believe what they deeply need to consider unbelievable: that parents can intentionally and repeatedly harm their small children physically; that men sexually assault little girls; that they organise together, and plan elaborately in order to hurt, torture and sometimes kill children; that older children abuse younger; that women can be abusers; that boys as well as girls are victims; that the places children should be safest can be the most dangerous; that abuse can be ritualistic or satanic. The list is endless, and in writing it, and perhaps for those reading it, the question may be – what next?

However, for the counsellor, therapist or other helper involved in working with the survivors of childhood abuse, the escape routes of denial and disbelief are less possible, as they are for the survivor. They have had to face the uncomfortable fact that large numbers of children are abused physically, emotionally or sexually, and that it is not unusual for children to experience all three forms. Although increased media reporting has focused public attention on the realities of the horrors many children

encounter, for many the shock is transitory, and the horror portrayed today is forgotten by the next, in a process similar to the 'episodic amnesia' referred to by Herman. If you work in this field this cannot be the case. Abuse is not a transitory phenomenon, quickly forgotten. It has to be worked with and responded to. Working with abuse survivors is experienced by practitioners as a huge responsibility. There is a recognition that abuse can cause long-term and serious difficulties, and that some survivors will have had previously unhelpful experiences with the caring professions. Practitioners wish to be helpful but recognise the complexities of so doing. They also know that they work in an area surrounded by quarrels and controversy, itself an anxiety in an already potentially anxiety-provoking situation. Recently, the recovered memory debate has intensified the level of concern and anxiety for many working in this field.

THE RECOVERED MEMORY DEBATE

A very recent controversy, and one that is still raging, relates to issues of the repression of memory, of subsequent recovered memories, and of whether false memories can be created in their clients by counsellors and therapists. This causes great concern to survivors of abuse, to those who work with them, and to families who believe themselves wrongly accused of abuse. Potentially it may also, dangerously, prove to be a perpetrator's escape route. As Herman (1992: 8) points out:

> In order to escape accountability for his crimes, the perpetrator does everything in his powers to promote forgetting. Secrecy and silence are the perpetrator's first line of defence. If secrecy fails, the perpetrator attacks the credibility of his victim.

Some readers may wonder why the chapter is entitled '*recovered* memories' rather than the often-heard '*false* memories'. This reflects my view that serious and proper debate is needed on this subject and that all too often a highly emotive presentation prevents this from happening. The term 'false memory' is in itself emotive, suggesting that the memories referred to *are* false. When, as often happens, the term 'syndrome' is also attached, a pseudo-scientific validity is implied, which is neither accurate nor helpful. To place the discussion in this chapter in context, some of the history relating to this area will be briefly discussed.

The term 'false memory' was originally coined in the USA after a woman, Jennifer Freyd, recovered memories of childhood sexual abuse whilst in therapy. Her parents disputed the accuracy of her memories and, in conjunction with Ralph Underwager, started the False Memory Syndrome Foundation (FMSF). They believe that otherwise healthy families are being destroyed by ill-trained therapists who may actively seek to

discover in therapy, particularly by the use of hypnosis and 'truth drugs', repressed memories of abuse that are essentially false.

Dr Ralph Underwager was well known in the USA, before his involvement with this group, for acting as a defence witness in over two hundred cases of child sexual abuse. In a study carried out by Anna Salter, and supported by the New England Commissioners of Child Welfare Agencies, she studies the accuracy of his 'expert testimony' and examines the literature he refers to which apparently strongly supports his arguments (Salter 1989). She discovers many inaccuracies, including research referred to that is inaccurately quoted; minor findings quoted out of context which, if taken in context, would not have supported the position; extrapolating beyond the limitations of the data; and ignoring contrary evidence. Underwager (1993) has also published an interview in the Dutch magazine *Paidika, The Journal of Paedophilia* in which he is asked if choosing paedophilia is a responsible choice for the individual. He replies:

> Certainly it is responsible. What I have been struck by as I have come to know more about and understand people who choose paedophilia is that they let themselves be too much defined by other people . . . Paedophiles spend a lot of time and energy defending their choice. I don't think a paedophile needs to do that.
>
> (1993: 3)

Readers will decide for themselves how appropriate it is for any group seriously involved with questions relating to the abuse of children to have had as a founder member someone who holds these views. Following the publication of this article, Underwager resigned from the FMSF. The group has rapidly gained momentum in the USA, with people taking up strongly adversarial positions on both sides of the argument. It is worth noting for therapists and counsellors working in the UK that a very different legal system operates in the USA: there therapists are legally required to report any allegations of sexual abuse, and litigation related to such allegations is frequent.

The British False Memory Society was set up in 1993 by Roger Scotford, who had been accused by his two daughters of sexually abusing them in childhood. This group is also adamant that unscrupulous and undertrained practitioners are able to plant false recollections in their clients, and that the lives of innocent families are being ruined as a result of the consequent accusations made against them. Much of the attack from the False Memory Society is against therapists, who (they argue) strongly suggest to their clients that they have suffered childhood abuse. As in the USA, debate has become heated and has attracted enormous media attention. Some readers may feel that this is somewhat out of proportion compared to the smaller publicity given to the huge numbers of children

known to be abused, and to the numbers of adults presenting for help with horribly clear recollections, often with no wish to accuse anybody, or to take legal action, but with a desperate need to try to heal their pain.

The concept of false memory has received considerable publicity. Given the discussion above regarding resistance to believing in abuse, it can be understood as an appealing idea for many: abuse is not so widespread, the argument could run, unscrupulous counsellors and therapists are the problem after all. This is not to dispute that many of those involved in the false memory group are undoubtedly convinced they have been falsely accused. And it is important to recognise that false allegations of abuse are possible and do occur. However, the concern of some working in the field is that it could be a convenient abusers' charter. It is well known that perpetrators of abuse are highly likely to deny their offences, and will continue in this denial after conviction (Kennedy and Grubin 1992).

The British Psychological Society (BPS) report on recovered memory (BPS 1995) reviewed the relevant literature, surveyed its members, and scrutinised the records of the British False Memory Society. The report notes that most public attention is concerned with memories recovered in therapy, but in fact most clinicians working in this field are counselling survivors who come with memories of abuse, and for many the abuse has been verified by another person. The BPS survey gives some indications of actual occurrence. Of those questioned, 90 per cent had seen clients in the last year who had reported child sexual abuse. A third of those questioned said clients had recovered memories before therapy, and about 20 per cent had seen at least one client who had in the previous year recovered a memory of abuse. What is not clear from this figure is whether or not this 20 per cent presented with some existing memories of abuse.

An interesting result from this survey is that a third also reported clients recovering a memory of a traumatic experience other than abuse. In the BPS analysis of the ninety-seven cases recorded by the British False Memory Society, only half gave enough information to allow crude statistics to be extracted. In half of these there was explicit mention of memory recovery from total amnesia – that is, a quarter of the total.

The BPS survey is a sensible document and avoids the over-dramatic and sensationalising approach of much that has been more popularly written. As a research document it has limitations, in that it is a relatively small-scale study of only one professional group, but it provides a useful and thoughtful framework for further and more detailed investigations and discussion. Its guidelines for practitioners are sound and careful. However, it is typical of the nature of the debate on recovered memory that a very rapid response and challenge came from the journal *The Therapist*. In the editorial comment, which accompanies an article by Weiskrantz (1995) challenging the content and conclusion of the BPS report, the headline is 'The British Psychological Society needs its head

examined'. Sadly, these inflammatory and insulting words are more fitting to the tabloid press than a serious journal. In his article Weiskrantz comments with regard to the BPS report that 'I fear that some of its statements, quite unnecessarily, will further polarize and add heat to the debate, which many of us have tried to avoid' (1995: 5). If this concern is genuine, it is indeed inappropriate that his article is placed next to the statement quoted above.

The debate continues to rage in the United States and is reflected in the recent lengthy exchanges in the *New York Review*. In his two-part article 'The revenge of the repressed', Frederick Crews (1994) offers a detailed critique of some aspects of recovered memory. Whilst he offers some valid criticisms, he falls into the same trap that he accuses others of: he strays away from actual empirical evidence and distorts theoretical concepts in an attempt to prove his point. At times the language of his articles is intemperate, derogatory and emotive:

> Until the recovered memory movement got properly launched in the later 1980s most Satanism charges were brought against child care workers who were thought to have abused their little clients for the devil's sake. In such prosecutions, which continue today, a vengeful or mentally unhinged adult typically launches the accusations, which are immediately believed by police and social workers. These authorities then disconcert the toddlers with rectal and vaginal prodding with invitations to act out naughtiness on anatomically correct dolls with bloated genitals and, of course, leading questions that persist until the child reverses an initial denial that anything happened.

It is interesting to note that although the concept of repression of memory that Crews challenges has been the subject of on-going theoretical and clinical discussion in other contexts, it has not always evoked this degree of controversy and vitriolic feeling. However, when it becomes attached to the issue of recovered memories of abuse, hackles rise, insults abound, and reasoned debate rapidly descends into something more primitive. It does raise the question of what this is about. Reading some of the debates in detail suggests that very primitive parts of the self are not only being encountered but somehow rudely assaulted in a way that cannot quite be contained.

Crews continues in praise of the False Memory group: 'Above all, steady progress has been forged over the past two and a half years by the False Memory Syndrome Foundation most of whose members are themselves slandered relatives of survivors.' In a letter of reply, Theresa Reid (1995), Executive Director, American Professional Society on the Abuse of Children, remarks that: 'When Crews refers to the members of FMSF as "slandered relatives of survivors" he claims an access to wisdom that Solomon himself would envy.' She continues by commenting that:

'Crew's vitriol against professionals is hard to understand, and his depiction of zealous incompetence as the rule is indefensible.' At this point, the way this debate will resolve is hard to predict, but it seems set to stay with us for some time.

CAN MEMORIES BE REPRESSED AND RECOVERED?

As has been noted, a central question in this debate surrounds the concept of the possibility of the repression of memory. This is in itself a major field, and the following can only be a brief summary of some of the relevant findings. We know that in multiple personality, different personalities are amnesic to each other's experiences. A woman with multiple personality explains this:

> I have six children and I think I remember their childhood but, even so, when they are together and talking there is so much I don't remember. I have lost an awful lot of time. I feel I've got to this age in my life and I've lost half of it. As far as I'm concerned everyone seems to know more about me than I do, because when the other personalities come through it's the therapist they're talking to. I know nothing about it. The therapist has to tell me what's been said. I've no idea. It's very odd and embarrassing.
>
> (Walker 1992: 124)

Sargant (1967) reported that during World War II there were many cases of what he called acute hysterical losses of memory. Research by Herman and Schatzow (1987) found that 64 per cent of women with self-reported histories of sexual abuse, most of whom had corroboration from other sources, had incomplete or absent memories of their abuse at some time in their past. The more violent the abuse the greater the degree of memory impairment. The authors comment that:

> Marked memory deficits were usually associated with abuse that began early in childhood, often in the preschool years, and ended before adolescence. In addition, a relationship was observed between frankly violent or sadistic abuse and the resort to massive repression as a defense.
>
> (1987: 5)

A significant study has been carried out by Linda Meyer Williams (1992) into women's memories of childhood sexual abuse. Its particular significance is that it studied 129 women with previously documented histories of sexual victimisation in childhood. In other words, abuse had been proved to have taken place. In detailed interviews about their abuse histories, a large proportion of the women did not recall the abuse which had been reported seventeen years earlier. Women who were younger at the time of the abuse and those molested by someone they knew were more

likely to have no recall of the abuse. In one case a woman told the interviewer that she was never sexually abused as a child, and she repeatedly and calmly continued to deny any such experiences throughout the detailed questioning. In fact her uncle had sexually abused her when she had been 4, as well as her cousin aged 9, and her friend also aged 4. In addition to the research, survivor accounts give further weight to the argument for amnesia in respect of childhood abuse. An example of complete repression of a traumatic and painful childhood is found in Matthews (1986).

The question arises: 'If memories can be repressed, what is it that allows them to surface?' Clinical experience suggests many factors may be at work here: one is that the individual's tolerance level increases if his or her external world becomes safer and more secure. A male survivor of sexual abuse I interviewed explained this:

> I had genuine friends, something I hadn't had before and I had a steady partner. I was being allowed to be me and I was being supported. So all this support and I think somewhere inside myself I'd recognised that the time was right to let these memories resurface. It was safe enough to feel unsafe. I remember sort of crawling round on my hands and knees for three days not knowing when the next one was going to hit me. It was like there were more and more of these images coming at me. There was everything waiting in my head. It was like an explosion. Before it had all been completely and utterly blocked. I had assumed it was like that for everyone, that memories were second hand, given you by someone else saying do you remember such and such and so on.

It should also be noted that these memories surfaced after the abuser had died. Contrary to one of the arguments of the false memory groups, who see recovered memory as a weapon against the family, this pattern of recall after the abuser has died and cannot therefore be directly accused or prosecuted is not unusual. It has been noted that repeated or extended severe trauma or abuse is more likely to lead to extreme amnesia than single episodes. This is certainly so in the example above: the abuse had been systematic, extensive and exceedingly brutal. Violence and sexual abuse towards others had also been witnessed. Other frequently cited triggers for remembering are the birth of a child; a child reaching the age where the abuse began; other major life events; or further traumas or losses. As with the example above, clinical experience suggests that abuse survivors can experience periods when trauma-related memories intrude into consciousness and cannot be blocked or stopped.

CLINICAL IMPLICATIONS

Although the concept of repression of experiences and the consequent remembering of events in later life may be controversial, the existence of

traumatic forgetting has been well documented. In many instances this can be confirmed by other family members, by other victims and occasionally by the perpetrator. Little convincing research has yet taken place into whether therapists or others can implant 'false' memories, but it is known that those who have suffered childhood abuse may be more suggestible. It would seem sensible to assume that as a consequence of this the possibility of false memories being induced can exist, and that counsellors and therapists need to exercise care in particular aspects of their practice – this will be discussed below.

However, a balanced view must be maintained. In the same way as false allegations of abuse can be made, false memories may be a possibility. Research on false allegations made by children suggests these are a small number (Goodwin *et al.* 1978; Jones and McGraw 1987), and false memory can most usefully be regarded similarly. That is, it is a possibility that must be taken seriously but must not be allowed to overwhelm and cloud the real issue: that of the abuse of children in larger numbers than we are ever likely to know, and the severity of the consequences for the adult population. There is a danger of the 'false' memory issue becoming a therapeutic red herring, something that, once again in the history of abuse, acts as a block and defence to facing its appalling extent and effects. And it must always be remembered that perpetrators and denial go hand in hand. Undoubtedly the false memory group will include some genuinely distressed and falsely accused families. However, inevitably they will also act as a magnet for perpetrators searching for another psychological line of defence against acknowledging to themselves or their victims their responsibility for their violence.

As there is a danger of the real issue being subsumed and side-tracked into this debate, so there is a danger of counsellors becoming so intimidated that they will back off from work with abuse survivors. Survivors are often so alone and alienated from the world around them that to revert to one traditional approach that argues that malevolent persecutors are an internal fantasy rather than an external reality would be to do them a grave injustice, when they have already suffered from so many. As Bettelheim (1980:113) says: 'It is so unjust, so unreasonable, that of all people the survivor should have to struggle, all by himself, with some of the greatest psychological difficulties imaginable.' Patrick Casement is referring to satanic abuse when he says: 'Not to believe someone who has actually been a victim of such abuse leaves that person still alone in the torment of their own experiences' (1994: 23). But the same is true of all who bring stories of their abuse: if they are disbelieved, their abuse and their pain are once again reinforced and intensified.

To work effectively with abuse survivors, counsellors do need to be resilient and have sufficient confidence in their therapeutic skills. As I have written elsewhere:

> In order for counsellors and therapists to work effectively with abuse survivors they need to be able to encounter, work with and contain material that can be of a deeply disturbing nature. They have to be able to make contact at a deep level whilst remaining intact themselves.
> (Walker 1992: 197)

There is a danger that this ability to work with disturbing material will be undermined by counsellors' fear of having allegations of implanting false memories made against them. This would be counter-productive for both the counsellor and the client, and raises the question of what counsellors and therapists need to do, or not do, to ensure they work professionally, ethically and responsibly with abuse survivors.

First, it should never be assumed that those presenting with issues other than abuse have been abused just because the clinical material may suggest this as one possibility. An example would be clients who present with eating disorders. Although research has shown (Oppenheimer 1985) that two-thirds of women with bulimia had been sexually abused before the age of 15, and others have presented evidence linking anorexia with a history of childhood abuse, nevertheless abuse cannot be diagnosed or assumed on the basis of presenting symptoms such as an eating disorder. It may provide the counsellor with a tentative hypothesis that can be held in mind and checked against other evidence as it emerges: it should not be leapt at as an explanation or shared with the client. Similarly, lack of recall of childhood events may suggest abuse, but is not the only explanation.

Second, counsellors nowadays are quite rightly very aware of the numbers of clients presenting as survivors of childhood abuse, and as more is written and researched they have more knowledge of how this might be manifested. But as with all knowledge it must be used with care and with the recognition that knowledge is never absolute. There is a twin risk: one is that counsellors deny the level of abuse and its effects, particularly when abuse is severe and horrifying. The other is that the counsellor, in an anxiety to create certainty in the midst of chaos and confusion, may over-emphasise or wrongly interpret certain aspects of the client's experience in order to provide a definite explanation that both may want and need.

A clinical example illustrates this. A young woman in great distress went to a counsellor. She was depressed, agitated and desperate to find a cause for her unhappiness. She felt that if only there was a reason to attach to this to she would somehow feel better. In fact her story as it was later told to me was such that her symptoms were altogether understandable in terms of a chaotic and uncontained family, which was at times violent, where boundaries were very blurred and secrets abounded. It was unfortunate, to say the least, that this first counsellor, in a first session, told this

client that her feelings indicated a strong possibility of sexual abuse. She also quite correctly told the client she was not experienced enough to work with her, but damage was undoubtedly done by this suggestion of sexual abuse. This client's agitated anxiety made her very suggestible, and the experienced counsellor who took over working with her had to struggle to contain her. In the work with her, nothing transpired to suggest sexual abuse, and it seemed as if the client's readiness to accept this first explanation was in part a resistance to looking at what actually had happened in her family, and to facing how devastating it had been. She also had a desire to find a definite and specific reason for her acute unhappiness.

Although in this instance there was good reason for the client to feel as she did in terms of her already remembered history, in other instances this may not be the case. Sometimes counsellors and therapists need to help their clients to find a way of coming to terms with the reality that there are parts of their life that may never be clear, never tidied away, and never fully understood. For instance, clients who have been abused at a very young age may always have patchy, incomplete and vague memories. And in some families patterns of interaction are deeply dysfunctional and disturbing. They create great unhappiness in a way that cannot be specifically located. It is the whole process of being in that family that has been disturbing, rather than specific traumas. To help clients cope with this, counsellors themselves have to be able to tolerate and work with uncertainty, ambiguity and chaos. Although the example quoted above may be a rare one, the possibility and reality of this type of clumsy and unprofessional practice has to be recognised. Supervisors should take great care to challenge and not collude with these instances when they occur.

Third, counsellors need to recognise the strength of language – the word 'abuse' is a powerful one with very particular connotations currently. It should not be used unless the client uses it. The pace of the work should always be set by the client; if he or she is using phrases such as 'things weren't easy when I was little', or 'bad things happened to me', this is also the level at which the counsellor should respond. To reframe these types of comment in terms of the client having had abusive experiences before the client recognises them as such – if he or she ever does – is invasive and inappropriate; but it does happen. The client *can* be asked, for example, whether they want to tell the counsellor a little more about things not having been easy, but this should also be accompanied by reassurance that he or she can take his or her own time in whatever he or she wants to talk about. If a client has been abused, this may take time and courage to tell, and can only occur in the context of a trusting relationship. Many abuse survivors disclose hesitantly and gradually, otherwise it can be too much to bear.

Fourth, although most abused clients come with some memories and

recall more as they begin to deal with the abuse, and some come because they have recently recovered memories, there will be those who do recover memories in counselling. This can be deeply shocking for the client and for the counsellor, and it is important to respond calmly. There are particular memories that act like a log-jam – once dealt with and the fear removed, the client may be free to recall others. In this way a retrieved memory can start a whole process of remembering. This is neither comfortable nor easy: there can be great resistance, as enormous pain is likely to be encountered and threatening instructions in the past not to tell have often been well internalised.

Fifth, if the client is wanting to act on these memories by taking legal action or by confronting the perpetrators, counsellors can encourage the client to take his or her time with these major decisions. If it is sufficiently acknowledged that recovering traumatic memories is a disturbing experience, clients are often able to recognise for themselves that rapid responses may not be advisable, and may be self-destructive and self-defeating. In the same way as counsellors normally help someone to think through the consequences of confronting abusers, this needs to be especially carefully undertaken when memories are recovered. If a client is seriously considering legal action, it is essential that he or she consults lawyers. Counsellors should not advise on this; it breaks the boundaries of the work and is beyond their expertise.

Finally, the use of hypnosis to aid the recovery of memories is a fraught and emotive debate. I have worked with a client who recovered memories under hypnosis when the training of the hypnotist had been limited to a correspondence course and two weekend workshops. She had no idea how to work with the material or the regressive state that emerged. There is a reality that has to be acknowledged that too many people practise as counsellors with too little experience. In fact in this case the recovered memories were not entirely accurate; some detail was distorted, but in essence they were true and were verified by an older family member. On the other end of the scale, some very experienced clinicians regard hypnosis as a means of reintegrating dissociated parts of the self, and it is recognised that those with dissociative difficulties are very open to hypnosis. There is a huge difference between experienced and highly trained clinicians employing this as one tool amongst many, and those who are inexperienced dabbling with what is a powerful technique. The rule of thumb should be that unless a counsellor is highly trained both as a hypnotherapist *and* in working in abuse survival, he or she should not use hypnosis. My own perspective is that I work with recovered memories if they emerge, and I work with regression similarly, but I do not use techniques actively aimed at precipitating these. It is worth repeating that the client must set the pace.

CONCLUSIONS

My own clinical experience in this field suggests that the proportion of clients being seen who recover memories, having started from a base of no memories, is small. However, gaps in memory of varying degrees of severity are commonly reported amongst those who have suffered abuse in childhood, and those who have experienced other forms of trauma. It should be noted, therefore, that the amount of publicity given to memories totally recovered in psychological treatments may not bear much relationship to the actual incidence of this occurrence. There is clearly a real concern that there is at least a possibility that false memories can be induced in the therapeutic setting, particularly when certain techniques are employed, and this must be taken seriously. The volatility of some of those who are most actively involved in forwarding this notion is not helpful, and counsellors need to address the issue without becoming caught up in highly emotional arguments. As in all their client work, counsellors should not be suggestive; they should not jump to rapid conclusions; and, perhaps most importantly, they should be able to tolerate and work with uncertainty. It is essential that this controversy is not allowed to distract us from our work with survivors of childhood abuse, or undermine us in so doing. The history of the denial of abuse is worrying in its power and its tenacity. This debate must not validate and encourage the deepening of denial.

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Feminism & Psychotherapy

Reflections on Contemporary Theories and Practices

EDITED BY

I. Bruna Seu and M. Colleen Heenan

4

Feminist Psychotherapy and Sexual Abuse

Moira Walker

Working with abuse survivors[1] is a demanding, important and increasingly large part of any counsellor's or therapist's work load. Workers need to be clinically experienced; resilient, with a sound understanding of the effects of abuse on the child and on the adult underpinned by a theoretical base that clarifies rather than confounds. This is not always the case. As Burstow notes in her book on working in the context of women and violence:

> Feminist counseling literature has not provided the concrete guidance needed. The literature is divided between weak theory with detailed practice suggestions on one hand and powerful theorizing with only general remarks and examples about how to put it into practice on the other. This deficit is a sizeable one. (1992: xiv)

In my experience it is sadly true that this can be a real difficulty for practitioners. Much of the 'powerful theorizing' alluded to above mystifies and intimidates rather than clarifies and encourages. Whilst practitioners in this field need to be flexible and prepared to explore new methods of working, they also need the security of a reasonably stable theoretical base. It can be a minefield, with the internal splits that frequently exist within the abuse survivor also reflected in theoretical disputes which, for many practitioners, bear little relationship to their work with clients.

I write this as a psychotherapist and counsellor with many years of experience in working with abuse survivors, and in training and supervising others in this field. I describe myself as a feminist psychodynamic therapist and will attempt to give the reader some sense of my understanding of the context of abuse; its history; how it is understood and explained societally; and the impact of feminism and feminist therapy upon it. Two aspects of work with survivors, the blaming of mothers and the idealization of fathers, will be given particular attention, as these are frequently raised in both supervision and training. These will be discussed in the context of aspects of feminist object relations theory that provide

valuable theoretical and clinical insights. An interview with an abuse survivor in which she discusses her own experience of feminist therapy will also be included to ground the discussion and to give a voice to the person who matters most – the client. The discussion inevitably will not be complete and it will fail to be a neat theoretical package. I make no apology for this: it is not a neat field and I invite readers to use this chapter as a basis for their own discussions and ideas.

Sexual Abuse: the Context

In any discussion of sexual abuse it should be remembered that abuse extends beyond the sexual and that all forms of abuse are harmful. Children are abused psychologically, physically and sexually, and many suffer forms of all three. There are no neat distinctions to be made. The acknowledgement of sexual abuse as a serious problem has always been resisted, and still is, although this resistance takes different forms at different times. Sexual abuse is now in the public gaze, but its history has been marked by denial and a general sense that it is beyond credibility. It should also be noted that boys as well as girls are sexually abused, and that although the research points to the great preponderance of men as perpetrators, women also sexually abuse children. Acknowledging that women also abuse, especially sexually, is very difficult for many feminists. As Young points out:

> Examining the reasons for the feminist resistance to acknowledging female abuse realistically provides us with clues to society's denial of the wider problem. The reason, as those working in the field know, is to do with maintaining a status quo that is recognisably fragile. (Young, 1993: 108)

It is difficult to estimate accurately the number of children who suffer sexual abuse: this partly depends on the definition used, and partly on the research methods employed. Retrospective studies on adults always indicate a higher level of abuse than cases actually reported and formally identified in children. This, of course, reflects the large numbers of children who suffer but are never identified and never receive help. Abuse remains a carefully kept secret in many families. Finklehor stated (1986: 16), 'The reality is that there is not yet a consensus among social scientists about the national scope of sexual abuse.' This remains the case but whilst accurately defining and measuring the extent and nature of a problem is always important, the difficulty of doing so should not distract us from serious enquiry into the problem. It is sufficient to know that an enormous number of children from all social classes suffer horrific treatment, and that these children grow up into adults carrying appalling secrets and terrible pain.

What is Abuse?

Measuring the extent of sexual abuse is problematic, and defining it is similarly fraught with difficulty. One such difficulty is whether sexual abuse involves only actual contact or whether non-contact events should be included. Another is the age of the perpetrator: a current concern relates to older children abusing younger – what age gap is necessary before one child can be deemed to have abused another? Or can a child of for example ten abuse another child that age? Or would this be harmless 'playing' or 'experimentation'?

I would suggest the following as a broad working definition of sexual abuse. It is essential to recognize as crucial elements the misuse of power and authority, combined with force or coercion, which leads to the exploitation of children in situations where adults, or children sufficiently older than the victim to have greater strength and power, seek sexual gratification through those who are developmentally immature and where, as a result, consent from the victim is a non-concept. Such gratification can involve explicit sexual acts – anal or vaginal intercourse, fondling, masturbation – or may involve invasive and inappropriate actions not directly involving contact: watching a child undress, bathe, use the toilet, in order to gratify the perpetrator rather than meeting the needs of the child; forcing a child to watch adults having sex or making them watch pornographic videos. What is central is the exploitation of the child; the denial of their rights and feelings, and the essential gratification of the abuser through the child, the child being regarded solely as an object for the perpetrator's use and to meet their needs.

Inevitably any discussion on any aspect of sexual abuse triggers strong feelings. It is an irony that reflects the strength and the power of these that in the 1970s and 1980s feminists often accused therapists, particularly those informed by psychoanalytic theory, and in many instances quite correctly, of denying the reality of abuse, thereby silencing thousands of victims. At the same time social workers were often attacked in the media for removing children from actually or potentially abusive homes without sufficient cause. These were not easy years for therapists who went against the tide of disbelief: a colleague of mine who, like myself, was identifying abuse in these years and working with survivors, recalled how she was described as 'a dirty old woman'.

In the 1990s the pendulum has swung the other way. Therapists are now being attacked for being overzealous, and accused of planting ideas of abuse where none exists – 'false memory syndrome' as it is popularly called. In fact, many survivors enter therapy or counselling with clear memories of abuse, whereas others may recover these whilst in therapy. Recovered memories is a highly contentious area that I have written about elsewhere (Walker, 1996) and I can do no more than allude to here. However it is clear that therapists should take enormous care not to be suggestive to their clients and not to use hypnosis inappropriately: abuse

survivors and victims of other traumas are suggestible, and memories have to be carefully handled:

> Although hypnosis does not necessarily involve any compromise of the patient's autonomy, it always carries the potential for being perceived as intrusive, controlling, manipulative and so on and thereby grossly distorting the transference relationship. I would caution against the use of hypnosis for penetrative exploration of the patient's mind and certainly it is unwise to use hypnosis for uncovering repressed memories because of the dangers of creating pseudo memories. (Mollon, 1996: 155)

Whichever way the argument goes, the crux is that it is all in someone's mind: either the mistaken client's or the unscrupulous therapist's – someone must be fantasizing somewhere. A convenient escape route for the perpetrator, with the counsellor and therapist all too often becoming a handy fall guy, and another avoidance of the real issues of recognizing the extent of abuse and the seriousness of its effects.

The History of Abuse: the Struggle for Belief

Sexual abuse is not new and neither is its recognition. However, the pendulum of recognition and acknowledgement versus disbelief and denial has swung backwards and forwards over the last century. Denial is weighty and swings into full force whenever there is a danger of abuse being taken really seriously. So acknowledgement has been intermittent, and it is only in recent years that the reality of sexual abuse has taken on a more solid identity that is too large to be dismantled and swept away. As I will show later, this is largely thanks to the insistence and persistence of feminism.

Historically the misuse of children both sexually and physically has been well documented, particularly with regard to working-class children who all too often were a burden and an unaffordable expense to their families. Many became servants at a very young age and were exploited mercilessly:

> Another very vulnerable group in the nineteenth century was the servants. The habit from slavery days of men considering women household workers as being at their disposal for sexual services continued after slavery. If a servant girl became pregnant, there was no recourse when the mistress of the household turned her out. Many prostitutes were forced into the profession via that route. (Boulding, 1992: 200)

From the 1870s in London female activists petitioned the British Parliament against the sexual abuse of girls. Around this time Freud was developing his ideas and theories. He recognized the immense significance of childhood experience and began to identify the existence of sexual abuse, only to vacillate on this thereafter. In 1895 in *The Aetiology of Hysteria* Freud proposed a direct causal relationship between childhood sexual traumas and later adult difficulties, although he later retracted this.

Without a detailed analysis of his writings, which are many, it is not straightforward to distinguish the patterns and movements in Freud's own thinking from the selective use made of them by other professions and a wider society. Many held, and still do, the family as sacrosanct, and selectively extracted from Freud and other early theorists in order to support what was acceptable and comfortable to them. However, there is no doubt that his theory that memories of infantile seduction could be fantasy dominated much thinking, particularly in the psychiatric literature, and reflected a powerful resistance to believing in the reality of sexual abuse.

Understanding sexual abuse as fantasies arising from unresolved Oedipal issues tragically served to silence many survivors. However, in terms of Freud and the Oedipus complex, the problem is twofold. Firstly, the centrality of the Oedipal stage in Freud's thinking, combined with his own uncertainty about the reality of abuse, conveniently fuelled the flame of denial, which has burnt so strongly since. Secondly, the Oedipus complex itself has been misused and interpreted to suit the interpreter rather than fit with the client's own history and experience.

It is not only Freud's work and its interpretation that is problematic in this context. The work of Melanie Klein, extremely influential in Britain, is also highly significant. Melanie Klein explored and highlighted the significance of very early stages of development in the child, and the importance of the mother–baby relationship. Her contribution to psychoanalytic theory is profound, but her emphasis on fantasy and the inner world of the child has been another factor that has shifted the spotlight away from the actual behaviour of others towards the child. Hence what she interpreted as fantasies of a sexual nature would now be likely to be understood as abusive experiences. Nowadays in reading examples of her work with children her interpretations can appear worryingly unsubstantiated and highly suggestive, although of course, in Klein's eyes she was interpreting unconscious desires and wishes.

Legal changes were also occurring, and incest was made illegal in 1908 in England and Wales with an acknowledgement by the Lord Chief Justice of the time that fathers assaulting their daughters was not an infrequent occurrence. In 1932 Ferenczi presented what is now recognized as a most significant paper, although this was not published until 1955 (Ferenczi, 1955). This confirmed Freud's early views that hysteria in adults could be traced to childhood sexual trauma, and also identified splitting as a defence mechanism. This was not a popular move, and led to an extraordinary reaction against him:

> He was promptly dropped by Freud and by his so called friends. Leading cadres of the Psychoanalytic Association like Ernest Jones and others went so far as to continue to libel him after his death. He was bluntly called psychotic, although the famous psychoanalyst Michael Balint could testify to the fact that he wasn't. As far as I know, however, Balint did nothing to rid the world of these infamous lies. (Miller, 1991: 45)

Traditional Explanations for Abuse

Historically, various explanations have been offered for sexual abuse, all of which attempt to minimize its extent or significance one way or another. Until relatively recently a popular argument was that abuse is extremely rare. Another was that sexually abused children have particular characteristics that render them at least partially, if not considerably, responsible. This conveniently focused on the child, and the perpetrator somehow faded into the background. A well-known study by Bender and Blau in the 1930s posed this argument:

> These children undoubtedly do not deserve completely the cloak of innocence with which they have been endowed . . . we might have frequently considered the possibility that the child might have been the actual seducer, than the one innocently seduced. (Bender and Blau, 1937: 509)

Readers who hope to comfort themselves with the belief that in more modern times attitudes must surely have changed may find the following considerably disillusioning. In 1983, nearly fifty years after the Bender and Blau study, Judge Brian Gibbens passed a two-year sentence on a man convicted of raping a seven-year-old with the comment:

> No force was used. It is one of the kind of accidents that can happen in life, although of a different kind, and could almost happen to anyone. This was a momentary lapse. (*The Times*, 20 Dec. 1983)

The attitude reflected in these words essentially sees the male perpetrator as temporarily, and almost unfairly, tempted and unable to resist. The innocent child victim becomes transformed into a knowing seductress and the totally culpable and powerful adult male assumes the mantle of hurt innocent. It is the most extraordinary denial and transformation of the reality. Many more explanations have focused on the mother: either blaming a pathological mother understood as acting out her Oedipal wishes via her daughter, or viewing her as a helpless dependant, as colluding with the perpetrator, or as a victim herself. Placing the responsibility in these ways both avoids deeper questioning that may challenge existing social structures, and neatly and conveniently takes the responsibility away from the perpetrator:

> The notion of the 'collusive' mother who manipulates her husband and daughter into incest in order to fulfill her own unconscious desires is merely a mechanism for transferring agency away from the father; the father is rendered innocent. (Waldby, 1989: 91)

Traditionally, another interpretation of child sexual abuse concentrated not solely on the mother, but regarded the child's family as essentially dysfunctional, therefore requiring the treatment of the whole family. This again shifted the emphasis away from the perpetrator.

What is clear is that for a long time pockets of recognition occurred only to be quickly repressed or re-defined, a process that was similarly repeated in relation to the acknowledgement of domestic violence. In that area too, myths abounded that served to move the responsibility away from the perpetrator to the victim.

The Impact of Feminism

It is indisputable that feminism played a key role in identifying violence to women and children and in challenging and systematically dismantling the views described above. Feminism has always explored and recognized the connections between the experiences of the individual and social and political issues, and feminist research and methodology has always placed the actual experiencing of women at its centre. Feminist scholarship in the last two decades has changed and developed – it has conflicts of its own – so it is not possible to talk about *the* feminist perspective as there are many. However it is possible to extract key ideas and themes that have been vital to publicizing the previously private world of sexual abuse. It is certainly true that the feminist's radical challenges and questions of the 1960s and 1970s, focusing as they did clearly on the unequal position of women in society, in the family and in relationship to others, opened the lid on much that had been previously firmly buried:

> Further disclosures of men's domestic violence against women, of their sexual coercion and abuse of children in the home, and general control over resources and decision making, all continued both to feed feminist calls for a woman centred orientation in the social sciences and to fan feminist fears of the potential dangers of family life for women and children throughout the 1970's, so firmly hidden in the all pervasive familial ideology of the satisfactions of hearth and home. (Segal, 1995: 252)

Feminists forced into the public arena the previously private life of the family and, owing to the feminist movement, in the 1970s and 1980s the issues of rape and assault on women and children became a socio-political issue. Abuse to women and children came out of the closet; shame and secrecy began to move into sharing, openness, anger and demand for action. Much of this action was organized by women for women, reflected in the massive growth of Rape Crisis Centres, self-help groups and other organizations set up to work with women abuse survivors. This breaking of the secrecy should not be underestimated in its impact and significance. As Emily Driver states, 'when incest survivors break that circle of secrecy we begin to wield a great political power which has for centuries lain dormant' (Driver, 1989: 171). The work of Burgess and Holmstrom (1974), Brownmiller (1975) and Russell (1984) have all been very influential, as have the many personal accounts written by abuse survivors, for example Jacqueline Spring's account (Spring, 1987).

The work of feminists such as these provided the language and the concepts that established the framework for the discussion of sexual abuse. It seemed that perhaps for the first time in history sexual abuse had found a voice that would not be silenced. Feminism made sexual abuse visible and audible and provided an ethos and an analysis that was too strong to be ignored, and resonated too deeply with the experience of too many women to be easily denied. Its emphasis both on gender relations and power in the context of a deeply patriarchal society, and on the validating and conceptualizing of personal experience, proved a powerful combination. Feminist pressure was crucial in placing both domestic violence and child abuse on the political map. Bell (1993) uses the work of Foucault to examine in detail a number of theoretical issues and questions surrounding a feminist understanding of abuse, in particular those relating to sexuality and power. She notes that:

> The feminist position is not just about highlighting the sexual damage suffered by girls and women but simultaneously forms a fundamental critique of the family, of the construction of gendered sexuality, of the 'normality' of incestuous abuse. All this pertains to the abuse of girls and boys. The specific contribution of the feminist perspective is that it locates the problem of incest within the normal practices of sexuality, of power and of practices of 'not-hearing'. Its task has been to show the gendered quality of these practices. (1993: 17)

The Impact of Feminism on Therapy

The Challenge to Traditionalism

Feminist practitioners such as Judith Herman (1981) and Elizabeth Ward (1984) argued that all traditional explanations of sexual abuse systematically ignored the effects of power relationships and patriarchy, thereby misplacing responsibility. Feminist analysis has instead presented the experience from the point of view of mother and daughter in order to understand the central role played by power relationships in the family, whilst linking and connecting this with wider societal structures.

It is evident that these ideas represent an enormous challenge to a world frequently marked by an over-allegiance to, and an over-simplification of, an outmoded and essentially phallocentric theory. It is also clear that the psychoanalytic preoccupation with theories of infantile sexuality and the subsequent conceptual leap into the child's fantasies of sex, as opposed to actual abuse, was a grave mis-service to abused children. Nowadays, although a blinkered attachment to outmoded ideas may exist in some areas of practice, many have moved beyond this, although it should be noted that this is not always so in relation to recognizing power issues:

> The most significant difficulty in the encounter between feminism and psychoanalysis remains the refusal of the analytic world to recognise the role of power in male female relations. Although gender and sexual identity are currently highly fashionable topics in psychoanalytic circles, I am often astonished to hear these discussed with barely any mention of the power differences between the sexes. (Maguire, 1995: 226)

Object Relations Re-Visited

Although attitudes may be hard to shift in some quarters, analytic and psychodynamic feminist therapists have attempted to re-formulate rather than demolish the existing theoretical base. Object relations theories in particular have been radically reviewed. Although object relations theory has tended to reinforce the sexism of traditional psychoanalytic thought, a feminist re-interpretation of this approach provides a theoretical base that incorporates a political understanding. The work of Nancy Chodorow (1978) has been particularly significant in this re-working and re-definition. She has focused on the significance of mothering in the child's development whilst linking the structural characteristics of bringing up children to the father's role in economic production. As Jacobs states:

> In identifying the relationship of structural forces to family dynamics and psychological development, feminist analysis of object relations theory counters the tendency toward reflexivity without undervaluing the role economic forces play informing and maintaining gender relations. (Jacobs, 1994: 21)

Such re-conceptualizing has been essential in relation to feminist therapeutic approaches to sexual abuse. Dorothy Dinnerstein (1976) used Kleinian theory to explain the misogynist nature of society by the fact that all children raised by women internalize a picture of women as both all-good and powerful on the one hand and all-bad and withholding on the other. I have noted earlier in this chapter the tendency for society to blame mothers but it is evident clinically that victims too often tend to blame their mother. The re-interpretation of object relations theory through a feminist perspective throws some light on this, focusing as it does on the centrality of the early mother–child relationship:

> Child development, as it is understood within a feminist framework of object relations theory, is not based on the adequacies or inadequacies of the mother, but on a structural arrangement of family relations that locates the mother in a central position with regard to the affective realm of personality formation. (Jacobs, 1994: 22)

Blaming the Mother: Fantasy versus Reality

As a consequence of this centrality mothers are open to both blame and idealization which can be reflected in how abused children view them: the idealized expectation can distort the reality, leading them to blame mothers for knowing or not intervening even when they did not and

could not know. The belief in an all-powerful and all-knowing mother places an impossible burden on mothers, often in absolute contradiction to the realities of their world.

In therapy with survivors, it is crucial not to collude either with mother blame when this does not reflect the reality of the abuse, or with a refusal to recognize abuse by mother when this is so. Recognizing that both false blame and real abuse are possible, and understanding their source, can be central in helping the therapist to deal sensitively with these areas. As in all other work with abuse survivors this is done in the context of the greatest respect for the client and for their defences, and always recognizing the anguish that lies beneath. To be patient, to take care, to take time, to really listen and always go at the client's pace are of the essence. A feminist object relations understanding provides a valuable theoretical framework that informs the therapist and facilitates further exploration with the client.

Burstow captures the dilemma that can be created for the feminist therapist:

> Misogyny often figures heavily in survivors' readiness for anger and for the respective degrees of anger they feel towards the different people involved in the abuse. Survivors tend to 'understand' male perpetrators and to loathe female perpetrators. What is more significant, many survivors are positively livid at the women who indirectly facilitated the injury by doing nothing and are much less angry at the men who actually abused them. As feminist counsellors we are faced with a dilemma. On the one hand, we do not want to collude with misogyny. We know that lateral oppression and internalized oppression are at the core of the special fury felt towards women. On the other hand, we also know that survivors have a right to be angry and indeed need to be angry at everyone both directly and indirectly involved. (1992: 133)

Although, as Burstow notes, survivors blaming mothers is a common occurrence, this may seem to be in direct contradiction to the dynamic noted by Eichenbaum and Orbach, of mothers and daughters creating an alliance against father:

> Women often express contempt and disdain for their fathers because they are involved in mother's anger. Indeed, the daughter often carries her mother's rage. Once again daughter and mother share an experience. Both feel disappointed with father, both feel disdain. And thus they tighten their unspoken bond. (1985: 65)

However this is not the contradiction it appears to be. Daughters are drawn to their mothers in a profound way but sexually abusive experiences break into this bond and, as Burstow describes, drive a wedge between mother and daughter. If the abuser is father or stepfather this wedge will be greater, only preventable if mother is told and acts both to stop the abuse and to support her daughter. There is not space to explore why so often mother is not told but for a more detailed discussion on this

see Walker (1992). In this scenario the abused child becomes a psychological orphan: father is abusing her and mother is not protecting her. She feels betrayed by both. Both mother and daughter are humiliated and subordinated by the abuse, and the power of the abusive man smashes the mother–daughter attachment. The earlier the abuse, and the closer the relationship with the abuser, the greater the damage to the child. She is left without safe attachment; her parents as 'good enough' good objects have been destroyed. This, of course, is further intensified if both parents are involved in the abuse, and even more so if the parents are implicated in an abuse ring.

It is important for clinicians to understand the origins of mother blame if they are to be able to work with this central aspect of the loss of a good person to relate to, to trust, to depend on. Abuse attacks these crucial developmental tasks. At the same time it has been crucial for feminists to dismantle society's tendency to blame the mother who becomes unfairly a useful dustbin for all the blame. Feminists have rightly exposed the largely male misuse of power and placed incest within a generalized theory of patriarchal power and sexual violence. Understanding and working with the first does not militate against the second – they both have an important place in furthering the debate and working with survivors.

There is a balance to be struck here and it deserves further enquiry: mothers should not be blamed directly or indirectly for the sexual abuse of their sons or daughters when clearly another has been indisputably and directly responsible. However, many remain reluctant to accept that women can independently abuse their children. This causes enormous distress to survivors abused by women who then find themselves disbelieved by those in the caring professions. Abuse by women contradicts the mythology of both motherhood and the family and we may yet discover this problem is underestimated as so many aspects of abuse have been in the past.

In this context we do need to remember that in some senses women do have considerable power over children. Both Dinnerstein and Chodorow recognize the crucial influence of the first few months and the first few years of life, and discuss the far-reaching implications of women having almost exclusive care of the child. Women do currently have real and substantial responsibility for (and thereby power over) children. In the context of a capitalistic and patriarchal society, this is in some senses essentially *insubstantial* (although it will not feel that way to the child) but it should not be so surprising if this responsibility and power is open to misuse:

> She sees the world around her as non-existent in a supportive way. It is then that she falls back on her own inappropriate and perverse behaviour; this, in turn, makes her feel powerless. Simultaneously and paradoxically she experiences her perverse behaviour as the only power available to her through her exclusive emotional and physical authority over her baby. (Welldon, 1988: 83)

If, at the same time, as Welldon discusses, a woman can experience her child as part of herself, at times indistinguishable from her, an attack on the child can be an attack on herself, both self and child being treated as part objects. These factors can be a potent combination and coexist in a world in which the paradoxes around motherhood abound: motherhood is both revered and idealized whilst simultaneously being starved of real support, recognition and resources.

Idealization of the Father: Fantasy versus Reality

A feminist understanding of object relations also provides valuable insights in relation to the need of the abused daughter to idealize the perpetrator when this is her father:

> Contemporary feminist theory has stressed that the idealization of the father is enhanced by his absence from the emotional and social life of his daughter. With the incestuous father, however, it is the dangerous presence of the perpetrator that intensifies the need for idealization. For abused daughters in particular the need to believe in the ideal father is especially strong as the extent of his control and the threat of his abuse violate the basic needs of trust and security upon which healthy psychological development relies. (Jacobs, 1994: 34)

Jessica Benjamin (1988) in another contemporary feminist analysis of psychoanalytic theory also argues that fathers in patriarchal cultures are the idealized identificatory parent, although she extends this argument to include boys as well as girls, suggesting that the same psychological pattern of idealization operates for both. These are valuable insights, providing a theoretical underpinning that informs a particular aspect of clinical work. In my practice it is evident that for some women abused by their father, separating psychologically from him, and accepting the reality of his abusive behaviour, is complex and painful. The internalized idealized image of a good father is tenaciously retained, the perceived loss of this being so great that it cannot be faced. One survivor described this to me:

> The worst thing in going through all of this was actually really facing what my father had done. It meant letting go of him, letting go of the hope that he'd ever be the father I wanted and needed him to be. That was quite devastating. It felt somehow easier to blame my mum for not doing anything, and now I do recognize that she really didn't know. And when I believed that it must have been my fault it wasn't quite so bad either in a funny way – because that at least made me feel that I could have changed it by being different if only I'd chosen to; that I did have some control. I've had to face that I couldn't have done anything – that I was entirely powerless. That has been very, very painful although now I can say that it was worth it, but it didn't feel like that at the time.

In my own clinical experience this situation is more evident when the father is the abuser; and less so if the perpetrator is the stepfather or

another man. Then the idealized father can be held intact: the survivor holds the hope and the fantasy that their real father would be different. In some instances of abuse by fathers the survivor will fantasize that he is not her real father. Acknowledging, accepting and working through abuse by the father, and giving up the hope of the ideal father, is deeply painful and problematic as the example quoted above indicates.

For the client quoted above it was almost preferable to see either her mother or herself as responsible. In the former the innocent, unknowing mother could be blamed and raged at in a desperate psychical attempt to retain the idealized father, whilst the latter enabled the maintenance of the fantasy that there was some control or choice, when there was none. These complex unconscious strategies are not straightforward and are further reinforced by the sense of badness created by abuse. The abuser in denying responsibility effectively projects this responsibility into the child both by their abuse and by the accompanying verbal messages: 'you made me do this'; 'you want this'; 'you like it'; 'it's your fault'; 'you're bad, you deserve this' are frequently cited. Abusers are ruthless in their denial of their essential and absolute culpability. The idealization of father, accompanied by the introjection of the aggressor, becomes a powerful combination that leaves no psychological choice for the victim but to believe that she was bad and at fault. The introjection of the aggressor can result in self-harm, depression, suicidal behaviour and addictions although it can also be acted out against others. Powerlessness can also become internalized and, combined with idealization of the perpetrator, can lead to re-victimization.

Transference and Counter-Transference

There are other key concepts used by feminist psychodynamic therapists in their work with abuse survivors. Transference and counter-transference are central and the work of Herman on traumatic transference and traumatic counter-transference is invaluable (Herman, 1994: 136–47). Understanding and working with transferential aspects is particularly important because of the demanding and complex nature of the work. As Herman states:

> Re-enactment of the dynamics of victim and perpetrator in the therapy relationship can become extremely complicated. Sometimes the therapist ends up feeling like the patient's victim. Therapists often complain of feeling threatened, manipulated, exploited or duped. (1994: 147)

Working with the transference can be mistakenly misunderstood and criticized as denying the real relationship with the client, or the reality of their abuse. This need not be so. All practitioners working within the feminist framework, whatever their theoretical base, will be striving to work co-operatively with their client; to show her the greatest respect;

to value her and validate her experience; to acknowledge their own role within the relationship; to be constantly aware of the significance and impact of wider worlds and structures on both therapist and client.

However, analytic therapists have been criticized, for instance by Robert Langs (Smith, 1996), and sometimes rightly so, for interpreting as transferential material, client's comments that are actually coded references to the therapist's bad practice. Therefore references made by the client to their current and real relationship with their therapist are perceived as belonging to past relationships influencing the client's current experience of the therapist. This can be a very real denial of abusive practice in which the client, as with her abuser, cannot win: her reality is denied, with the danger that whatever she says reinforces the therapist's perception. This is not acceptable and it is vital that all therapists monitor in themselves, with their clients and with their supervisors, the possibility of abusive and repressive practice, and take responsibility for their own part of the relationship. However, this type of practice should not be generalized to all who work on the basis that the past can be repeated in present relationships, and that present relationships can become overwhelmed by past experiences to the extent that they become indistinguishable until explored in that context.

Feminist Psychodynamic Therapy in Practice

The crucial question arises: how does feminist psychodynamic therapy work in practice with abuse survivors? It should be emphasized that whatever the theoretical perspective of a feminist therapist, the client's needs and wishes come first. This is particularly significant with abuse survivors – in their childhood and often in adulthood these have been consistently ignored or destroyed. Essentially, the approach of the therapist should match what the client wants, not the other way round. This may mean that sometimes our feminist understanding of abuse informs our understanding but is not brought directly into the work – the individual may make it clear (if she is able to feel sufficiently safe) that she does not wish to work in this way and, of course, we should never enforce a perspective on her that is unwelcome.

The following account is taken from a lengthy interview with an abuse survivor describing the help she has been given.

Tina was a 42-year-old white woman, who had been in a lesbian relationship for the past three years. She had two grown-up children. She was sexually abused by her father as a child and physically abused by her mother. She had had eating difficulties all her life and had overdosed on several occasions; on one occasion this was nearly fatal. Previous help had proved unsatisfactory. The therapist she now describes worked in a local counselling and therapy centre offering a range of approaches within a feminist framework, including the psychodynamic.

Tina's Account of her Therapy

It felt different straightaway from the help I had received before: just little things – it was a really nice friendly building to go into. The staff all seemed relaxed, and you couldn't really tell who was who: you didn't feel you sort of stood out because you were a client. The first session was very different. I felt very welcomed, and taken seriously. Sue [the therapist] listened carefully but also explained how she worked and that there were other options available including groups. I had never been given any choice before but I knew I wanted to see someone individually, I wanted someone just for me.

She explained that her approach was psychodynamic; that she felt the past was very important to the present, and that it got repeated in ways for all of us that we were not consciously aware of, and that we could work to understand them. It really made sense to me. She explained that understanding did not provide easy solutions but could provide choices. She said we would work together on the eating; that she would not try and make me eat, that we'd try and make sense of it. She also told me that it wasn't going to be an easy journey but that she would guarantee to be with me at the same hour each week for an hour, in the same room; that she would do her very best and that we would be in it together. It was an entirely different approach from help I had been offered before.

She also said that our relationship would be important, and might tell us something about my other relationships, and that it might help to understand my abuse and the eating in terms of how women were treated more widely in the world. She also told me the time was for me and she hoped I'd say if I wasn't happy with anything although she recognized how difficult that might be. I'm quite sure I didn't take it all in then but it felt good – I really liked the idea that at last someone would take me seriously, and that what happened to me as a child really did matter. We carried on talking about how we could work together, it wasn't just sort of said and then forgotten about – it was part of the whole thing, if that makes sense. Even that first week I left feeling better about myself, it was a real sense of us working together, and I felt sort of bigger and taller when I left.

I saw her for two years and it was very good but very hard. We decided together when to end. I'm not saying everything now is fine, but it is much better. I have bad days, but now I understand them and feel in control of it, rather than it being in control of me. I do eat OK now but I know eating will never be entirely straightforward. But it's manageable. I haven't overdosed since I started seeing her and I have stopped sabotaging all my relationships. That's the one I really sorted out with Sue. You see I nearly did it to her as well. I had to recognize that because I felt so bad, and so frightened of trusting anyone, and so angry at what I'd lost as a child, that I just couldn't accept good things. It was like having a lethal cocktail of feelings and if anyone got too close or I began to trust them I would just put the boot in. I've lost a lot of people that way.

That was a really important part of the therapy because I really did not understand what I was doing – I just saw Sue as another betrayer, another monster, and I just wanted out and I saw her as thoroughly bad. Eventually I understand that when anyone got too close I threw a blanket of badness over them, the same as had been done to me, and it was nothing – or very little –

to do with that person. Then I'd often lose them and then I felt it was just another person who hadn't cared enough, but I had no understanding of where that was all coming from. I also began to recognize that I would get angry with anyone who offered me anything because it could never be the everything that I'd always wanted from my mother. I also worked on my own destructive feelings that I had towards my parents. It was all very complicated. Well, I didn't lose Sue and slowly the light dawned of what was happening. It was like a light slowly being turned on.

It was very, very painful because I really had to go into the pain of what had happened rather than avoid it and fling it around me. For a long while my fury with my mother took centre stage – that had always been an issue for me and the few friends who had known were sometimes quite shocked at how angry I was with her. I felt they expected me to be angrier with my father because he sexually abused me. But physical abuse is dreadful too. I was able to sort some of that out but it was such a relief to be able to be angry about my mother. I now feel they were both sort of trapped by things they couldn't control in different ways although that doesn't take away their responsibility, but it does put it in place more. I do have a little contact with both and therapy helped me to be able to be much firmer in my boundaries with them. I decided in therapy not to confront either of them – I don't need to and that recognition has been such a release.

Things started to improve after I'd dealt with all that – I really felt much better – but I suppose the other really important part was starting to make sense of it all in a sort of broader way – for me it wasn't enough just to look at it for me, although I do know other survivors who just want that. The timing was important because before that I'd have felt just ignored again, as if she was somehow saying I wasn't important because so many others had suffered too. But later it was a real help to think how the world is structured, how women get treated and respond, about power issues and how that gets muddled up with sexual issues for both men and women. Those sorts of issues had always been in the therapy from the beginning, but as time went on I wanted to turn the spotlight on them and to really try and look at women's issues within a wider structure. I think even nowadays most therapists wouldn't do that and that's where seeing a feminist therapist is really different. It did become really important to make sense of how my body had been misused and how that made me in turn misuse it, but it was more than that – it was beginning to see that in terms of how women and their bodies are seen and misused in this society more generally.

Some people when they finish therapy want to leave it behind them. I wanted to take it on and I have. I write about it, especially in newspapers because that's where it reaches people, and I'm a contact person for survivors who want to talk to another survivor and not a counsellor or therapist. And I talk to people like you who are writing about it. The more who hear the better and I'm appalled by the treatment so many survivors receive, particularly if they end up in the psychiatric system.

So what really helped? If I had to pick out the most important element it would be the feeling that my therapist was on my side with me; that we were in it together, and working alongside. I felt she fought for me and yet I saw her as essentially just another woman and that was very good. It wasn't just cosy because as I've said I felt I hated her for a while. And she could be

challenging and she certainly had to take a lot from me. Being given a choice was vital; a good relationship with my therapist and her withstanding the onslaught whilst understanding what it was about, and for me moving to a political level. But I know from my own contact now with survivors that some women do not want, for whatever reason, to be politicized, and they must never feel that they have to be – they have had too much enforced on them before.

How Did This Approach Differ?

So, in what ways was this approach different from others not based in feminism? As with feminist therapy itself definitions of what it actually constitutes are bound to vary. The following is my attempt to draw out features which seem to me to be central.

Feminist therapy of any theoretical orientation values women, welcomes women and aims to provide settings that are essentially user and staff friendly. Women are respected, and underpinning the organization of the setting is a concern to provide from the start a warm and safe environment – clearly experienced as such by this client.

Feminist therapy also recognizes that women need choices and that an individual approach suits some and not others. Feminist therapy is explicit about what it provides and explains its approach without patronizing by over-simplicity or overwhelming with jargon and technical language. In the extract above it is clear that the therapist was explaining her framework without claiming it as the only or best method. The importance of the client as an equal partner in the therapy was stressed, as was the quality and significance of the therapeutic relationship itself. As Burstow (1992) notes:

> Statements that clarify the importance of co-investigation and mutual knowledge should be made from the very beginning because they set the stage for co-responsibility and for dialogue. From day one, the client should be provided with the information she needs if she is to make informed choices and is to play an active role in shaping the therapy. From day one, correspondingly, it is important to truly engage her in dialogue. (1992: 42)

There is a dialogue from the beginning and an explicit recognition that the client and therapist are equally important. However this recognition, although welcome, is often not straightforward for any woman, but particularly if she has been abused. A history of abuse in childhood does not lead to easy assertiveness in adulthood and the concept of choice and saying no may not be initially part of her emotional vocabulary. So apparent agreement may reflect a history of enforced compliance; fear of stating one's own needs, or the inability to even recognize these. Feminist therapy recognizes how low women's self-esteem often is; how women tend to defer and comply. It continually works both to acknowledge these and to boost the former and reduce the latter by very careful attention to their own style and to the process overall.

Abuse survivors have been stripped of their dignity and have been psychologically and physically invaded, and often learnt in childhood that compliance was one way to avoid or decrease the severity of the abuse. Any attempt to say no led to worse abuse. This dynamic can repeat in the therapeutic relationship, with the woman being frightened of saying no, and as feminist therapists we always hold this firmly and clearly in mind. We recognize that a client's ability to disagree or challenge has to be encouraged, that their right to do so must be continually stated, and that a woman's ability to really state her case and lay a claim to her own self may come only later in therapy.

In Tina's therapy the significance of external and wider issues was introduced in the first session without invalidating the client's individual experience, and further exploration of these was a response to the client's wishes. The client's needs remained central. As Tina herself noted, the theme of issues beyond herself was there throughout but did not move into the spotlight until she was ready. Timing was essential; and, as Tina stated, not all survivors want to explore further, and the choice must be their own. Survivors of abuse have a long history of being forced and coerced – feminist models of therapy must never repeat this.

For Tina, becoming aware of other political and structural layers that underlay and underpinned her own individual experience of abuse was empowering and enabling. The opportunity of using her own personal experience in a broader context was enormously important for her. For her it would have been insufficient to have explored only her own experience no matter how skilfully this had been done. She needed and wanted help as an individual with another individual but did not want an approach that only individualized. Essentially, feminist therapy with survivors never demeans or diminishes the individual's own experience, but additionally offers the structural and political understanding that reconnects them with the corporate experience of women. Instead of standing alone and isolated in their own suffering they are invited to join with, identify with, a wider world of oppressed women in the context of understanding how power and sex become inter-related.

In her therapy Tina needed to be angry with her mother, and was then encouraged to explore and understand this both in relation to her own experience and in a broader context. Her previous experience had been that this was not acceptable and of course it is not only friends of survivors who have this difficulty – so do some counsellors and therapists. However, feminist therapy is generally alerted to recognizing women's difficulty with anger:

> Women's unease with acknowledging or expressing their anger creates a situation in which they fear it is enormously powerful. They fear it could alienate at least, annihilate at most, the person towards whom it is directed. They fear they will lose what little they have. (Eichenbaum and Orbach, 1987: 55)

For Tina, a therapist who could work with her anger was clearly crucial in several respects, and extended beyond her mother and connects to my next point, that of the psychodynamic aspects in this piece of work.

Readers may be wondering what were the specifically psychodynamic features in the therapy. As described by Tina, the therapist made clear several important underpinnings of psychodynamic work: the significance of the past; repeating patterns; her belief in the unconscious, and in the significance of the unconscious being rendered conscious. Boundaries and maintaining a clear therapeutic frame are also important in the psychodynamic approach, and this is reflected in the therapist's clarity about timing, length and place of sessions.

Tina's own description of her therapy gives us a clear example of psychodynamic working. She vividly describes her anger with Sue – a powerful description of the negative transference discussed earlier in this chapter. Sue's ability to withstand this was clearly crucial: as Eichenbaum and Orbach have reminded us, women are frequently scared that their anger will destroy what little they have. However, surviving the rage would not have been sufficient. It was crucial that Sue understood and worked with the complexity of unconscious messages and meanings that were being expressed. Recognizing how the effects of abuse are re-enacted unconsciously, spilling into other relationships, is crucial for clients and enables pieces of the jigsaw to fall into place. As Tina expressed, this time is extremely painful but potentially liberating.

In the example given by Tina, her feelings towards Sue at this point seem clearly transferential. However a feminist therapist working with abuse survivors also needs to recognize when anger towards her has a reality base. Interpretations can be deeply repressive if they are used as a way of avoiding difficulties in the real relationship. Indeed, it is very noticeable from this account, the enormous value Tina placed on the real relationship with her therapist. She selected this as the key to the success of the therapy and a very real, warm sense of these two working together emerged. It was clearly important for Tina to see her therapist, at one level, as being just another woman, although it was also crucial that she had the therapeutic skill to work with Tina to make sense of the very rocky times they also shared.

Conclusion

There is no doubt that the key contribution made by feminists has been forcing abuse into view and this time around in history keeping it there. The feminist theorists and practitioners coming from an analytic and a psychodynamic perspective who have re-assessed object relations have also made a key contribution.

It is impossible to do adequate justice to either abuse survivors or those who work with them in explaining the complexities that exist for both.

Perhaps it is these complexities that deserve the last word: there is much we do not know; much that many people do not want to know, and there is a responsibility on us all to keep the spirit of enquiry open. Abuse is widespread, its effects are enormous, and feminists and feminist therapists – of whatever theoretical persuasion – should keep the issue where it belongs: in the open, under scrutiny, asking questions, always with the awareness that our knowledge is horribly incomplete.

Note

1 Readers will note that the term 'survivor' is used throughout. This is not to deny the awful reality that children who are sexually abused are 'victims'. This is incontrovertible, and for many children further victimization pursues them into adult life. Indeed, the struggle to move from victim to survivor is enormous. The term 'survivor' marks the successful struggle of the many who bravely contend with the legacy of victimization. Those who have suffered from childhood abuse often dislike and resent the use of 'victim', feeling it continues to label them inappropriately. Therefore 'survivor' is used to respect and applaud their struggle.

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The inter-generational transmission of trauma: the effects of abuse on the survivor's relationship with their children and on the children themselves

Moira Walker
Birkbeck College, University of London

Abstract

This paper explores some of the potential consequences of childhood abuse in adulthood, in terms of the effects on parenting, and on the child of the abuse survivor. Reference is made, and parallels drawn where appropriate, to the experiences of survivors of the Holocaust in respect of both these themes. The clinical experience of the author *vis-à-vis* survivors of abuse and parenting has strong similarities to some of the findings of those researching this subject from the perspective of the Holocaust. While the primary focus is on the experiences of survivors of childhood abuse these similarities and parallels are also acknowledged.

Keywords: childhood abuse, adult survivor, parenting, Holocaust, trauma

The question of what is meant by abuse is an inevitable and significant question. Definitions are clearly central to any debate, but for the purpose of this article it suffices to state that I take the view that, although there may be particular consequences of particular types of abuse, abuse of all kinds – physical, sexual or emotional – can produce serious and debilitating consequences. These can colour the life of an individual; can affect the relationships they subsequently have with their children; and can further affect these children as they relate to themselves and to others. After decades of denial, sexual abuse is finally on the agenda, although still frequently contentiously so (Walker 1996, Walker and

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Antony-Black 1999). But it is important that practitioners never forget how lives can be decimated by the erosion of the self and the developmental damage that characterize emotional abuse (Iwaniec 1995; Cicchetti and Rizley 1981). Similarly, physical abuse has profound effects on the child: 'the parents of children who have been physically abused love and hate the same object at the same time, and are unable to sort out these sentiments into a recognizable sequence for which they can accept responsibility' (Galdston 1981: 393). It has to be remembered that many children suffer a horrible cocktail of all three forms (Walker 1992). There are neither neat distinctions nor clear definitions where the abuse of children is concerned.

We know that children normally serve a multitude of functions in a family, often fulfilling a crucial psychodynamic role by acting out the unconscious desires/needs of the parents and their internal conflicts. We also know that the effects of trauma are enormous and long lasting: 'shattering, devastating, causing internal disruption by putting ego function mediation out of action' (A. Freud 1967). Given both the power of trauma to disrupt psychologically and the emotionally pivotal place of the child in the family, it is not surprising that abuse and trauma have the potential to be re-visited on the next generation in a myriad ways.

The attempt to wipe out a whole community in the Holocaust and the violence experienced by children who have been abused in families and elsewhere have some significant and tragic similarities. The appalling devastation of the Holocaust is perhaps unmatched in its impact on a community and in the profound legacy it has had for the survivors in following generations. Survivors both of childhood abuse and of the Holocaust have faced in different ways the horrors that can be perpetrated by human beings on others, in a context where they lose their power and face their essential helplessness. They live in fear of pain and death (and indeed may long for death). They lose any sense of personal control over their destiny. They lose their hope. They encounter the worst and most evil sides of humanity in a situation where any demonstration of anger, rage or protest increases the danger. In both situations the basic trust of the survivors has been attacked, creating difficulties with intimacy, and consequently with relating to self and others. These difficulties are inevitably reflected also in parenting.

Clearly survivors of both experiences enter parenthood at different points in the resolution of their own suffering, and, depending on this and on the extent of the effects, they experience parenting differently. In therapeutic work with parents or their children where there is a history of trauma, presuppositions or assumptions are unhelpful. Added to these difficulties, our own knowledge is incomplete and always tentative, and the history of therapeutic work with abuse survivors is fraught with,

indeed marked by, error, supposition, denial and misunderstanding. However, despite the inevitable individual differences, there are identifiable *patterns* of difficulties for these parents and their children, providing a map of the potential psychological territory in which they dwell.

Perhaps the best-known consequence of childhood abuse in terms of future parenting ability is when the victim abuses their own child – what is known as the cycle of abuse (Hunter and Kilstrom 1979; Oliver and Taylor 1971; Steele and Pollock 1968; Groth and Burgess 1979). Although it is apparently well documented, researching the cycle of abuse carries obvious methodological difficulties (Egeland 1998). Many adults who were abused as children have not been identified, and are therefore as adults are not recognizable as a distinct group for research purposes. Many adult survivors who are parents have never come to the attention of child protection and other relevant agencies and are similarly invisible. Research into high-risk parents and their children (Egeland *et al.* 1987) clearly focuses on a particular group.

The cycle of abuse is significant, if in danger of being overstated. It can result in active or passive mistreatment of the next generation: the parent may actually abuse their own child; or collude while another does so; or be unable to protect them from their own abuser. Others simply find it desperately hard to care for their children. They are just too depleted. A woman in her fifties, sexually abused by her mother, and with grown-up children, describes how this was for her:

> I never abused them, but I did neglect them. There was not enough of me there to be a mother. Now I do talk to them. They know what happened to me. I have apologized to them and acknowledged that they did not get a good deal. I think that has helped them to heal and me to heal. But the scars are there for all of us.

Some survivors may find themselves in a relationship that re-creates the original abusive relationship: they find a partner who is violent, excessively demanding or psychologically aggressive. In this scenario the child may not be directly abused but suffers the effects of the parental relationship: 'a sacrificial lamb on the altar of my parents' unhappy relationship' is how one child of a survivor put it. Some abuse survivors seem perpetually drawn back to unsuccessful relationships, and the needs of their child are lost. Others who find themselves in poor relationships do successfully leave: they do not continuously get drawn back in. They learn to impose and maintain clear boundaries. They help the child with the loss and the transition, and ultimately move into a different, satisfying style of living.

Mythology and fantasy abound in questions and considerations around

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replace them can be similarly powerful. There can be an overwhelming desire for a child. A baby provides hope, the possibility of reparation and the potential for restoring normal family life which many survivors felt was destroyed by their abuse. But even at the pregnancy stage there can be particular difficulties for future mothers and fathers. Survivors may experience powerful ambivalence during pregnancy and beyond – they long for the child, but see him or her as being born into a world known to be dangerous. The parent may have high hopes and expectations in respect of the child, but may also fear re-abusing.

During pregnancy women who have been penetratively sexually abused can experience the growing baby as an invasion of the body, thus re-creating the abusive experience. Scans and the intimate examinations that accompany pregnancy, as well as the birth itself, may be profoundly disturbing. For some, the actual birth of a child precipitates the return of memories or the painful highlighting of memories hazily held but never faced. There may be particular difficulties if a child is wanted but post-natal depression occurs. Abuse frequently deprived women of their own mother, whom they may long for at this time. There can be a sense of things already and inevitably going wrong.

The fears and anxieties of many survivors at pregnancy indicate the importance of intervening therapeutically at such a time. The early analytic stance (Notman and Lester 1988), that pregnancy and analysis were essentially incompatible has been challenged in recent years. Goldberger describes her work with an incest survivor during her second pregnancy and the profound effect of this for the woman and subsequently for her children:

> A conspicuous feature of the analysis during the gestation was Ms. B's ability to look not only at her problems in mothering, but also at other aspects of herself that had been much too painful before. The results of this work were dramatically apparent after the birth of her second child, when she was able to deal with two children much better than she had done previously with one.
>
> (Goldberger 1991: 216)

Other women survivors long for a child. Dinora Pines describes the strength of the desire of women survivors of the Holocaust to have children and to bring new life into the world: 'Babies are an important concrete manifestation of normality from a psychotic world and the restoration of family life' (1986: 297). Many abuse survivors feel similarly: although the strength of desire for a child can be matched by an equally strong fear that is described here in relation to the Holocaust: 'Expectant mothers, while terrified of their capacity to mother and nurture were

simultaneously driven to become parents' (Barocas and Barocas 1979: 332). What is most striking in both instances is the intensity of feelings that are attached to having a child – a very particular significance is ascribed to this experience, with powerful and often conflicting feelings.

However it is not only women who may need therapy: male survivors also need help:

> Paul was abused in childhood by two close male relatives. He had never told his wife, and while her pregnancy brought her great joy it meant considerable terror to himself. He experienced two deep anxieties: first, he had read that victims become perpetrators and this terrified him; and, second, how could he protect the child from his abusers. He and his wife were in regular contact with them. He felt telling his wife would blow the family apart, but not telling her could make the child vulnerable. This fear intensified as the pregnancy continued; his wife was unwell and very needy of him and he became increasingly depressed, and suicidal. The situation was further heightened by new memories and flashbacks of his own abuse, triggered by the pregnancy. By offering him ongoing therapy during the pregnancy and beyond he was ultimately able to break through the wall of secrecy, and talk with his wife, so that they could decide together how to protect their much loved baby. He gradually became less fearful and more confident and worked through many issues that had previously incapacitated him in many areas of his life.

Complex and conflicting emotions can continue in different forms as the child grows older:

> A woman in her twenties had difficulty accepting any negative feelings towards her very much wanted 18-month-old baby. She had been physically abused from a very young age, and explained: 'Every time I go off her, like when she still hasn't slept and it's four in the morning, I get terribly depressed because I think it's all going to start all over again with me. My parents battered all of us, and when I get cross with the baby it feels like I'm falling into a dreadful pit and I can't get out.'

This young mother recognized in therapy that she wanted her baby to love her unconditionally as her own mother had never done. She also identified herself painfully with her screaming baby. She began to recognize and to understand that her anger need not be acted out. All this was crucial in helping her to begin to relate more easily to her baby and

with her self. Her own boundaries had been decimated, making it difficult for her to recognize and acknowledge the difference between feelings and acting on them or between fantasy and reality. Such distinctions had been blurred and eroded by her own abuse. The nature of her abusive experiences was that the perpetrator had acted on and acted out desires, difficult feelings and experiences, rather than dealing with them appropriately through containing them. Everything had been spilled out on to her as a child. It became crucial to her to identify and experience her feelings, and learn to deal with them by containing them safely, recognizing that they did not need to be spilled out on to others.

Nevertheless, it was a struggle to allow herself to *feel* that she could not stand her screaming baby, and to become confident that such feeling would not lead to action. Her growing ability comfortably to accommodate contradictory feelings towards her child was deeply illuminating for her, and in turn helped her baby to settle. It appeared that once she began to believe that she would not act out her aggressive feelings she was able to take them back into herself, and her baby no longer had to act them out for her. Like many other abuse survivors she had little experience of ambivalent feelings being safely and responsibly contained. Containing them within a safe therapeutic space offered her the model of a positive relationship with her baby, and the opportunity to give her child a quality of care that she had never received for herself.

It may be difficult for a parent who has been abused to trust a partner with a child. This is a particular problem if the partner does not know about the abuse, or if a previous partner actually has abused the child. Complex manoeuvring can take place in which the parent has always to find ways and means not to leave the child alone with the partner. Bath-time and bed-time especially seem dangerous: one mother described how when her husband was bathing their 3-year-old daughter she would creep quietly up the stairs and suddenly appear in the bathroom, just to check, and trying to pass it off as a game of peek-a-boo. This understandably irritated her husband and perplexed the little girl, who asked her daddy why was mummy jumping around the door like a jack-in-the-box, and why she looked so worried.

Another mother described how, if her husband got out of bed to go to the toilet at night, she would always follow him to make sure he did not go into the child's bedroom; how she would never let herself go to sleep until she was sure her husband was asleep. Other variations to this pattern are fathers (but also mothers), who are scared to cuddle or touch their children, or to allow them, even as very small children, to get into the parental bed in case this action is misconstrued as abusive. Here again the losses of abuse are added to in spoiling the pleasure in family experiences, both the parent and for the child.

There is an obvious effect on the partnership in these examples, but t anxiety is also communicated to the child. Both these mothers kn rationally that their partners were trustworthy, but at another level de anxieties existed: they could not trust their own judgement that the men were not being abusive. In their own history people who had be deemed to be trustworthy had proved otherwise. In regard to therapeu work with abuse survivors, it is also worth noting that therapists and oth carers are deemed to be trustworthy, but that this in itself can crea ambivalent feelings in survivors. Their experience is horrifically differer the label 'trustworthy' has in the past had little or no substance. In t examples above the secrecy of abuse was perpetuated, in that the fea of these mothers that nowhere is safe were unspoken: the result w anxiously attached children who had difficulties in separating. Neither these women felt able to tell their partner about the abuse. Nor cou their children could speak their fears. So the power of abuse to spo the life of a child in some way slipped through to the next generatio Where survivors *can* speak, they are often able to receive support ar reassurance.

Further issues related to trust can be triggered in a different context: t child reaching a significant age or stage for the parent, for instance, whe they themselves were abused:

> A woman who had found mothering a pleasurable and fulfilling experience found that it changed dramatically when her daughter became 13. She became anxious, finding it very difficult to allow her daughter any freedom: she could not trust that her daughter would be safe in the wider world. Her daughter resented this and their relationship deteriorated. Mother was re-living her own experiences as a 13-year-old of sexual abuse by a neighbour. Although those events were in her conscious memory, they had become dissociated from deeply painful feelings which were re-awoken by her daughter reaching the same age.

Two aspects in her therapy had particular significance: the first wa re-connecting the memories with the feelings, and working through them; the second was recognizing and exploring how, when she was 13 the abuse had led to the emotional loss of her own mother. She nov feared re-experiencing this devastation by losing her daughter through her need for autonomy and separateness. Only when she had dealt with these aspects did she begin to separate her own experiences from he daughter's and respond to her rather more effectively.

Again, this theme of parental difficulty in facilitating the child's autonomy closely parallels the Holocaust studies of Trossman (1968) and

Barocas and Barocas (1979). The latter note how the 'development of a separate sense of self in children is experienced as a narcissistic injury to the family. Autonomous strivings are not actively encouraged and create much anxiety and feelings of helplessness in the parents' (1979: 333).

The Holocaust was an assault on an appalling scale, that resulted literally in the destruction of whole family units. Abuse in the family has devastating consequences on the relationships a child and adult survivors have in the same family. They may lose parents and grandparents by the survivor deciding to have no further contact in order to protect themselves or their children. Alternatively, contact may be strictly limited. Others lose their family in a more subtle but equally powerful way: there are no happy memories and so no enjoyable reminiscing, or no internalized good objects and no internal as well as no external support. Some deal with these losses and move on to form satisfying relationships; for others, the need to have what was never available from their parents is all pervasive – they become tenaciously tied to the abuser, still wanting but never getting what they desire. Their loss is not being able to form other relationships.

Survivors from both the Holocaust and abuse face different losses of their family, but both face the dilemma of what and how much to tell the children of the next generation. As one abuse survivor said: 'If I tell the children what happened to me it takes away their childhood innocence, just like mine was taken away; but if I don't, they'll not know why we don't see their grandparents. I'm sure sometimes they wonder what's wrong with mummy anyway.' This woman remained deeply traumatized by extreme physical and emotional abuse by her mother that started in babyhood and continued into her teenage years and, although it was known to neighbours and other family members, no one had acted to protect her. Her children seemed deeply anxious and watchful: they had not been *told* the reality of their mother's experience, but at another level they *knew*, so that her trauma crept into and invaded their lives. It was simultaneously real, yet shadowy, frightening and lacking form, and therefore unspeakable. Auerhahn and Prelinger examine the repetition of experience between concentration camp survivors and their children and describe similar scenarios:

> We do not suggest that all survivors tell their children stories but rather assume that the survivor cannot fail to convey traces of her experience either narratively or mimetically via acting out. Thus, the child may assimilate the parent's trauma both by what is said and done and by what is left unsaid.
>
> (Auerhahn and Prelinger 1983: 33)

And Laub and Auerhahn comment that:

> For the victim's child in whom the traumatic world has been tran formed due to the intergenerational dialogue, which is neith necessarily verbal nor conscious, life themes exist, but the even and narratives that were their starting point must be re-constructe (Laub and Auerhahn 1993: 29

The child who is told about the abuse of their parent and senses extr distress around this area is likely to worry, becoming the 'parental' chi one who protects and cares for the parent, an emotional barome quickly sensing when all is not well and stepping into the rescue. C 18-year-old described how she remembered when she was 8 her mot weeping in the kitchen after a visit from an uncle. Her mother then t her then of the uncle's sexual abuse of her as a child. She had been v hazy about the meaning of the words but recalled feeling that 'the bott had dropped out of her world' because her mother was so distress She also recalled knowing before that age that something was not rig but not being able to place it. As an 18-year-old she was still dee traumatized by the discovery, although she felt that it was not knowing such a young age that had shocked her, but rather the distress of h mother. Generally she had become extremely protective of her, but c occasion found her mother's anxiety intolerable when she began to go o more and have boyfriends. Sometimes she would get very angry with h mother, telling her not to be so neurotic; but she would then fe extremely guilty, as if she had damaged her.

At 18 she was finding it very hard to establish herself independently she wanted to, but felt that leaving her mother was a kind of betrayal Pines describes how a central task of mothering, that of facilitating th child's moves towards separation and individuation, can be a problem fo those who have suffered massive trauma in their own history, noting that adolescence is a particular point of crisis in the child's development as the young person begins to move away emotionally and physically from the parents. This separation difficulty is also described elsewhere as an effect of the Holocaust on second-generation children (Barocas and Barocas 1979; Trossman 1968). There was almost an aspect of survivor guilt in this young woman's experience, a feeling that she had not suffered as her mother had done and so could not enjoy herself, a scenario vividly described by Niederland (1981) as a consequence of the Holocaust.

The children of survivors are caught up in powerful family dynamics: children expect to see close family members. If there is no contact this protects the child, but does not eradicate difficulties. The child loses their wider family, and cutting off the abuser often also cuts off

other valued family members. Children wonder why they are not allowed to visit by themselves, have them to baby-sit or go for holidays as other children do. Children inevitably ask questions, either openly or to themselves: they sense tension and anxiety, triggering unspoken fantasies and ambivalent feelings. Where some contact is retained and parents are aware of the need to protect and supervise the child, this can similarly be puzzling.

Some parents stay in contact because as yet they are unable to acknowledge what has happened to them – at some level they are in denial. They may fail to recognize the danger of leaving children with abusing relatives. One survivor described her disbelief that she had allowed her now grown-up children, when they were younger, to stay unsupervised with their grandmother, who had brutally physically abused her as a child and who remained explosive and unpredictable. Later, having moved on herself through therapy, she recognized that by providing the wanted grandchildren she had still been trying to please her unpleasable mother and so gain the maternal approval she still so tenaciously needed. She still did not get the approval – in her mother's eyes she had been a bad daughter, and now felt she was a bad mother.

Parenting is potentially one of the most rewarding experiences of life, although it is not easy and can be anxiety provoking in the best of circumstances. I have already noted the fear that a parent may have lest they act out their aggression. Yet children, particularly in adolescence, can also be aggressive, as part of the ambivalence of the move away from parents. Adult survivors have known from bitter personal experience how awful the worst of human behaviour can be, and 'awful teenagers' can be particularly hard to manage. This is exacerbated by a fear of aggression that Barocas and Barocas note in relation to Holocaust survivors: 'the survivors, being terrified of their own aggression and unable to express it, may communicate subtle cues for their children to act out the aggression and consequently gratify the parents' wishes' (1979: 333). They discuss how angry children can experience too much guilt, knowing that parents experience aggression as destructive and dangerous. They may also be angry at their parents' passivity.

During adolescence the combination of boundary challenging, the need for autonomy and powerful feelings including anger can make this a highly charged time both for the children of survivors of trauma and their parents. The need for parents to place appropriate boundaries without being overly restrictive, while allowing sufficient space and room to move, is a difficult balance to achieve in the best of circumstances. It is easy to be over-protective, over-anxious and over-restrictive, warning too much of the dangers of the world. Conversely, some parents are scared of being invasive, controlling and misusing their parental power; consequently the

child is not held safely enough, expecting instant gratification and never learning to handle frustration.

One survivor described how, in her anxiety not to repeat the physical abuse of her father towards her, she allowed her daughter and her son virtually total freedom. She could not say no to them for fear of being abusive and repressive. She was terrified of the aggression of others and had never accepted and integrated these parts of herself. It appeared that they had become split off and projected on to her children who then acted them out. In their teens she felt that they were becoming like their abusive grandfather, and in her anxiety not to be abusive she had recreated a cycle via another route. Her daughter in particular was becoming violent, abusive and uncontrollable.

This mother's distress was enormous and reminds us again of how abuse both destroys the child's boundaries and creates splits in the self. It does not allow the safe integration of aggressive aspects of the self, and creates a dichotomy whereby the adult survivor all too easily falls into adopting extreme positions: victim or abuser; in control or out of control. The ability appropriately to say no has already been horribly eroded. This mother feared that any control on her part would result in her losing control and being repressive and abusive; as a result her children became out of control. The literature on Holocaust survivor parents similarly describes difficulties in controlling children (Sigal and Rakoff 1971).

We should not underestimate what a pride and joy it can be for a survivor that they can have children and are not abusive to them. Their pleasure in being 'good enough' parents can be immense. However, there can be a desire to over-compensate: to be the best of parents, and to show how well they can do it. This may give a message to the child that everything must always be all right, although this is clearly not possible. Children need to know that difficulties that arise need not be disasters; that they can be overcome and that people survive them. For someone who feels they have survived abuse by the skin of their teeth, or for Holocaust survivors whose history has witnessed real disaster on a massive scale, this can be intensely difficult. Survivors delight in their children, but often accompany this with high expectations of them, and they can hit a real low over normal difficulties. As Levine notes in relation to the children of Holocaust survivors: 'There existed hopes and expectations for these children that have frequently proved unattainable' (1982: 75). In addition, where parents have been traumatized and their own childhood has been distorted and spoilt, it can be a problem to know what is and what is not normal for a child.

These parental hopes and expectations for the children of survivors of childhood abuse often exist in a vacuum. There is no reference point, and frequently no parents of their own to refer back to. One mother who had

been severely physically and emotionally abused had learnt from an early age that complete compliance was the way to avoid even worse abuse. She became very distressed when her 13-year-old daughter changed from a lovable little girl to a teenager from hell. For any parent this can be a startling experience, but for this mother it was evidence that she had after all failed as a parent and her child hated her – just as her abusive parents had so often predicted. Helping her to understand the normality of this adolescent behaviour was like turning a light on – she had had no idea. This was potentially equally difficult for the teenager, bearing in mind Winnicott's phrase that a child becomes an adult 'over the dead body' of her parents, and that an adolescent needs to 'kill off' the parent, who in turn needs to show that he or she has survived (1971: 145).

Pines, describing her work with two mothers who survived Auschwitz, notes the difficulties both experienced as the children separated from them:

> It was as if their adaptation to life after the war had collapsed with their children's separation from them and the parting of the secure world of mother and child. They could no longer identify with their children, live through and for them, and substitute them for those who had been lost. They were now forced to face the destruction of their previous world.
>
> (Pines 1986: 295)

The client in the last example loved having small loving children, and could not contemplate the loss of this earlier cosiness and closeness. The loss of children growing away may provoke other difficulties for the abuse survivor:

> A woman came into therapy in her forties with a history of multiple abuse in childhood. She had her first child in her teens, and had held the horrors of her previous world in abeyance while she was able to identify herself as a mother. In her forties, after the youngest had left home, she became suicidal and was admitted to hospital. In her own words she described how 'there is nothing there now; I see nothing; it's as if life has ended – there is no future without children.' She was deeply depressed and began to experience vivid and awful flashbacks of the abuse. Her depression was intensified because she saw little of her children: it appeared that they feared being taken over by her and so kept away.

Some children of abused parents become as isolated and alienated by their life situation as the parent was by the abuse. This is also described as a

consequence of the Holocaust (Sigal *et al.* 1973). Parents who have bee abused may have difficulty knowing what a child needs, having had n model themselves, either of normality as a child or of normal parents This is not class-related: children of wealthy families with an abusiv history can become isolated, although camouflaged by material goods an an apparently advantageous life-style. The child may have few friends may act age inappropriately; may be treated age inappropriately; may b both over-protected and under-socialized.

> A young man in therapy was the only child of wealthy elderly parents who doted on him. He was their pride and joy and their only love and only hope. Father had been emotionally abused and mother had been severely neglected as a child: they viewed the world as dangerous, and smothered their son with care and money. Any distress or difficulty on his part, or theirs, had to be removed immediately. He described his fear of ever upsetting them 'in case they die from the shock'. As a 21-year-old he was totally alienated from his own age group and had no idea how to relate, or how to deal with anything remotely uncomfortable. His exposure to his parents' over-possessiveness, combined with their emotional unavailability, had proved psychologically lethal.

This extreme preciousness is noted also in much of the literature on the Holocaust. It is not unusual in second-generation survivors of trauma – whether from the Holocaust or parental abuse. For some children this preciousness feels overwhelming, even when subtly expressed. It is particularly noticeable in only children where there are no siblings to share the emotional load. A child can feel that to be truly separate they have to cut and run. The transitional period of adolescent coming and going before entering a more autonomous adult state can be disrupted.

Those who have suffered the horrors of childhood abuse or the devastation of the Holocaust experience profound and long-lasting effects. That these significantly influence parent and child is scarcely surprising. The extensive studies of Holocaust victims in respect of parenting greatly illuminate our knowledge of survivors of abuse, which has generally received insufficient attention, except for the well-documented 'cycle of abuse'. Although today's abused children are more likely to be identified in childhood, and more survivors are being offered therapeutic services, the help for both remains insufficient. My own work with survivors – as a therapist, supervisor and trainer, within the voluntary and statutory sector, whether the focus is on family, groups or individuals – has confirmed that issues of parenting and the impact of these on the child cause considerable anguish and anxiety. Given that so many survivors of trauma

place so much importance on becoming parents, with a deep desire and commitment to offer their children an essentially different and better experience than their own, those who work with them in the caring professions need to be aware of the different issues that may arise. If we are to assist both survivors and their children to obviate further losses, isolation and unhappiness, their concerns need to be recognized and sensitively addressed, not ignored, suppressed or denied.

22 Brookside Drive
Oadby, Leicester LE2 4PD

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HIDDEN SELVES

Moira Walker and Jenifer Antony-Black

Chapter 1

A century of controversy: multiplicity or madness; memory or make believe?

Moira Walker

Introduction

This book aims to further the discussion on multiple personality, a subject that is the focus of both serious therapeutic enquiry and rather more dramatic media attention. The seven contributing authors are all practitioners who have experience in working with adult survivors of abuse and who also have an interest in multiple personality. As readers will see, their individual views encompass a wide range of attitudes, beliefs and responses. In this book the common and shared strand is that they all discuss these within the context of the story of one survivor of abuse – Liza.

The authors come from a variety of theoretical backgrounds, but this may not be directly relevant or related to their individual responses: sharing a theoretical base does not imply unanimity of views with regard to multiple personality. As abuse itself is not limited to, or predicted by, class, race or gender, responses to multiple personality cannot be simply predicted by theoretical persuasion alone. As will be demonstrated throughout this book, opinions are divided and questions abound. Some people question whether multiple personality even exists, while others are clear that it does, stressing the need to understand its causation and explore appropriate therapeutic responses. Sceptics argue that multiple personality is the invention of overzealous therapists, or a product of modern times, or a dramatic but essentially false presentation of self; while those who challenge this view see it as a complex defence: a psychological survival mechanism, usually a response to extreme childhood abuse.

In the next chapter readers will be introduced to Liza's story, told in her

own words. Many hours were spent with Liza as she took the time she needed to describe her life as a child and as a adult. Throughout the process of bringing together this book Liza has had ongoing support and this will continue as long as is necessary. Her story is a deeply moving one and we are very grateful to her for taking the time and having the courage to allow us to use it. Liza became known to us via a colleague who knew that we were interested in producing a book on multiple personality and that we hoped to base the discussion on the life history of a real person. She knew that Liza was at a point in her life where she felt able to tell her story and for it to be the basis for further discussion. When you have read her story you might take some time to consider your own responses – how you would understand this material and the questions that arise for you – before reading the responses of the authors. It is hoped that the range of views, definitions, and responses to multiple personality will then provide readers with further opportunities to question, think and challenge for themselves.

As for many other survivors there can be a very positive side to speaking and being heard: both privately, as in therapy, or more publicly – albeit anonymously – in a book. In the latter instance there can be a powerful sense of something positive having come from a dreadful experience: there is a hope and an expectation that others will learn from it. Conversations with Liza were taped and my job was to transcribe the tapes and to put the material into chapter form. Some detail has been changed but only where necessary to protect Liza's anonymity. We wanted to ground this book in the life story of a real person, recognizing that it is a controversial subject. We felt it was crucial continually to remind ourselves and readers that at the centre of this are actual people. There is always a danger that controversy (particularly where anything related to abuse is concerned) may take on a life and purpose of its own and survivors be overlooked. They become caught up in an unhelpful web of argument and counter-argument. Just like the abused child they can too easily be again rendered invisible, insignificant and inaudible. Hence our concern to keep one person's story clearly in the spotlight.

In this chapter I am going to describe my own background and the interests that I bring to this book, and provide an overview of both the history of multiple personality and the current debates. I will also explore and discuss some questions relating to memory and its recovery. As I will show, the latter has become intertwined with, and linked to, all explorations of multiple personality. The 'recovered memory' debate spotlights the question of how traumatic experiences are dealt with by the child victim and adult survivor in terms of amnesia, the splitting off of traumatic experiences and later memory return. This is particularly pertinent as those with multiplicity describe how different personalities hold different memories. As will be seen in Liza's account the recovery of memories is mentioned almost immediately.

My own interest in abuse and in multiple personality

My co-editor, Jenifer Antony-Black, explains in her own chapter her history as it relates to her current work with abuse survivors, including those with multiple personality. As readers will see this is a subject of considerable personal and professional interest to her. My own interest in working with abuse survivors and my interest in multiple personality are also long lived. I have come to the latter by accident rather than intention. As with most practitioners it presented itself to me: I did not seek it out. I started my career as a young and untrained child care officer. I went on to train in social work, and worked with children, families and in mental health before training in psychotherapy. In my earliest days of working with children I was forced to recognize the horrors perpetrated on children; I remember when I was in my early twenties the shock of having to face that parents could batter their baby so severely that she was blinded and deafened. My ability to deny was challenged early, and on numerous occasions throughout my career I have had to believe through dint of hard evidence what I would have preferred to think of as simply unbelievable. I also began to realize that a refusal to recognize something as a possibility could mean that I would not see or hear and might even not be told.

Believing that abuse did happen seemed more straightforward for me than it was for some others. I have always held a sense of the world and people in it as being capable of both appalling acts of unspeakable cruelty and of true humanity, courage and care. After my first experience of being faced with abuse it has never surprised me, although it has horrified me. Having been introduced early to the horrors of physical abuse, recognizing the equally harsh realities of sexual abuse was another step. On reflection I think I was naively surprised by the resistance of so many to it and the aggression with which they could express this resistance. I was also forced to face that a powerful theme, where abuse is concerned, is the need and desire of so many to deny. Abuse is an uncomfortable truth. As we now know, much abuse occurs within the family, and this challenges the myth of the happy and supportive family as universally the best place to bring up our children: clearly for many children their reality is in direct contradiction with this myth.

However, if that myth is seriously challenged this will have huge resource and social policy implications. The question has to be asked: if the incest taboo is broken so frequently then is it really a taboo? If incest is not a taboo then the implications are deeply alarming. Successive governments may not be good at defining what the family is, but they have in common holding this concept close to the heart of their policies. Perpetrators have an obvious vested interest in denying abuse. Not all perpetrators act solely as individuals: large and complex organizations and rings exist. They very carefully cover their tracks, and nowadays are greatly assisted in both their

operation and in their sophisticated systems of denial by advances in technology. Others also want to deny: the relatives of abuse survivors and others who may have known, or could have known, as well as all those who did not intervene and who could have done, including significant numbers employed as professional carers. And in general it is not comfortable to know about such nastiness – it challenges the illusion that the world is sufficiently safe and benign. Additionally, in today's age, when we are bombarded with media images of war and suffering, there may be a paradox at work: the more people are exposed to obvious and extreme suffering the less they are able to absorb it as real. In 1998 the extensive and moving Remembrance Day tributes to the veterans and the deceased in the First World War were perhaps only possible because for most people it is now sufficiently far away to make it safe to acknowledge the appalling and unnecessary pain and suffering of that war.

It is not surprising, then, that those who work with abuse survivors are used to working in a controversial field. Those like myself who have worked with abuse survivors for some years have gone through the gamut of working amid conflict and disagreement. There have been attacks, particularly on social workers, for either acting too precipitously and removing children from the bosom of happy families, or, conversely, for uncaringly leaving children to suffer further assault and not being sufficiently decisive. Therapists have been accused of not believing in the reality of abuse; then they are attacked for persuading clients that they have been abused and for planting false memories. In the midst of this they continue to try to work to help very unhappy clients, having themselves to cope with and survive hearing daily about the horrors perpetrated on children, and witnessing the sometimes devastating effects on adults.

While most workers are not actively involved in the controversies over issues such as memory and multiple personality they are inevitably affected by them, and quite often left feeling demoralized and undermined. Generally, whether in the voluntary sector, the National Health Service or the social services, they are over-worked, coping with long waiting lists, and are valiantly trying to respond as effectively as possible within the shortest possible time to unhappy and distressed clients. They are not on the look-out for either abuse or manifestations of multiple personality and they are too busy to get involved with spurious debate. In my experience of working in these settings, and in supervising and training others who work in them, workers are generally quietly trying to manage; they are not seeking extra work. Indeed, they are often rather desperately trying to cope with what is there already.

Over the years many of us have had to accept some awful realities of physical abuse and sexual abuse: that this affects large numbers of children and adults (and I suspect that we will never have a truly accurate picture of how many); that women can sexually abuse or be actively involved; that boys

are as vulnerable as girls; that abuse is not the occasional aberration of a disturbed and dysfunctional individual but can be a highly organized business involving large numbers of men and women through many generations; that individual perpetrators can be extraordinarily organized and abuse huge numbers of carefully targeted children over many years; that the most vulnerable of children and adults can be greatly at risk (for example, those with learning difficulties); that abuse is widespread within our care institutions; that those deemed as carers can also be perpetrators and work hard in order to put themselves in those very positions. The list is endless and those of us who work in the field often wonder what we will have to face next. We have also had to recognize that the effects of abuse are complex, that at any point in time there is much we cannot comprehend and that our knowledge is always incomplete. We learn to be cautious and we recognize that previous certainties have crumbled into mythology.

My own interest in multiple personality has grown slowly over time. I became increasingly aware clinically of the ability of survivors of abuse to dissociate. In listening to them recalling childhood abuse (remembering that many survivors come for help with clear recall of what has happened to them, particularly when abuse was in mid or later childhood or in adolescence) it was evident that for many the ability to remove themselves from their body, to look down upon themselves, to enter an object in the room, and to cut off from feeling any pain, were very real unconscious strategies for survival. This was no great surprise to me and often reminded me of how people describe their experiences following other traumas such as accidents. These descriptions of dissociative episodes were not invited by me; they were told very hesitantly by the client. In my clinical work I have noted that survivors have a marked hesitancy in describing their experiences, especially where these have a bizarre or unusual quality. In the same way details of the abuse, even when clearly recalled, are often shared only with the greatest difficulty and sometimes not at all. Given that so many abused children have been threatened into silence or not been believed when they have told, and have lived in crazily contradictory worlds, such hesitancy is hardly surprising. In my work with such clients I always take great care never to make suggestions as to the source of their difficulties, and I believe that this carefulness is typical of any competent therapist. I would never use the word abuse unless it is first used by the client, and similarly I would never jump in precipitously with a label – including multiple personality. However, I also attempt never to deny the valid experience of a client, or to collude with the denial of others, and it is this balance that I try to achieve.

As far as I know I have worked with an extremely small number of clients whose level of dissociation and splitting has seemed to me to constitute multiple personality, although I have worked with very large numbers of clients who have childhood abuse in their history. I am aware, in saying this,

that we once thought only a very few people had experienced sexual abuse. I remain clear that my knowledge is incomplete and I hold an open mind. However, I do introduce this book from the perspective that multiple personality (or 'dissociative identity disorder' as it is now more often referred to) is a presentation that I believe exists; that it is at a most extreme point on the continuum of dissociation and splitting; and that in my experience it is caused by extreme, repeated and often sustained attacks on a child over a period of years, attacks that are experienced as life threatening by that child. This is likely to be in a context where at least one of the perpetrators (and there may be many) is the person the child most closely depends upon; in a situation where there is no possibility of literal escape, only psychological escape; where the child has been forced not to tell and in a situation in which reality and non-reality are often strangely merged. I am also aware than any term, any presentation, any label is open to misuse, over-use, misinterpretation and unhelpful dramatization. But inappropriate usage does not render the concept itself irrelevant or void of meaning. Although my experience would lead me to feel that this extreme form of dissociation is relatively rare, other writers and practitioners in this book and elsewhere may disagree; and in writing these words I am aware of previously having made suppositions in this field that time has shown to be inaccurate.

The theoretical background to multiple personality

Other authors in this book refer to theoretical aspects pertinent to their own perspectives, and what follows here is aimed at providing a theoretical overview that augments what is written elsewhere. The concept of multiple personality is not new, although interest in it has waxed and waned over the last century. This is somewhat in parallel to the process in relation to abuse more generally: abuse has been well documented for the last hundred years, but response to this has been marked by pendulum swings of acknowledgement followed by denial. Pierre Janet was the first to formulate a theory of multiple personality in his discussion (1889) of 'successive existences'. He argued that the origin of this splitting arose from past traumatic events. Similar views were expressed by William James (1890) and Morton Prince (1906, 1914, 1919). Freud was familiar with the work of Janet, and some of Freud and Breuer's formulations in *Studies on Hysteria* (1895) were at that stage quite close to those of Janet. Debates in these early years focused on the causes of splitting rather than on its occurrence and significance, but this was to change; and Freud went on to develop a different model of the mind, in which the concept of repression took a central place. Repression was described as a 'horizontal split' between conscious and unconscious, quite at odds with the 'vertical split' between separate aspects of consciousness discussed by Janet, Prince and Breuer.

In this way Janet's concept of dissociation and its links with multiple personality was overtaken by Freud's concept of repression – one of his four cornerstones of psychoanalysis. Also, the centrality of the Oedipus complex in Freud's thinking with its accompanying emphasis on the sexual fantasies of children, which so profoundly influenced psychoanalytic thinking, emphasized the power of internal processes and conflicts rather than actual external assault. This has undoubtedly led to many who have been abused not being heard, and to the symptoms of their distress being wrongly interpreted and treated. Ferenczi expressed a different and challenging viewpoint, and in his famous and controversial paper written and presented in 1932 (although unpublished until 1955), he examines the effects of childhood sexual trauma on his patients. He argues that ongoing assault on the child creates fragmentation and splits within the child:

> If the shocks increase in number during the development of the child, the number and the various kinds of splits in the personality increase too, and soon it becomes extremely difficult to maintain contact without confusion with all the fragments each of which behaves as a separate personality yet does not know of even the existence of the others, fragmentation one would be justified in calling atomization.
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> (Ferenczi 1955: 165)

It is interesting to note that his paper, read at the International Psycho-Analytic Congress in 1932, provoked a storm of criticism leading to his exclusion from psychoanalytic circles. The attack on him was extraordinary – to the extent that the rumour was spread that a nervous breakdown was responsible for these ideas. Abuse has always had the ability to trigger extreme responses.

Klein also linked splits within the personality as arising from the fear of annihilation in the child, although her emphasis on the destructive forces coming from *within* the child (1975: 144), as opposed to any recognition that destruction is imposed from *without*, has also significantly hindered our understanding of the abused child. Together with Freud's emphasis on Oedipal conflicts, a powerful theoretical combination was created giving credence and justification to the denial of the realities of child abuse. Shengold suggests that

> The clinical writings of some Kleinian theorists, for example, give the impression that the child's actual experiences hardly matter. There ought not to be disagreement about the question of pathogenicity of experiences as against fantasies; the crucial clinical problem is: how do experiences of overstimulation and deprivation influence the motivating fantasies of an individual.
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> (Shengold 1979: 532)

He continues to describe how trauma creates splitting in the child:

> I am not describing schizophrenia (although in psychotic children a more destructive fragmentation of the mind can also occur in response to trauma), but the establishment of isolated divisions of the mind that provides the mechanism for a pattern in which contradictory images of the self and of the parents are never permitted to coalesce. This compartmentalized 'vertical splitting' transcends diagnostic categories. (p. 532)

Fairbairn, who worked with children who had been victims of sexual assault in the Second World War, also developed a detailed psychoanalytic model of dissociation with multiple personality as a significant feature. He argued that Freud's division into id, ego, and super-ego was only one possibility among others for a structure of the mind, and suggested that 'multiple personality is ultimately a product of the same processes of differentiation which lead to the isolation of the ego, the id and the super-ego' (Fairbairn 1952: 159). Lasky (1978) argued that multiple personality arises from developmental difficulties whereby the person can only internalize part-objects. As a result the inner world is chaotic and the person only has access to primitive defence mechanisms such as splitting, merging and projection. Multiple personality has also been considered as a variant of borderline personality (Buck 1983; Clarey *et al.* 1984), and a type of transitional object (Marmer 1980). Others have proffered other explanations from other perspectives, for example sociological role theory (Taylor and Martin 1944) and family systems theory (Beal 1978). Mitchell (1984) adopts a more political line, arguing that through multiple personality women are communicating 'simultaneous acceptance and refusal of the organization of sexuality under patriarchal capitalism' (p. 289). It can be seen that opinion is diverse, and as Brenner (1994: 83) notes in his study of recorded cases of multiple personality in one hospital:

> This condition seems to generate more controversy, confusion, and schisms in the staff than any other disorder. Reminiscent of what occurs with other primitive characters, this split is unique because the credibility of the patient and subsequently the diagnosis are often the issue . . . The dramatic quality of 'switching' to other personalities, and the obvious secondary gain of disowning one's behavior, especially when criminal charges are involved add to the controversy.

Brenner redefines dissociation as a defensive altered state, due to autohypnosis, which augments repression or splitting. This can lead to a variety of symptoms relating to alertness, awareness, memory and identity. Ellenberger (1970) examines the different ways multiple personality has been

described throughout its history and identifies the following categories and description: simultaneous multiple personalities; successive multiple personalities; mutually cognizant of each other; mutually amnesic; one-way amnesic and personality clusters.

What is clear is that although multiple personality and dissociative conditions are nowadays a contentious issue, they are not new but have been the subject of serious and divided debate for a century. In more recent years this debate, particularly in the United States, has become more vocal, widespread and vitriolic, with polarized positions being adopted. As I shall show later in this chapter, this is in large part because the controversy surrounding 'false' memory has overlapped and mingled with questions relating to multiple personality. In particular, books by Putman (1989) and Ross (1989) were very significant in exploring and understanding the development of multiple personality in the context of a response to severe childhood abuse. In this country Mollon (1996) – who writes in this book – made a major contribution to the field, exploring multiple personality from a psychoanalytic perspective and from the base of having worked with patients with multiple personality.

At the same time other writers and practitioners were speaking in opposition. Essentially, these writers (Aldridge-Morris 1989 in Britain; Hacking 1995 and Spanos 1996 in the United States) argue from an iatrogenic viewpoint. That is, they argue that multiple personalities are created by therapists who actively make suggestions and who may introduce reading material to further support their diagnosis, in combination with a client who is suggestible and compliant. The patient is essentially understood as accommodating to a very particular and strongly held view of their therapist; that is, the emergence of different personalities is an iatrogenic artefact. This stance assumes a very persuasively convincing and somewhat aggressive style on the part of the therapist, who embarks on the work with a clear idea of what is wrong. The collusion of the therapist and the client encourages the false creation of personalities and this is further reinforced by media attention. This argument links the fact that personalities tend to appear in therapy, when they may not have obviously appeared before, directly owing to the persuasiveness of the therapist and the therapeutic situation. This view of the therapist as a determined detective is expressed strongly by Ofshe and Watters, who also see the therapist as actively digging for memories: 'Whether the therapist first hunts for later personalities or for repressed memories seems to vary from therapist to therapist' (Ofshe and Watters 1995: 205). They continue with this theme:

> The process of indoctrinating the client into the MPD belief system shifts into high gear after the first personality 'appears' and after the diagnosis is accepted by the client. In their descriptions of how they

'treat' the disorder once established, therapists provide a wealth of evidence that they encourage the development of alter personalities and behavior.

(p. 217)

Their line of argument has been reinforced for them by the apparently large numbers of patients being diagnosed as having multiple personalities in the United States. They, and others who dispute the validity of multiple personality, also point to what they consider to be the misuse of both drugs and hypnosis in helping patients access other personalities.

Davies and Frawley, writing from a psychoanalytic perspective, provide a different understanding of the 'alters' presenting in therapy:

It should not be surprising, therefore, that such fundamental divisions will be most likely to manifest themselves around the re-evocation of experience specific to intense transference–countertransference emergence within an on-going analysis. That such experiences are called forth only within the treatment setting by no means implies that they are created by that setting.

(Davies and Frawley 1994: 77)

Instead of viewing the therapist as a determined detective eagerly searching for detail, memories and personalities, they explore how the therapist may be inclined to do just the opposite. They describe how the therapist can resist hearing or asking about a patient's abusive history; how even nowadays, in the light of increased knowledge, they may be inclined to interpret reality as fantasy; and how patients too can be reluctant to face the horrors that they have experienced. In this scenario collusion can work the other way, with both patient and therapist preferring to hold a more favourable view of the former's world. Davies and Frawley describe the gruelling nature of work with abuse survivors and the pain of working in this area for both the participants:

Psychological trauma, especially sexual abuse, raises anxiety and discomfort within the clinician. Like society at large, a victim's family, and, frequently enough, patients themselves, therapists do not want to know that patients sitting before them were violated sexually, often repeatedly, perhaps sadistically, maybe at very young ages. We want to recoil and close our eyes to the commonness and viciousness with which children are sexually victimized.

(p. 88)

Those who oppose the iatrogenic viewpoint tend to take this stance, emphasizing that in general therapists are not searching either for histories

of abuse or for evidence of multiple personality and in fact may defend themselves against seeing and hearing awful histories of abuse.

The question of 'false memory' and the validity of memory

Nowadays memory is a central aspect of any discussion on working with abuse survivors, and with multiple personality the questions surrounding this become even more complex. As Paul Antze (1996: 7) says, 'It would be safe to say that for all multiples in therapy today, memory is a central obsession. In fact, while memory is central to anyone's life story, for multiples it is usually the subject of the story.'

The extract from Ofshe and Watters quoted previously demonstrates how the debate around multiple personality has become inextricably linked to the issues of 'false memory syndrome' and to the whole complex question of memories and their accuracy in the field of trauma. With multiple personality not only is there the question of amnesia and recovering memories but many more layers are involved. If we take the view that in multiple personality the dissociation is so great that the resulting splits take on a life of their own, forming distinct personalities within the one person, it is also apparent that these identities have memories of their own. If the splitting was an unconscious attempt to render the intolerable tolerable by diffusing the experiences through sharing them, some very terrible memories must be held, and beginning to reclaim and gather these together could be very shocking. As Ellenberger (1970, cited above) has pointed out, amnesia among the personalities can be very complex: one personality may hold memories only known to itself; another may share memories with a certain specified personality or personalities and not others; and a personality may be amnesiac in its own right. The possibilities are considerable and it is not surprising that those who work in this field can find themselves in something that feels chaotic. As it is the debate rages about whether memories can be repressed and later recovered, and whether memories can be falsely implanted. It is therefore perhaps inevitable that the stakes are raised when examining this degree of intra-psychic confusion.

There is currently a heated debate over the veracity of recovered memories of abuse, with generally a major difference of opinion displayed between practising clinicians and experimental psychologists. With some exceptions each group tends actively to challenge the views of the other. Clinicians (Harvey and Herman 1994; Olio 1994) tend to trust what they see and hear from clients, and defend themselves against charges of being suggestive, tending to believe that memories can be lost and later recovered. They dispute research findings on memory – one argument being that these findings are limited to ordinary memories and that those relating to trauma

are not open to laboratory experiment. Experimental psychologists (Dawes 1994; Lindsay and Read 1994) take the opposite view, challenging what they see as anecdotal clinical material and stressing the power of suggestion in creating memories. To put it simply, each group accuses the other of bias, albeit in different forms. Others avoid this dichotomy of view, and after careful and serious analysis of both research and clinical findings conclude that both recovered memories and the implantation of memories are possible (Schooler, Bendiksen and Ambadar 1997).

I have written in more detail about this controversy elsewhere (Walker 1996) but briefly, the term 'false memory' was originally coined in the United States of America after a woman, Jennifer Freyd, recovered memories of childhood sexual abuse while in therapy. Her parents disputed the accuracy of her memories and in conjunction with Ralph Underwager started the False Memory Syndrome Foundation (FMSF). I challenge the term 'false memory syndrome' as inaccurate and misleading. It implies that memories *are* false; and the use of 'syndrome' suggests a thoroughly researched, scientifically documented and proven condition, backed by controlled clinical trials – this is certainly not so with false memory. Underwager can also be challenged for his public support of paedophilia as a responsible choice:

> Certainly it is responsible. What I have been struck by as I have come to know more about and understand people who choose paedophilia is that they let themselves be too much defined by other people . . . Paedophiles spend a lot of time and energy defending their choice. I don't think a paedophile needs to do that.
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> (Underwager 1993: 3)

Perhaps the motives of a man who publicly makes such statements are open to serious question. The British False Memory Society was set up in 1993 by Roger Scotford, who had been accused by his two daughters of sexually abusing them in childhood. These groups are adamant that therapists plant false recollections in their clients and that the lives of innocent families are consequently ruined. As with critics of multiple personality, false memory proponents claim that therapists have their own agendas; that they are unscrupulous and persuasive and that they foster unhelpful and unnecessary over-dependence:

> Even considering the substantial influence the therapist wields, there is considerable evidence that the dependence that recovered memory patients develop on their therapist is much greater than it is in other therapy settings. Again and again in the literature, recovered memory experts recommend that patients seek, and that therapists forge, extremely close emotional ties in therapy.
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> (Ofshe and Watters 1995: 111)

One of the difficulties in responding to a highly polarized position, such as that taken up by Ofshe and Watters, is that there is a temptation to become similarly polarized; and there is some evidence in the literature that this is indeed what occurs. My own sense is that although there may be some counsellors and therapists with their own agendas, who can be suggestive and inappropriate, this does not in the United Kingdom constitute a 'movement'. I know no one in this country who describes themselves as a recovered memory therapist although nowadays all would be familiar with this concept. For most therapists, dealing with abuse is part of their normal work load and is not something that is actively sought out. In my own experience I have come across only two unrelated incidents where in my opinion the therapist has been inappropriate and suggestive and in one – the first I describe – I suspect a clear agenda to have been in operation. This involved a 'counselling' group (although all the 'counsellors' were in fact untrained or poorly trained) attached to a small evangelical church which had to my knowledge been the subject of some concern to more mainstream churches in the locality. The 'treatment' one young woman was given – verified by several sources – was reminiscent of brainwashing. She did accuse her father of abuse, and this appeared at least partially related to her 'treatment'. She moved in with one of the families actively involved in the group and had no more contact with her family, who disputed her allegations. It is not possible to know the truth of this – perpetrators do deny abuse – but certainly this group behaved unethically and inappropriately.

In another instance I worked with a young man who had been told by a previous therapist in a very early session that all his symptoms pointed to sexual abuse by his father in his earliest years. This was clearly a gross assumption. It may or may not have been accurate, but it should not have been made. In my work with him it was clear that he had suffered very well-remembered sexual abuse by his uncle from the ages of 10 to 13. His uncle had also abused other children and this was well known within the family. However, although this client came from a chaotic, un-boundaried family, with highly volatile parents who could behave entirely unpredictably both within the family and in the wider world, it was not possible to know definitely about early abuse. There is not the space here to go into detail, but our work focused on helping him to cope with the *not* knowing; on how to lead his current life as he wished to; on how to deal with the effects of the abuse by his uncle and how to manage his family concurrently. They continued to be chaotic, unpredictable and occasionally dangerous, and he – while wishing to protect himself – wanted to find some way of maintaining some relationship with them, while coming to terms with the inherent limitations to this. In my experience, abuse survivors abused within the family are far more likely to be tussling with how the relationship with them can be salvaged rather than how to denounce them publicly. Both these examples show how practitioners can be incompetent, misguided and potentially dangerous, although in my experience such

practitioners are in a minority. Of course bad practice should always be challenged and taken seriously, but it should not be used as a basis for generalizations. The example of the young man I worked with also shows how clients are not simply passive objects of therapeutic intention: in this example he chose to leave this therapist, being himself unhappy about her diagnosis.

False memory proponents dispute that trauma may cause amnesia, although in disputing this they generally stay firmly within the confines of memories of childhood sexual abuse. There is considerable work on the effects, including amnesia, of other traumatic experiences – for example in relation to victims of the holocaust (Langer 1991), other war victims (Kardiner and Spiegel 1947) and other forms of violence (Gelles and Strauss 1998). The false memory groups also emphasize that therapists involved in this work see recovering memories as an end in itself. They perceive clients as essentially gullible, persuadable, easy to convince. Again there is some truth in the latter: some abused children believe that compliance with the perpetrator has saved them from worse abuse, and therapists have to be extremely careful that this pattern is not reflected and repeated in the therapeutic process.

A premise also exists that memories are recovered in therapy, the client having been unaware of them previously. Therefore, the argument goes, there is a causal link. In January 1995 the British Psychological Society produced a report that is carefully written, steers a middle course, and avoids the emotive language often heard or read in discussions on recovered memory. It noted that most public attention is concerned with memories recovered in therapy, but in fact most clinicians working in this field are counselling survivors coming to them with memories of abuse, often verified by another person. Of those practitioners questioned 90 per cent had seen sexually abused clients in the last year; a third had seen clients who had recovered memories before therapy; and about 20 per cent had seen at least one client who had in the previous year recovered a memory of abuse. However, a third also reported clients recovering a memory of a traumatic experience other than abuse. This last statement is particularly interesting: this a highly relevant area that is often not explored sufficiently.

The British Psychological Society report concludes that most abuse survivors enter therapy with memories, and this is echoed elsewhere – for example by Christine Courtois (1997). My clinical experience also reflects this: some memories are clear while others may be hazy, and placing them accurately in terms of timing and precise detail may not be possible – as with other childhood memories that may be essentially accurate but not so in their precise detail. The main events are frequently clear and often verified by other people, particularly in the case of survivors who were taken into care as a result of the abuse, or where prosecution of the perpetrator resulted. Sometimes when memories do apparently return this is not always as clear cut as it seems. A survivor who had appeared initially to have few memories

later explained to me that he had always had clear memories, as had his siblings who were also abused, but that he had told me differently until he trusted me more. Indeed, some survivors nowadays are frightened of talking about their memories at all: they fear that their therapist or others they tell will think they have invented them. When memories are recovered it would be arrogant to assume that therapy in itself and by itself is the only causal factor involved. The picture is considerably more diverse. Other factors trigger memories for survivors: life becoming more stable so what previously seemed intolerable may now be tolerated; being in a trusted relationship where support is available; the birth of a child, or a child reaching the age when the survivor was abused; and the perpetrator dying. These can all have a profound effect and clinical examples abound. An example of the latter is given by a survivor: 'I find it very difficult to talk about my father. I refuse to acknowledge him. The only positive thing I can say is that he's dead . . . I couldn't have remembered the abuse when he was alive. It only came back when he was dead' (Walker 1992: 86).

Amnesia, and the consequent potential for recovering memories, can feature in the work with abuse survivors, but has become over-emphasized by the controversy surrounding this debate. It is only one aspect of work that is many layered: it may be of central concern for some clients, less so for some, and not at all for others.

Contrary to claims by false memory groups, there is evidence to support both the loss of memories of childhood abuse and the later recovery of these. Two of the studies which demonstrate this are Herman and Schatzow (1987) and Williams (1992). In Herman and Schatzow's study memories of childhood abuse, whether recovered in therapy or prior to it, were fully corroborated in 75 per cent of cases. In Williams's study the group of women in question all had documented histories of childhood abuse but 38 per cent were amnesiac.

The distinction between ordinary memory and traumatic memory is also a significant factor. Whitfield (1995: 94) notes that there is a danger of making assumptions about the latter based on knowledge of the former:

> In their research and arguments Loftus, Holmes and others . . . appear to have tried to mix apples and oranges. They have attempted to prove the non-existence of repression by studying ordinary memory and forgetting whilst not focusing on the traumatic kind. They have then tried to inappropriately transfer their findings and conclusions that ordinary memory can be modified by various influences onto a different kind of remembering and forgetting: the traumatic.

Other clinicians emphasize other perspectives in the debate: for instance Janice Haaken, a feminist psychoanalyst, warns against understanding memory in terms that are too absolute or too concrete. She feels

that there is a danger in this of a survivor seeing herself, and being seen, in too narrow a context which could demean rather than free her (Haaken 1994). A further view of memories is that they are essentially constructions, and once constructed limit further understanding of the self because the self becomes defined by the memory (Markus and Nurius 1986).

Clearly memory, and how it functions, is a crucial question that must be seriously and properly studied. It is simplistic and unhelpful to think of memory as being either like a filing cabinet from which details can be neatly extracted once the door has been unlocked, or a video-recorded diary that can be replayed. There are some key questions: *do* memories hold essential truths albeit in the context of possible inaccuracy of detail? *Is* traumatic memory essentially different from other memory? *Can* memories be planted by suggestion? And is there evidence that abuse survivors *do* forget the abuse? These questions need to be kept on the agenda for ongoing examination.

Conclusion

In respect of both multiple personality and recovered memories, and recognizing that these two have become interrelated, what is needed is an openness to complexity, an awareness that at any point in history our knowledge is incomplete, and an active acknowledgement that where abuse is concerned we have been horribly wrong many times in the past. Those who have suffered from this have been those who have already suffered at the hands of perpetrators. There is a concern nowadays that families should not be subjected to false allegations, and while that is entirely valid it is crucial that it does not overshadow the major problem of child abuse and the resulting consequences for the adult survivor.

Some clinicians and others dispute that multiplicity is one of these consequences while others understand it as a comprehensible psychological response to an incomprehensible assault on the body and on the psyche. Similar questions exist in relation to memory, and while both these discussions seem at this point in time to be less polarized, with more room for reasoned debate, in the UK than they are in the US, this may yet change. Both Jenifer Antony-Black and myself are grateful to all the authors who have contributed to this book for being willing to share their views and their understanding of multiple personality, knowing as they did that our aim was to bring together in one book divergent ideas.

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Chapter **8**

Hidden selves: a summary

Moira Walker

In this book readers have been presented with the story of one survivor, who identifies herself as having many personalities, followed by the responses of six clinicians to this account. These responses cover a range of carefully considered but diametrically opposed views, although they have in common a deep concern for Liza that is actively communicated in all the chapters. Both Peter Dale and Graz Kowszun write from a sceptical standpoint. They clearly respect Liza's views and perceptions of her self, but want to challenge and question her self-diagnosis of having multiple personalities, querying both the source of her belief in her multiplicity and the validity of the concept. Dale wonders if Liza might make better progress therapeutically if she were free of this 'belief system', and he explores and examines other explanations for her experiences. He expresses concern that her initial awareness of multiplicity was triggered by reading a book, and wonders about how suggestible she might be. While recognizing that most therapeutic interventions are unlikely to be as suggestible and forceful as they are at the extreme end of the spectrum described in some literature from the United States, he does wonder about more subtle therapeutic influencing.

Kowszun is similarly sceptical, and takes up the issue of fashions in therapy. She focuses on a social constructionist approach as explaining both Liza's presentation and self-understanding, and the concept of multiple personality in general. She reminds us of the wide spectrum of language, ideas and concepts that already variously exist in our therapeutic vocabulary and in our attempts to define, understand and describe structures of the self and the mind. For her these are already extensive and sufficient, and the addition of multiple personality is both unnecessary, and potentially unhelpful and inaccurate. Like Dale, she expresses concern over the numbers of

people being diagnosed as multiple in the United States. She suggests that this raises significant and important questions about the validity of the diagnosis and that it also emphasizes her point about diagnostic fashions.

Jenifer Antony-Black is coming from the very particular standpoint of being multiple herself, and she describes in her chapter how her own experiences are essentially interwoven with her therapeutic stance. Although she is absolute in her conviction of the existence of multiple personality as a creative response to extreme abuse, nevertheless she does share with Dale a concern over assisting Liza to cope with the impact on her everyday life, and agrees that cognitive-behavioural interventions have an important role to play. However, she sees this as only one aspect of the work and her therapeutic role – one that in itself would be insufficient.

John and Marcia Davis are similarly convinced that multiple personality exists, understanding this from a traumatogenic standpoint. They describe, as do other practitioners who have encountered this presentation, how multiple personality came to them: they were not searching for it. This is in direct contradiction to some of the literature I describe in Chapter 1, with its theme of therapist as detective searching for multiplicity. They examine in some detail the process of dissociation and splitting, noting that as yet there is much we do not understand. Like Antony-Black, they provide the reader with a detailed and fascinating account of how they might work with Liza.

Phil Mollon provides the reader with another example of how an experienced practitioner began to recognize multiple personality in the course of everyday clinical work. He again was not looking for it, nor was he trained to recognize it. It was rather clinical presentations which informed his thinking and suggested that his existing knowledge and awareness were insufficient for what he was encountering. Unlike many practitioners and writers from the United States, Mollon's experience suggests that multiple personality is a relatively rare occurrence, although the Davises would argue differently. Mollon also describes how in his training dissociation and its possible causes was given scant attention. He reminds the reader of how recently abuse and dissociation went unstudied and unrecognized in psychotherapy training. Psychotherapists simply did not work with abuse. This is perhaps, a timely reminder of the fact that if something is not recognized it cannot by definition be known to exist.

Readers will decide for themselves how they would understand and respond personally and therapeutically to Liza's story. I am amazed yet again in reading her account of how much the child and the adult can survive, and of how psychological manoeuvrings can underpin such survival. Doubtless all those involved with this book, whether as editors, authors or readers, will have been moved by her account of her life, and the horrors of the abuse she suffered both as a child and as an adult. All those who are working with clients like Liza will be forcibly struck by the huge responsibility of the

therapist, counsellor, or other helper in being with someone who has already suffered so considerably. The greatest care is needed and the highest standards must continually be their aim.

In Chapter 1 I make clear the stage that my own thinking on multiple personality has reached. It has been enthralling to work on this book, both with therapists who share my views and with therapists who do not. Hopefully it is the bringing together of disparate thinking in this way that can enliven debate, spotlight key questions and ensure that none of us – whatever views we hold – becomes complacent or over-confident. The book reinforces what we have already learnt in beginning to face the extent and consequences of abuse, and in struggling to overcome denial: there is always so much that we do not know. There are always problematic challenges to be made and uncomfortable questions to be put. The ability to face our own assumptions and resistances gradually extends the scope and nature of our learning. It is Jenifer Antony-Black's hope and mine, as editors, that this book has played a part in the ongoing process of discovery, challenge and knowledge.

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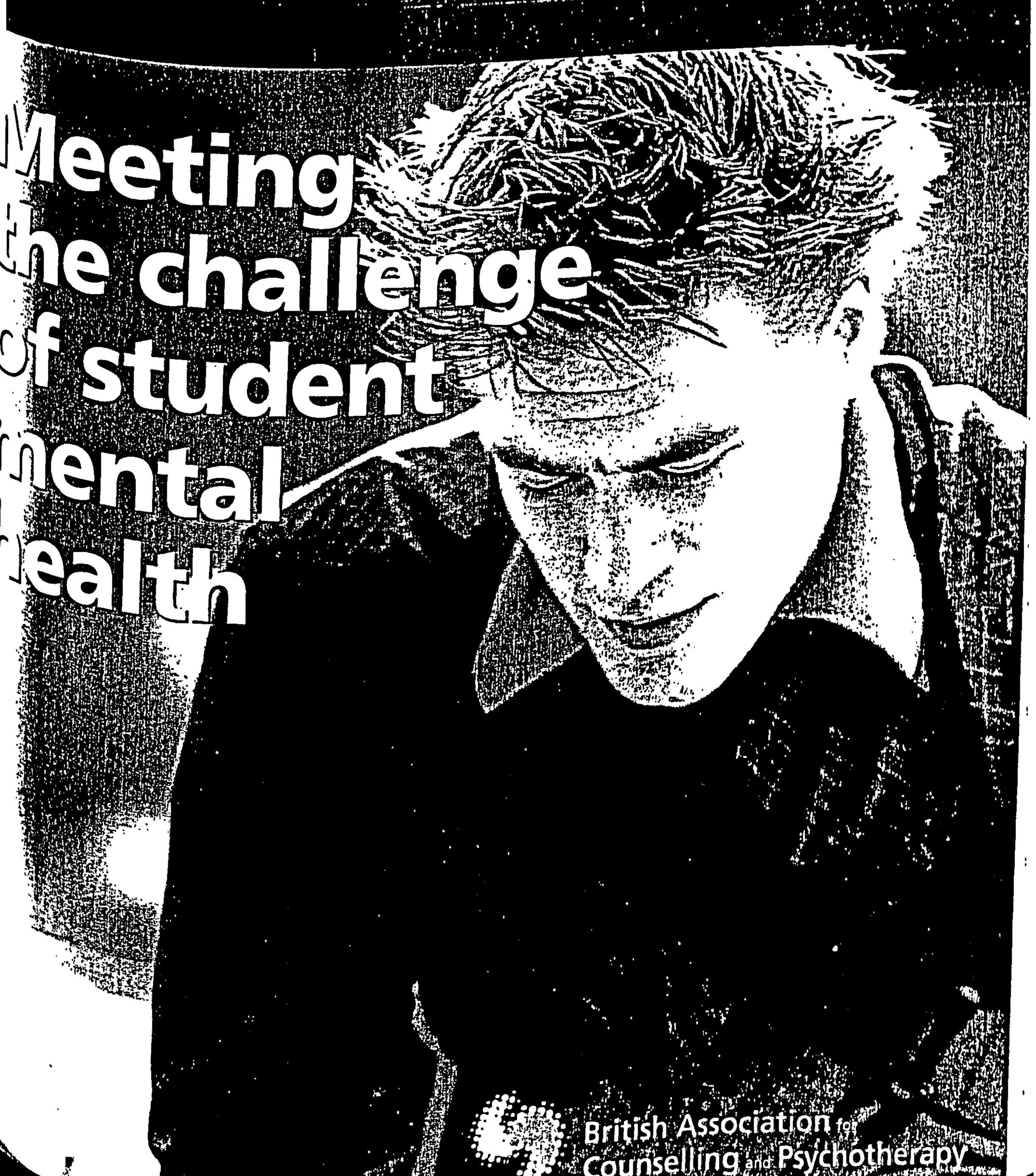
Meeting the challenge of student mental health



British Association for Counselling and Psychotherapy

impact of abuse

The impact of abuse

Students presenting with problems that are not contained neatly within the confines of the counselling room can have a profound effect not only on the counselling service and their clients, but on the whole organisation. **Moira Walker**, previously head of Leicester University Counselling Service and a UKCP- registered psychotherapist with many years' experience working in the field of abuse, uses the case study of 'Lucy' to discuss the impact of working with an abuse survivor on the client, the counsellor, and the educational institution.

Counselling abuse survivors is a familiar and demanding aspect of the work of any student counselling service. It is particularly problematic in terms of the pressure that exists on services in terms of waiting lists, the complexity of issues presented by students with a history of abuse, and the on-going struggle to ensure that scarce resources are used as effectively and as responsibly as possible. Significantly, student counselling takes place within a complex educational organisation and as Bell notes 'where counselling takes place in any organizational setting, there is a web of professional relationships which is both overt and hidden. There are inevitable hierarchies and subtle distributions of power.' (1996:110) However good the relationships are between counselling services and other individuals and groups, tensions and difficulties will inevitably arise because of the nature of organisations.

The core function of universities and colleges may broadly be to educate, but a web of relationships and groups exist within this wider structure each with its own culture, tasks and ideology that are both separate and distinct from, but also essential parts of, the wider organisation. When students present with problems that are not contained neatly within the confines of the consulting room, this can have a profound effect on not only the counselling service and their clients, but on other groups and individuals in the organisation. As the following example will illustrate a student presenting with a history of childhood abuse can have a powerful effect on many groups and individuals, often in disturbing ways. The fragmentation, chaos and disturbance created by child abuse (Walker, 1992) becomes projected onto and into the world the abuse survivor joins, and this fragmentation becomes reflected in the responses of all those involved. Abuse is powerful; its power does not stop with the individual survivor, but permeates into a surprisingly wide territory. The following example illustrates how this can occur.

The client

'Lucy' (not her real name) became a student at 18, having been sexually abused by two of her brothers and physically abused by her father. The abuse stopped when she was sent to boarding school at 13. School had been a concerned, caring and containing environment, although she had still experienced considerable difficulties, being depressed, overdosing and cutting herself. She had violent thoughts and fantasies, although was only obviously violent to herself. Her mother knew about the abuse, but would not accept its impact on Lucy, telling her to forget it and get on with life. Lucy came to university with just that intention and the following is an overview of the events of Lucy's first term at university.

She was excited and initially very positive about student life: this was her chance to be adult and leave the past behind. She was extremely bright and had gained high A level grades. No one knew about her past and she looked forward eagerly to new relationships and friendships, to

- organising her own finances and being responsible for herself. She was positive about counselling, having referred herself following the advice of her school, although she was very anxious that it was on her terms and that she would not be forced into talking about what she was not yet ready to face. She was offered twenty sessions - normally the maximum offered in this service to students.

So Lucy arrived with enormous hopes that her new adult world would be the antidote to an awful childhood. This would recede and not interfere with the present. Inevitably she discovered that the past does not disappear, but is carried with you. Disillusion was rapid: family life, instead of becoming insignificant was very much in the spotlight. Talking about families was an important part of early encounters with others. For many students this was a safe introductory subject; a way of placing and meeting new friends, but to Lucy her family was an awful secret she could not share. She began to be forced to face the unface-able, that childhood horrors do not go away but impact on everything, and she was also faced with what she had missed. Relationships and friendships, both sexual and non-sexual, formed quickly around her and deepened rapidly. She could not avoid these; they were ever present and a favourite topic of conversation. She became horribly aware of her inability to integrate into this new world and her sense of isolation grew rapidly. Friendships were a minefield and other students began to avoid her. What she had so desperately longed for slipped away rapidly.

She found herself in a very non-protective environment. The freedom and lack of containment in student life so pleasurable to some was deeply overwhelming and she had no escape route. She found managing money impossible and studying alone without a clear structure terrified her; the past haunted her through flashbacks and memories. She could not complete work and for the first time in her life the academic prowess that had comforted and validated her was not available. She was enveloped in losses and memories of childhood trauma and difficulties where she had envisaged adulthood, freedom and success.

Lucy very rapidly started to feel, and be, out of control, in an environment where compared to school, boundaries were very lacking. She had insufficient of her own to help her to contain herself or her world and had no capacity to deal with any issues that in any way challenged boundaries. And Christmas loomed with the recognition that she had nowhere to go but back to the abusive environment. She was forced to recognise that she was not able to manage alone and independently as she had longed to do. Her dreams faded and despair took its place.

The counsellor

Throughout the term Lucy had regularly seen the counsellor and had established a good rapport. However it was quickly evident that whilst Lucy longed for closeness she became frightened and defensive if this became a possibility rather than a dream in any relationship, including counselling. Knowing Lucy's history the counsellor had concerns about the twenty session limit, which had been explained to Lucy at the outset. The counsellor also knew, as did Lucy, that with the agreement of the team it was possible to offer more in exceptional circumstances. By the end of this first term Lucy had had ten of her twenty sessions. The remaining ten would be one more term's work.

The counsellor had known that counselling Lucy would not be straightforward: she knew the past would not go away and that Lucy would be faced with that realisation. However she wanted Lucy to pace herself, discover things in her own time and control the process. She did not want to be another person who denied, like mother, or was abusive like father and brothers. She was also aware that Lucy had not been contained in a containing school environment; and recognised the potential difficulties of a setting that offered little containment. From an early stage she recognised that Lucy needed to take her time, but was also aware that this would run out. She was deeply concerned to be non-invasive, but was also aware of real external pressures both on her and on Lucy. A time limit existed and additionally for Lucy to be a client, she had to be a student. To be a student meant she had to successfully complete her work and she was becoming unable to do this. Whilst taking time was important there was therefore equally a pressure to try and work speedily and effectively. It felt a terrible trap with no way out - just as Lucy had been trapped by the abuse. By the fifth session the counselling process seemed too rapid and difficult to slow down, reflecting Lucy's experience of both her external and her internal world. Everything was coming at her too quickly and she could not process or manage it. This

also reflected Lucy's childhood experience of abuse: she could not stop it or control it, and neither could anyone else.

Throughout, the counsellor also recognised the dilemma of working with a young woman who was horribly grown up, whilst also very young. She knew there would be enormous difficulties in Lucy separating from her family when Lucy thought she had achieved this simply by coming to university. She was also aware of Christmas looming, and the problems Lucy would face by returning to the abusive environment with two of her abusers present. From the beginning she wondered if she, and the service, could offer enough therapeutic containment. By the end of the first term she had real anxiety about Lucy's situation; her increasing depression and isolation; the flashbacks she was experiencing; her inability to study and produce academic work, and her behaviour - Lucy had reported that she had been uncontrollably angry and upset, and frightened other students in her hall of residence. The counsellor had tried to contain the work within the service and not involve others in the university. However by the end of term she recognised that she may need to intervene with others on Lucy's behalf. Lucy gave permission for this and the counsellor decided both to contact relevant others at the start of the next term and to discuss with her team the possibility of offering longer term work.

By then the service had a waiting list; Lucy had broken a window in her student room; studying had become even more problematic and she was very distressed. The counsellor was unsure whether ongoing work was going to be appropriate or if she needed to be referred elsewhere. On discussion the team held different views. One counsellor wondered if Lucy was ready for a student environment and thought the focus should be on exploring this and helping her reach a decision within the session limit. Another argued that the institution had a responsibility to provide Lucy with what she needed to enable her to study and that she should be seen open ended. Another thought Lucy unsuitable for a student counselling service and that she needed referral to a mental health service. There was also considerable disagreement over how much contact should be made with other university personnel. Some felt that this should be kept to the absolute minimum to avoid potential splitting and difficulties over confidentiality and boundaries. The other view, similarly strongly expressed, was that as Lucy had given permission, it was crucial that others were actively involved to ensure a cohesive rather than a chaotic response. It was not possible to achieve consensus and it was agreed that the counsellor could decide for herself. This left the counsellor feeling that no one wanted to take responsibility, and was aware that this was how Lucy felt in her family - that no one took responsibility for her abuse.

Other groups in the university

It was not only the student counselling service who were concerned for and with Lucy, and affected by her actions. Others who became involved were the academic staff in her department; the staff in her hall of residence and medical staff at the health centre. They too all had their different views, both between the different groups and within them. It is only possible to give a flavour of those splits and differences here but it is enough to demonstrate both how an abused student can become lost in internal dissent, even when the intention of all concerned is consciously benign, and how the counselling service can become the focus of such differences. This reflects again the experiences of the abused child: everyone apparently abhors abuse and has excellent intentions of helping, but often the child experiences this very differently; abuse is often not seen or heard and responses are horribly inadequate.

Hall of residence staff

Lucy lived in a student hall of residence and the responsibility for its day to day running was with assistant wardens - postgraduate students given free accommodation in return for supervisory duties. This group became increasingly concerned about Lucy. She had been very noisy, verbally abusive and aggressive and at other times was not seen for days. Other students were wary and she had not made friends. On her first night back after the Christmas vacation she became very agitated and broke a window. Both students and parents had complained to hall staff who as a group held very diverse views on how to understand this and what action to take. These ranged from viewing Lucy as disruptive, rule- breaking and difficult and that she should therefore be asked to leave; to recognising her as distressed and wanting to befriend her; to wanting to invite the counsellor concerned for an in depth discussion; to feeling that the counsellors were way out of their depth and Lucy should be quickly seen by a psychiatrist. In addition there was real concern that parents were going to formally complain and this would rebound on them for not acting sooner. The common denominator was a desire for someone to do something and a belief that somebody could do something effective. It was agreed that the counselling service should be contacted and that 'they' should act.

Medical centre staff

By the beginning of this second term the medical centre director had received a letter from Lucy's general practitioner at home which was discussed at a staff meeting. He had seen her during the holidays and asked her to visit the university doctor. He felt anti-depressants were indicated and disapproved of counselling. He noted that she came from a 'lovely respected family' whom he had known for 20 years. Lucy had not been seen in the medical centre, but concerned phone calls had been received from the hall warden and her tutor asking the medical centre to intervene. The director had looked at Lucy's notes which included concerns from her school over unexplained bruising when she was a child although the family GP assessed her as being a clumsy child with no cause for worry.

As with the hall of residence staff considerably divided opinions were in evidence. One GP, the director, had great respect for the counselling

service and felt they had the skills to continue working with Lucy. She felt suspicious of the family GP and that he represented the interests of Lucy's family, rather than Lucy. Another was unconvinced by counselling, but did not want to get embroiled with the 'Lucy's of this world'. In his view anti-depressants would do no harm, but involvement beyond that was inappropriate. They were already too busy with genuinely unwell students and those with sports injuries - his speciality. The third GP was greatly concerned and doubted if medication would help. However she thought the young woman should be encouraged to have a chat with the practice nurse once or twice a week. Finally, another GP was quite clear that Lucy should be referred for a psychiatric assessment. The counselling service, although valuable, should not take on such complex work. As no consensus was reached the only point of agreement was to express concern to the counselling service, asking them to provide more detail and to keep them informed.

Academic staff

Clearly, a key function of any higher education institution is academic learning and progress. Throughout this first term Lucy struggled to present any work to her department. They knew from Lucy that she attended the counselling service, but had to decide if Lucy could continue with her studies. She had missed many lectures and seminars, found contributing extremely difficult, and when she did, took over aggressively. She had only completed one piece of work out of three required and had said she could not manage more. One of the post graduate students in the department was an assistant warden and had told his colleagues that she was causing great concern in the hall of residence because of her behaviour.

Lucy's academic tutor was clear that students must be able to study effectively. If Lucy could not she should leave and come back when she could. She was not unsympathetic to the potential cause of her distress, but it was irrelevant to the decision that had to be made. She warmly supported the work of the counselling service as a valuable resource for distressed students that took pressure off already overloaded academics. However, its work was not significant to academic decision-making. Lucy's personal tutor was very concerned at the distress of this girl and was sure something very serious must be wrong, indeed she had alluded to violence at home, and worse, in a tutorial. He was angry that the counselling service had not provided the department with detailed information to enable them to be properly supportive. He argued that she was young - 'little more than a child' and in need. They should all pull together to help. If there were genuine reasons for her inability to work she should stay and be helped and supported.

Another colleague was impatient: he did not believe in counselling - it was not available to him and his peers years ago and they all managed perfectly well. She needed one more chance; to be told to pull her socks up and get on with it. He remained unconvinced of her distress - she had a privileged, moneyed background and had been overindulged. The other academic in the group felt too much was being made of all this. Lucy could easily be advised to change her course to a general degree that was less demanding. He wondered how much the counselling service cost the university, but as Lucy had been seen there they could earn their money and provide the department with a report for their records. It was finally agreed, after some dissent, for the personal tutor to visit the counsellor concerned.

Conclusion

It is not possible in the space available to provide a detailed analysis of all these responses and interactions. However it is crucial to note how easy it could be for Lucy to disappear in these transactions, however much all concerned apparently hold her at the centre of their thinking. This is reminiscent of the experience of many abused children as services designed for their protection fail to adequately meet their needs. It is also worth stressing that the dynamics present in the abuse of children, notably splitting, projection and introjection, fragmentation, denial, secrecy, and the invasion of boundaries are all too easily repeated in the dynamics of different groups (including counselling) within organisations as they struggle to respond. The counselling service inevitably can be the recipient of the results of these struggles and can, as I have written elsewhere, end up feeling sandwiched between the needs of the client and the demands of the organisation (Walker, 1997). This has implications for counsellors working in institutions who need both a sound understanding and awareness of organisational dynamics, and also a thorough knowledge-base of the dynamics of working with abuse survivors. Both are extraordinarily powerful and can be a potent cocktail when combined. Knowledge and awareness facilitates working with these dynamics rather than them becoming a destructive influence on the work with very hurt clients. In the example of Lucy, it was ultimately not possible for her to continue at university. However she was fortunate – and many are not – to be found suitable help within the NHS ■

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Moira Walker is both an academic and a practitioner, and works with young people and with adults. She has run training courses at universities in counselling and psychotherapy, and specialist courses in working with survivors. She has worked in social services, education, health services and the voluntary sector and has written widely on counselling and abuse, including 'Surviving Secrets: the experience of abuse for the child, the adult and the helper,' and co edited 'Hidden Selves: an exploration of multiple personality'

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Supervising practitioners working with survivors of childhood abuse: counter transference; secondary traumatization and terror

MOIRA WALKER

ABSTRACT This paper explores the impact of working with trauma on the practitioner who works therapeutically with survivors of childhood abuse, and their supervisor's role in helping to manage the resulting terror, horror and trauma. It examines how the therapist may become traumatized and identifies the problematic and potentially damaging consequences for the therapist, the client and for the therapeutic relationship. Particular attention is paid to counter-transference, traumatic counter-transference and secondary traumatization. The question of what constitutes effective supervision in this field will be examined and the importance of identifying secondary traumatization will be emphasized. The terms counsellor, therapist and practitioner will be used interchangeably.

KEYWORDS Adult survivors of childhood abuse, counter-transference, traumatic counter-transference, secondary traumatization, trauma, supervision

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INTRODUCTION: TRAUMA AND THE PRACTITIONER

Many years of working in this field as a therapist, supervisor and trainer in different contexts – social services, health, student counselling and the voluntary sector – has continually reinforced in me not only the recognition of both the vulnerability of survivors presenting for help and the complexities of working safely and effectively with them, but also the needs of those working with them if they also are not to become damaged by the experience at one removed. This is so across the different contexts and the different modalities of group, individual, couples and short and longer term approaches.

Working with those who have survived traumatic childhood experiences is a demanding and important task which for some practitioners is their main area of practice whilst for others it is occasionally encountered. Recognizing that people can be traumatized without actually being *directly* physically or emotionally harmed, or threatened with harm, underpins this discussion as does the awareness that working with trauma can have immense satisfactions but also carry risks. It inevitably places considerable demands on the practitioner as they hear and respond to shocking and horrific stories. Shock and horror are appropriate responses to hearing of violence and torture being perpetrated against children. I feel myself that if I stop feeling horror and shock it would be time to stop involvement in this type of work. But it is a crucial task of the therapist and the supervisor to ensure that these understandable, humane and human responses are used in a therapeutically helpful way and do not ultimately rebound on either the client or the therapist in ways that re-create and replicate the destructiveness of the original abuse. The supervisor's responsibility for effective, containing and supportive supervision that is appropriately geared to working with the impact of trauma is thereby great.

CHILDHOOD AND OTHER FORMS OF ABUSE: CONSEQUENCES AND THERAPEUTIC IMPLICATIONS

The primary focus of this paper is the impact on practitioners of working with adults who have experienced abuse in childhood and the resulting implications for supervision. I include physical, sexual, and emotional abuse, many survivors having tragically experienced all. However, much of the discussion is relevant to those working

with survivors of trauma that does not have its origins in childhood: torture, victims of war, major disasters, domestic violence, and violent crime. Although adults who suffer from traumatic invasion are in some ways in a different psychological position from the child who has been abused there are some parallels. A key difference for assaulted adults is that their self is developed and their views of the world are likely to be more firmly established on a base of acquired knowledge and experience. However they also experience the shock of power, strength and violence being ruthlessly used against them and the annihilation of their own will, wishes and power. They, too, are faced with their insignificance in the face of determined others and are brought face to face with the reality that they can be destroyed at the will of another. They are, however, less likely than child victims to have a relationship with the attacker based on deep dependence and attachment, and their level of developmental maturity provides a greater possibility of making sense of, and processing the experience.

In some essential ways childhood abuse and its on-going effects is unique: it attacks the normal developmental progress of the child, impedes that development, and destroys trust in those closest (Briere 1992, 1998; Finkelhor 1979, 1984; Walker 1992). The losses for the child are difficult to imagine: they have experienced at first hand horrible exploitation of the weaker by the stronger; their faith in the adult world as protective, kind and benign has been smashed in the context of immature psychological and physical development and by the wrecking of, or damage to, attachments. Their home, the place of safety and sanctuary for non abused children, has often become the equivalent of a war zone and all aspects of life are infected and affected. They have experienced unstoppable violence, traumatizing and terrorizing in nature, which crashes into the sense of self. Pain is inflicted; disintegration of the self often occurs and this frequently in the bewildering context of a powerful and significant person telling them it is for their own good. Abuse invades and rips into the person, essentially taints and changes them, cannot be easily eradicated, ejected or rejected. It has been forced onto and into the person and as victims often express it is somehow 'beyond words'. The devastation wreaked and the insufficiency of words have major implications for practitioners and supervisors in the field and all later relationships whether these be professionally with therapists, social workers, or health professionals, or personally with partners, friends and children.

COUNTER-TRANSFERENCE AND ABUSE

Counter-transference is a frequently described and discussed concept that is core to psychodynamic theory and practice. There is an overall consensus nowadays that it has two meanings. One refers to the counsellor feeling something that is not consciously or verbally communicated by the client but nevertheless essentially belongs to the client, therefore providing valuable insights into their experience. The other refers to what is felt by the counsellor that has been triggered by the client but is essentially to do with, and arising from, the counsellor and their experiences and responses (Jacobs 1999: 133–134). Inevitably, such neat theoretical distinctions may become blurred and overlapping in actual practice but nevertheless it is helpful to recognize the different sources of the experience. It is to be expected that working with powerful experiences of trauma creates powerful counter-transferential responses in the practitioner. For those who are able to recognize and identify these, for those who are able safely to explore and examine them, and to use them as a tool for identifying the unconscious dynamics at work, the therapeutic process can be enriched, deepened and extended. As ever the counter-transference can therefore be a potent aid to understanding what is being experienced by the client and in trauma work it can valuably inform about the victim's experience of the perpetration.

Therefore the counter-transference provides insight into the client's world and supplies a vivid picture of what is contained there, a picture that as yet may be not possible for the client to directly express. However, the effects of unrecognized counter-transference that is not understood in terms of the client's material and history, not worked with and through, and not seen as part of the therapeutic process, carries a danger of being unhelpfully and potentially dangerously acted out. It is therefore a vital part of the supervisory process to facilitate an environment that is sufficiently safe to allow exploration of feelings and potential responses that are not easily spoken about, and not easily recognized. There are therefore twin dangers in the counter-transference for the therapist and the supervisor: the first is in the possibility of it being acted out. In trauma work this is particularly important as a plethora of potentially disturbing sexualized or negative counter transferences can arise. The second is when a counter-transference, particularly one which we might normally expect therapists to tussle with, becomes traumatizing which requires a somewhat different supervisory response.

In the first scenario where the counter-transference is not recognized and becomes acted out the damage is most likely to be to the client. In the second, the counter- transference becomes embedded unhelpfully in the practitioner. It therefore extends its effect, range and power way beyond the therapeutic process it emanates from, and can damage both the practitioner and the process if not recognized and responded to. If a counter-transference becomes traumatizing, and ultimately secondary trauma arises, the prime damage is highly likely to be to the therapist. Of course this ultimately rebounds onto the client if the therapist becomes so overwhelmed they cease to be effective. The reader will note here that the terms traumatic counter- transference and secondary trauma have both been used. These terms, and the differentiation between them, will be explored later.

This raises the question of whether there are aspects of the counter-transference that supervisors need to be especially aware of and sensitive to. Although in this article it is not possible to cover all the possible counter-transferential reactions it is crucial for supervisors to recognize the dynamic possibilities and complexities that arise out of working with clients who have been systematically attacked and invaded. I would highlight the following as frequently encountered and potentially harmful although it is important to reiterate that no counter-transference in itself is harmful, quite the opposite, but if not understood and worked with they will work against the therapeutic process.

Feelings of helplessness and powerlessness can lead to the practitioner abandoning the client either emotionally or by prematurely ending the work. Difficulty in, and fear of speaking and talking about what is happening, can result in the counsellor feeling isolated, alienated and somehow frozen. This latter has very obvious parallels to the experience of the abused child and can effectively prevent use of supervision. It is crucial that, whilst the supervisor understands its potential psychodynamic source, and is able to work with this, she or he also considers carefully their supervisory style. This is discussed more fully below but it may be that this inability to speak reflects complex dynamics, or a parallel process, but it may also reflect supervisory incompetence or lack of an appropriate style. Other possible counter-transferences are sleepiness, difficulty in being attentive, restlessness and boredom, which if not addressed can lead to an emotional withdrawal, sometimes accompanied by seemingly

technically appropriate responses which however lack any emotional connectedness.

Perhaps one of the most potentially problematic of counter-transferences is one that is sexual or erotic: these are hard feelings to own but if acted out can have serious and damaging consequences. Boundaries start to wobble and may completely collapse into a sexual relationship: as in abuse the symbolic becomes real. This can be falsely justified by framing this as 'a good loving experience'; 're-parenting 'and 'a positive, caring, loving relationship with the only person who knows her well'. This is particularly likely in male therapist/female client pairing.

Another is when the practitioner feels useless, helpless and small. This can be accompanied by feeling attacked by the client and reflects the split between abuser and victim roles. One consequence of abuse is that the survivor can experience the world as being divided between victims and perpetrators; being sadistic or being persecuted, and unconsciously recreates this. Helping the survivor to discover the space in between and to integrate the many splits is a complex therapeutic task. If this counter-transference is unrecognized there is a danger of the therapist either becoming the victim of the client, or of the therapist retaliating and becoming, in some way, abusive. This in turn reinforces in the client that the world really is split into abusers and victims, and also reinforces that there are parts of them that are unmanageable, unwanted or dangerous.

Supervisors also need to be aware of the counter-transference that leads to therapists attempting to rescue the client and meet all their unmet needs. They may attempt thereby to become the all-loving, all-giving, idealized parent that abuse survivors long for and need. Again boundaries can collapse: sessions may be extended; phone calls made between sessions and contact over holidays promised. It is important to add that these would not be the result of thought out therapeutic responses, considered in supervision and carefully planned and monitored as part of a therapeutic plan, but rather as something that the practitioner tumbles into unthinkingly because of the power of unrecognized and unprocessed counter-transferences.

COUNTER-TRANSFERENCE OR TRAUMATIZATION?

As noted above counter- transference is a frequently described concept, that is core to psychodynamic theory and practice. However when the discussion moves to exploring the distinction between

counter -transference and the traumatizing impact of working with and hearing stories of abuse and horror, a diverse set of terms comes into play. Whilst it is not the purpose of this paper to focus on the semantics of the debate, the subtlety of meaning attached to various terms, and the overlap between them, it is helpful to briefly overview the terms used that attempt to capture the potentially harmful impact on practitioners working with trauma. Herman (1992) writes about 'traumatic counter-transference' whereas Figley (1988,1995) uses the terms 'compassion fatigue', 'secondary traumatic stress', and 'secondary victimization'. McCann and Pearlman (1990) and Pearlman and Saakvitne (1995) talk of 'vicarious traumatization'. Others recognize and discuss 'burn-out' (Gamble *et al.* 1995; Raquepaw and Miller 1989) whereas post traumatic stress symptoms are the focus of other writers (Wilson and Lindy, 1994).

What is certainly true of these and other researchers and workers in the field is that they agree that working with traumatized clients has potentially considerable and often long lasting negative effects on therapists (see also Walker 1992; Kirk 1998). These are different from counter–transference responses in that they have an on-going and extensive effect that impacts powerfully on many aspects of the therapist's self and world. Briefly, I would argue that burn-out can be the final and cumulative end result of the traumatizing impact of working with abuse when it has either not been recognized, or not been responded to helpfully or appropriately. Functioning becomes impossible: the battle has been lost. The significance of supervision as an important preventive factor is enormous in ensuring early recognition and response, and thereby acting as a protection against burn out and consequent damage to the therapist and to their client.

What is crucial for practitioners and supervisors is to recognize that becoming traumatized at one removed is a real possibility, and most will have less interest in how this is labelled: it is its manifestations and its sources that are significant. I prefer to use the term secondary traumatization, and would define this as arising ultimately from distressing counter-transferences which become traumatizing, as opposed to being informative and helpful, in the following set of circumstances: if they are unrecognized, unspoken, and defended against and if they produce feelings in the therapist that are deeply discordant with their sense of self, or are deeply unacceptable or shocking. An added danger is if client material challenges or overthrows the counsellor's view of the world, and raises question about values that are held dear. Working with trauma means working

in netherworld between life and death and constantly encountering those who only relate to others through violence. Freud (1930) wrote that 'the veneer of civilization is a thin one' and counsellors are horribly faced with this when they encounter abuse. This can be further intensified if the abuse resonates too closely with unresolved personal issues, especially involving trauma, and if they are encountered too frequently to allow processing to take place (for example, if the work load is too heavy, particularly if it is concentrated on trauma work, or if unresolved issues are too major and distressing). This is especially so if this work load is in the context of too little support, in an organization that either does not recognize the complex dynamics created by abuse, or, even worse when the organizational structure in some ways replicates these very dynamics. Other key factors are where supervision is not good enough, and training has not prepared counsellors sufficiently for such demanding work.

If enough of these factors exist then the counsellor is in grave danger of the counter-transference becoming traumatizing. If this is not recognized and worked with this can lead to secondary traumatization which I would define as a cumulative effect leading from unresolved and unrecognized traumatic counter-transference, which has potentially long lasting impact. This, like throwing stones into a pool, causes ripples which extend into all aspects of the person's life, relationships, and being and which are not easily eradicated or removed. This impacts further on the practitioner who is likely to feel hopeless and useless and is therefore vulnerable to accepting rather than containing negative transferences from the client. Empathy can be destroyed and this in turn can lead to inappropriate responses such as emotional unavailability that can be very damaging to the client.

THE SUPERVISORS ROLE: RECOGNIZING SECONDARY TRAUMATIZATION

This raises the question of what is it that supervisors need to be aware of that could indicate that their supervisees are becoming traumatized by their work. Any answer has to take place in the context of assuming that all supervisors who work in this field have a sound knowledge base that specifically includes a thorough theoretical grounding in trauma and its impact; a knowledge of child development and attachment theory; an ability to work with complex counter

transference; an awareness of secondary traumatization and the symptoms of post traumatic stress disorder (PTSD).

It is clear from what has been written above that it is normal for counter-transference to make an impact when working with adults traumatized as children. It can have a powerful effect on the therapist who may feel quite overwhelmed in a session. However, if supervision is being used well this should free the counsellor into working with the counter-transference rather than being persecuted by it. This involves the supervisor providing a safe enough supervisory space, exploring the counter-transference in supervision, facilitating the counsellor to name and own their feelings, making sense of these in terms of the dynamics at work, and considering appropriate responses. It can also mean acknowledging that at this point in the therapy the therapist has to hold, contain and manage what is being unconsciously communicated as the client cannot yet manage it themselves. This acknowledgement may provide relief and respite, and may begin to contain and make manageable what is fragmented and powerfully projected and introjected. However, if, week after week, the counsellor is experiencing feelings that cannot be managed; where the horror is growing; where it cannot be put to one side but is ever and hauntingly present then traumatization has to be considered. The sense of being haunted with no respite is exhausting and potentially damaging and may be accompanied by symptoms of PTSD – for example, sleep disturbance, nightmares, hyper-vigilance, acute distress, a disrupted sense of safety, flashbacks, and intrusive thoughts, feelings and ideas.

Disappearing cases should be noticed and acknowledged. Sometimes supervisees will attempt to deal with distressing feelings stirred up by an abuse case by not talking about them, or talking about them in accurate theoretical terms but splitting off their feelings. This reflects again how many abuse survivors attempt to deal with their abuse. This can be surprisingly difficult to spot and the supervisor and the supervisee can unconsciously collude in having a clever and interesting theoretical debate: intellect is present but empathy and connectedness have flown the nest. The supervisee has effectively distanced him or herself from the process; he or she is unable to take in the supervisor or supervision: it fails to impact and the supervisor is thereby rendered as powerless as the client abused as a child.

It is crucial to recognize the defences that can come into play when the very essence of the self and the being of a therapist is under sustained attack by hearing stories of sadism, brutality and the

inescapable pain and terror of a small child. If defences of intellectualization, splitting, denial and dissociation rally to the defence of the assaulted self, the ability to connect with others rapidly diminishes. The skill of the supervisor to maintain their connection with their supervisee is urgently required or the therapeutic work is under threat. As Pearlman and Saakvitne note:

> When a therapist is less introspective and has less access to his cognitive and perspective taking abilities, he can become myopic in his therapies. He may focus on content to the exclusion of process, and he may be unable to process his own contributions to conflict in the therapeutic relationship. The loss of empathy with clients poses a profound danger to any therapy and can result in retraumatization of survivor clients
>
> (1995: 289)

Supervisors also need to be aware of cases that may not disappear but where there is a reluctance to give detail. Difficulties may be brushed over: as noted previously, there is an inability to speak, to tell the secret, as if the awfulness of the details heard cannot be trusted to anyone else, or that speaking them makes them real in an intolerable way. This scenario of not speaking can also indicate when the counsellor is becoming over identified with the client; she feels no-one else understands and is sucked powerfully into their experience. It may also be associated with a desire on the part of the therapist to protect their supervisor and to limit the extent of the contagion of the traumatization. This may be particularly in evidence if the supervisor is viewed, or in reality is, unable to cope, unwilling to understand, or is seen as vulnerable or lacking in sufficient skills. Supervisees when presenting trauma work, particularly if they are becoming traumatized by it, can be as over sensitized to the well being, health and coping abilities of their supervisor as the survivor of abuse is overly sensitized to their therapist. They may also be extremely concerned and frightened about their own safety or the safety of others (for example, their children) and it is also important for supervisors to have sufficient knowledge of perpetrators and their extraordinary tactics to recognize that this may have a reality base to it, and may not be an unreasonable fear or fantasy.

Supervisors know the degree of self confidence their supervisees normally have, and an on-going change, as opposed to a temporary blip, needs to be noted. Therapists who are normally self confident, with good self esteem, can become deeply anxious if traumatized. This has a further impact as this degree of anxiety disturbs their ability

to put into effective place, or make use of, their usual range of measures which support them and give them access to a wider world. Relationships can suffer with partners, friends, children and colleagues. Even trusted relationships can be in doubt or seen to be lacking. It as is if the trauma that destroyed and undermined the world of the child victims, that reduced their lives to uncertainty, confusion and doubt, has infected, terrorized and spoilt the safety and security of the therapist's. Intimacy can become problematic and sexual relationships fraught with difficulty and sometimes overshadowed by sadistic images (Maltz 1992). Overall, there is a breakdown of the boundary between a therapeutic role and the reality and world view of the therapist. Material from one seeps unacceptably and unmanageably into the other. Abuse breaks into the 'skin' of the person making the boundary between self and other blurred. In a similar way working with trauma breaks through the necessary and helpful distance that paradoxically enables therapists to be effective, connected and empathic with very distressed people, whilst also allowing them to be happily and intactly absorbed in their own relationships. For the practitioner this is a deeply lonely and frightening place where confidence disappears, strategies fail and a normally supportive world of activities and relationships seem alien or unreal. Supervisors who can identify this at an early stage, and intervene helpfully can prevent considerable distress. By recognizing, identifying, acknowledging and empathically exploring this process, the supervisor both informs and normalizes. The existence of an understanding, containing and knowledgeable other assists in re-establishing the boundaries of the self and the distinction between self and other. This reassuring supervisory presence acts as a wedge between client and therapist, providing the therapist with the necessary space and distance previously eroded by the material, to enable the recovery of their therapeutic thinking and being.

It is worth noting that there can be particular issues for supervising co –therapists facilitating a group of abuse survivors. There are obvious advantages to this modality. It avoids the isolation of one to one work in a confidential (secret) setting which some survivors experience as replicating the abusive situation and eases the isolation of the survivors. However the possibility for multiple projections, transferences, counter-transferences and consequent traumatization is increased dramatically. If the supervisor does not recognize this, and tensions, splits, and difficulties start to emerge between the co-therapists, they can escalate to a point where they are unmanageable,

cannot be worked through, and are potentially very dangerous to the group. For example, co-therapists can internalize powerful group projections of one as an impotent, disinterested bystander to abuse and the other as a perpetrator. If this is not recognized and worked though in supervision, there is a possibility that within the group work the first becomes silenced and helpless and the second becomes invasive and threatening by their presence or in their interventions.

THE SUPERVISOR'S ROLE: SPACE, SAFETY AND CONTAINMENT

A key to providing safety, space and containment in supervising trauma work is the knowledge base noted earlier. Practitioners in this field do not feel safely held by supervisors who may be experienced in other fields but know little about the very particular dynamics that are likely to be in evidence. An experienced therapist commented that her supervisor 'did not believe in dissociation' when she had several cases of this kind. The therapist commented that the supervisor was not up to date; had not read recent research and other literature, and did not want her view challenged. Another felt her supervisor was kind and supportive but lacked knowledge and was unable to challenge her or help her move on in her work. As a result, both therapists felt unsafe, as if they and their clients were not being sufficiently contained: both recognized that they started to avoid presenting certain cases. Some supervisors are excellent at recognizing when they do not have sufficient or appropriate skills and suggest that specific complex cases are supervised elsewhere with someone with appropriate knowledge and experience. Others do not and the very work that should be most closely monitored is inevitably sidelined. Of course this has special relevance in settings where this is no choice of supervisor.

Given that this work can induce feelings of fragmentation, hopelessness and despair and that the most appalling details of abuse are encountered supervisors need to be emotionally robust and able to contain and manage the most difficult and nastiest of material. Such material is frequently shocking and the supervisor, whilst needing to be in touch with this, must not be overwhelmed by it. Holding despair, tolerating not knowing and managing extreme anxiety are basic to this supervisory task. This is, of course, not limited to abuse work but it is a very evident feature of it and is of an especially intense nature. Similarly, supervisors need to know that they can tolerate and

manage very difficult counter-transference feelings including those that are aggressive, erotic, voyeuristic, rescuing and abandoning.

If the supervisor is able to work with counter transference, and is familiar and comfortable with those that arise from trauma work, it can usefully be discussed and described with practitioners involved in this work prior to their encountering them. This 'psychological education' is somewhat similar to working with abused clients to enable them to understand the origins of, for example, flashbacks. Recognizing these as a normal response to abnormal situations where learning to cope, accepting them as understandable is seen as part of the process of making such experiences initially tolerable and then controllable. To some extent, forewarned is forearmed in trauma counselling: the impact can be so shocking that knowing what may occur is reassuring, containing, normalising and challenges the secrecy and silence of trauma. Placing what can be deeply disturbing experiences in the context of both knowledge about trauma and in the developing therapeutic work and relationship, is an entirely different experience from that of being submerged in terror. The supervisory role is central in facilitating this.

To contain effectively as a supervisor when supervising counsellors working with trauma in agencies it is essential to have an overall awareness and understanding of organizational and institutional dynamics. It is also necessary to have a particular awareness of how these are potentially intensified and highlighted if the organization primarily works with survivors of abuse. The dynamics of abusive relationships have an extraordinary potential and power to replay. There is a very special risk of this where agencies are based in a setting that is parallel to, or representative of, the specific group they are responding to- for instance, therapy being offered to survivors abused in care based in a social care setting; church organizations setting up services in a religious environment to help children abused by clergy. Clearly such services can offer invaluable and specialist help. However they also have to exercise the most extreme care to ensure that appropriate and watertight structures, policies and procedures are in place. Additionally skilled external supervision that is specifically in place to look at the dynamics of the organization as well as individual dynamics are of paramount importance.

Many organizational factors increase the likelihood both of practitioners becoming traumatized, and the dynamics of abuse being repeated consciously or unconsciously. These include: lack of clarity and transparency in procedures and policies; settings that discourage

expression of concerns and complaints, or where these are too easily dismissed, minimized or defined as the counsellor's difficulty; where power relationships are not being sufficiently acknowledged and worked with; where dual roles are in existence (for example, manager and supervisor); where practitioners are overworked and this is not recognized or the impact of the work diminished. In some organizations secrecy, collusion and splitting become an intrinsic aspect of relationships and practitioners feel inherently unsafe, unprotected and undervalued.

Organizations that work within a model which the therapist is not comfortable with, or feels is inappropriate to the survivors needs, particularly where the organization does not want to hear or recognize this, are especially problematic. Organizations where working with abuse survivors is only one aspect of their work may not recognize its stressful nature and therefore may not have sufficient support in place. This has powerful implications if there is a lone practitioner in such an agency with expertise in abuse work who consequently ends up, often unintentionally, with a case load made up of abuse survivors. Supervisors who work for agencies always need to have a clear role definition, good boundaries and a confidence about working in organizations, but this is further intensified by the dynamics that underlies work in this field.

The question of case load, as mentioned above, is significant for the supervisor in this field. It is important for practitioners and their supervisors to address whether their workload is both balanced, for example are there too many trauma cases, and is their load manageable, that is, does someone have too many cases? Research suggests (Schauben and Frazier, 1995; Chrestman *et al.*, 1995) that symptoms of traumatic stress are related to having a high percentage of survivors in a case load. It is also worth noting that the research by Chrestman *et al.* also suggests that personal therapy was not significant in reducing these symptoms. This raises a crucial question that is worthy of more study: supervisors often suggest these issues are 'taken to therapy' but this therefore may not be the most helpful response, and it may further emphasize and highlight the importance and responsibility of supervision. Interestingly, Munroe (1991) indicates that a protector against traumatizing effects is higher levels of education and training. Given there is remarkably little training on many courses specifically related to trauma this is an interesting finding and again has implications for the supervisor having an educative role, within a collegial atmosphere, and

reinforces my point made earlier relating to 'psychological education'. This assumes the knowledge base of the supervisor is sound, as noted previously.

Supervisors should also be aware that therapists who are themselves survivors of childhood abuse may have particular issues. This should not be assumed to be necessarily problematic, much depends on the degree of resolution of their own traumatic experiences and the support currently available to them. However, if the therapist has told their supervisor of their own abuse then this is on the agenda for discussion. It is important to hear that information and respond appropriately to it in supervision. Otherwise there is a risk of repeating the dynamic of trying to tell about the abuse and having the experience minimized, denied or ignored. Some studies have shown that survivor therapists are more at risk of traumatization (Pearlman and MacIan 1995) whilst others claim that they are not (Follette *et al.*, 1994; Schauben and Frazier 1995). Many abuse survivor counsellors have been involved in setting up voluntary counselling services for abuse survivors and others work in less specialist settings. One describes her experience:

> I'd be really irritated by people assuming that being abused myself means I can't counsel other abuse survivors. It's like any situation I guess, there are potential difficulties and potential advantages. Having faced my own abuse I feel I am less likely to be shocked by what people tell me because I 've been there and know it. I think that does give me a resilience that people sense. I have survived and survived well. At the same time I recognize that my own experiences or memories may be triggered by something a client says and I have to be prepared for that. I do have a very good supervisor who does a lot of work for us (specialist counselling service). My own experiences are just there as part of the supervision and we can look at how they might impact on the work both negatively and positively. She is very calm and accepting and I think really believes in the value of what we do and the contribution people with their own history of abuse can make.

Supervisors who work with survivor therapists who as part of their own defences have dissociated, need to keep a careful eye on this. If their clients have gone though similar experiences to the ones that caused the dissociation, and start to experience or describe these, this can lead to the therapist dissociating in the session. This causes disruption to the therapeutic relationship and can be very damaging.

SUPERVISORY STYLE AND PRESENCE

Working with abuse either directly or as a supervisor demands a theoretical flexibility, theoretical and educational soundness, and a relational style. Nowadays there is much more emphasis on a supervisory stance that moves away from the authoritarian and expert model, towards one that is interactive, relational and collegial (Sarnat 1992; Slavin 1993). The skills and knowledge of the supervisor may be considerable, but it is the manner of working with these that is different in this approach and is geared towards enabling, encouraging and facilitating disclosure of worrying aspects of the work including feelings that may be experienced as unacceptable. However, it is not only giving space for the counsellor to express their feelings that is crucial, but also recognizing when the supervisee is stuck in these feelings and cannot move beyond to considering the therapeutic process. The ability to then sufficiently contain and hold the counsellor's feelings, whilst also managing the supervisory process and enabling exploration of process, is an essential supervisory skill.

In this relational, collegial approach the supervisee is enabled to consider and make sense of what is happening without feeling dismissed, invalidated or destroyed. This assists the therapist to own and express safely their feeling self and to develop an observing self that can both be present and available to the client which also thinks and considers. Webb (2000) notes that:

> It was found that those supervisors who experience a high level of rapport with their supervisor feel relaxed and derive enjoyment from their supervision. Similarly they seem more able to disclose sensitive issues and experience fewer inhibition about doing so.
>
> (2000: 665)

This is highly pertinent to supervising abuse work where as we have seen withholding can be particularly dangerous in either the counter transference being acted out or the counsellor becoming traumatized. Whilst this may be indicative of the counsellor becoming traumatized, the supervisor needs to take great care that their style of supervision is not adding to this or a prime causal factor. The latter may be particularly likely where the supervisee has no choice, is relatively inexperienced as a supervisee and struggling with a demanding caseload. It may also be likely where the supervisor is over-interpretative and does not pay due attention to their part in the interaction and relationship. Supervisors can be persecutory, unhelp-

ful and lacking in appropriate skills – this is not always parallel process, fantasy, transference or a projection of the aggressor.

It can be argued that a relational and collegial style is anyway the essence of good supervision. But in supervising trauma work it is absolutely essential. It consists of a non-defensive attitude that models good interpersonal interactions, and explores and validates the impact of the work on the supervisee. It counteracts the very dynamics of secrecy, denial, disbelief and misuse of power that were the original core experience of the abused child, and that the therapy is struggling to contend with. The openness of the supervisor to work with the supervisory relationship, to explore the counter-transference, to understand its sometimes disturbing presence, to normalize it as an inevitable and crucial aspect, and to demonstrate their willingness and ability to work with it are all essential. Two therapists describe very different but unhelpful experiences of supervision with abuse work

> I left my previous supervision because it just was not helpful. I was struggling with dreadful cases and dreadful feelings. I began to feel that I was being pathologised by my supervisor as if she though I was just not up to the job. I also had a sneaking suspicion that she sometimes didn't really believe the things that had happened to my clients, as though I was colluding with fantasy rather than dealing with dreadful realties. That wouldn't have been so bad if she had owned that honestly and we could have talked about it, but she didn't. She was the kind of supervisor who liked to listen in silence whilst I talked and she would then pronounce on what I'd said. It was infantilising and extremely unhelpful. Thinking about it now I think she was too rigid and old fashioned in her approach and that I honestly don't think she knew enough, or that she even realised that knowledge and keeping up to date is important. There was no sense of the two of us working on something together, sharing difficulties and exploring them, rather that she was in charge and knew best. Its horribly easy to get sucked into that, especially when you're doing a lot of abuse work because that very dynamic of someone doing harm but saying they're not, and them knowing what is good for you underlies the whole thing.

Another had a different although similarly unhelpful experience:

> My supervisor was always very, very nice and he was always really concerned. But he never quite got to grips with what was really going on. He did care about how I was, and he cared about my

clients, and made me feel looked after but it wasn't enough. He was so positive about everything I did that it didn't help. He just kept telling me I was doing a grand job and never helped me think about what was going on or how to deal with it. I also felt sometimes that he was overwhelmed by some of the things my clients had been through and I began to feel a bit protective of him. It was both cosy but irritating and frustrating but very difficult to say so because he was nice. and he just didn't take responsibility for exploring our relationship. I now have someone who is challenging but at the same time supportive.

The first therapist quoted here went on to talk about her new experience:

> It is so different. She has a lot of experience in the field and it shows. So she points me towards literature I don't know and towards other people too. We have a real relationship that we are both involved in and we look at that too and what it tells us about the work. There is an interchange, a conversation between us. I feel she is absolutely on my side and respects me. But she can be very challenging in a way that is supportive and enormously helpful. I can see how hard she works on it; how she thinks and considers and how concerned she is that I do not take on too much work of this sort. She also has a good knowledge of organizations and their dynamics and I need that to help unravel what belongs to what. I feel much more empowered and confident and more able to manage one or two particularly difficult clients. She will also make definite suggestions as to what may help that come from her own experience and that is also very helpful- it saves me reinventing the wheel sometimes. She also has a sense of humour and I like that. Its very good to be given permission to laugh and not always have to be deadly serious. I leave sessions feeling better.

Whilst the supervisor needs to be relational and cognisant of their style they also need to work with the supervisee to become aware of theirs. It is, for instance, important to recognize when a supervisee might be in danger of becoming abusive themselves. Challenge that is clearly made, non-aggressively expressed, but assertively adhered to in the light of evidence from sessions is central to this process. Supervisees who are experiencing difficulties can, for example, interpret a client's expression of dissatisfaction towards them, or their feeling that their therapist is persecutory, as negative transference. Whilst this might be the case, it can also be that the therapist actually is persecutory or not working satisfactorily. It is widely recognized that survivors of abuse are particularly at risk of re-abuse (Rutter 1990; Russell

1993; Moore 1999) and supervisors need to be acutely aware of this.

CONCLUSION

The effects of trauma on practitioners are considerable: traumatic experiences, even at the apparent safety of being one removed, can shatter the illusions of safety and security we all need. For the practitioner working with abuse survivors, achieving the balance whereby sufficiently deep emotional contact is made with the client, whilst also maintaining the therapeutic space and distance which enables thinking and understanding to take place, is a balancing act. The role of the supervisor in helping to achieve this juxtaposition is vital. A central aspect of this is recognizing and responding appropriately to supervisees when a potentially informative albeit powerful counter-transference transforms under pressure into an assault on the self. This may be traumatizing, damaging and harmful to the counsellor and ultimately the client. Supervision has a central role in preventing counselling and therapy with abuse survivors becoming an arena whereby the secrecy, the harm and the horrors of abuse are perpetuated and remain unresolved. Therapy is private but, unlike child abuse, not secret. It is the supervisor's ability to enable the sharing of the privacy that assists the healing process that provides a space where the difficult and unacceptable feelings often communicated through the counter-transference can be expressed, heard and worked with. The line between counter-transference and becoming traumatically overwhelmed is not a straightforward or linear one, but is one supervisors need to be constantly aware of. Very strong feelings can temporarily take over but if the practitioner is assisted by good supervision to move back into a place where they can consider, understand, think and not be overwhelmed, they remain effective to the benefit of themselves and their survivor clients.

Moira Walker
Bournemouth University Institute of Health and Community Studies
Heron House, Christchurch Road
Bournemouth
Dorset BH1 3NN
E-mail: mwalker@bournemouth.ac.uk

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TRANSLATION OF CHAPTER FROM 'SURVIVNG SECRETS' INTO SLOVENIAN – 'SHARING SECRETS: THE CHILD AND THE ADULTS EXPERIENCE

FEMINISTIČNE RAZISKAVE ZA SOCIALNO DELO

SPOLNO NASILJE

Moira Walker
Sharing secrets: The child's and the adult's experience
Iz knjige:
Moira Walker
Surviving Secrets

Moira Walker

SKUPNE SKRIVNOSTI
DOŽIVLJANJE OTROK IN ODRASLIH

SVET OTROKA

Pogost odziv na občutke groze ob odkritju izrabljanja je zvračanje odgovornosti na izrabljene: zakaj niso nikomur povedali? V resnici pa veliko otrok komu pove, le da se pri tem srečajo z novim izdajstvom. Razlogov za molčanje je veliko, to dobro ponazarjajo primeri. Toda primernejše vprašanje bi bilo, zakaj toliko odraslih tako dolgo zanika resnico ali se ji izogiba. Zakaj je v svetu odraslih tako težko spregovoriti? Družba je slepa za izrabljanje in njegove posledice in ne upošteva otrokovih potreb. Primer tega je pričakovanje, da bodo otroci pričali na sodišču. To lahko pojasnimo le z neverjetno neobčutljivostjo za posledice, ki jih ima izrabljanje za otroka, ali pa s pomanjkljivim znanjem. Mogoče je povezano tudi z odporom pred tem, da bi se zastareli, neprimerni sistem spremenil. Nobena razlaga pa tega ne opravičí. Če naj ima pravica za otroke kakšen smisel, potem se mora spremeniti sistem. Otroci ne morejo spregovoriti v okolju, ki jih zmede in poniža.

Da bi lahko razumeli težave otroka, ki naj bi spregovoril in bil slišan, je treba razumeti otrokov svet, na katerega v svetu odraslih vse preradi pozabijo. Če še odrasli težko predelajo slabe, boleče izkušnje, zlasti tisto, kar so jim prizadeli prijatelji in partnerji, ki so jim zaupali, koliko teže je to za otroka, ki nima sposobnosti odraslega, da sklepa, konceptualizira, preudarja in nasprotuje. Ni čudno, da spomin veliko stvari izbriše ali pomeša, saj se lahko odzove le tako; in težko je najti prave besede. Zaradi izrabljanja je otrokov normalni razvoj ovrt, občutek za dobro počutje pa uničen,

Book reviews

Women In Therapy and Counselling: Out of the shadows

Women in Therapy and Counselling by Moira Walker. Milton Keynes: Open University Press, 1990. £6.95 (paprerback), 190 pp.

I particularly liked the opening of this book.

> Although I remain amazed at the burdens of suffering and abuse so many women carry I also recognize the resources women have within them. Most cope and survive...

Perhaps this is a most apt point to move away from psychotherapy, raising as it does a different model ... isn't this where Carl Rogers came in?

The author set out to provide a framework in which to describe the counselling process focusing on women. Like all counsellors and therapists who have been informed by feminist critical theory she acknowledges that women live in a society which exerts powerful pressures upon them, and that it is vital to understand the interactions between their inner and outer worlds. Her first forty pages, where she tells the story of three generations of women from the same family, achieve her aims, the rest of this extremely readable book is bonus! The "story" is beautifully and compassionately told, and the author interweaves important social and political detail with the biographical material from the clients painful exploration of her depression and her history (herstory?). The wealth of detail and the fascinating glimpses into the counsellor's own formulations and connections give the reader access to "private worlds" in a manner which is neither patronising nor intrusive. This part of the book alone could form the basis of a very good one-day training workshop.

However, there is more. The author concentrates on those areas which are generally acknowledged to be in need of special care if counsellors and therapists are to avoid the worst aspects of sexism. A counsellor's concern is to stay close to the experience of an individual in "her" world ... a world which is part of the larger, political world. There are very clear, carefully written chapters on pregnancy, mothering and motherhood, depression, eating disorders and violence against women. The author takes up the issue of how vital it is for the counsellor to have dealt with his or her own feelings on these matters. There is debate about male counsellors and therapists and the question whether they could ever get close enough to those experiences for them to develop the necessary empathy that women need to resolve their often crushing pain around these life events.

Her writing style is gentle and persuasive as befits her stated counselling stance, but she does not avoid confrontational statement. I would certainly echo her giving credence to the concept of womb envy as against penis envy. I hope any men who work hard to care for women will read this book. I am sure they will not be alienated by it as many have indicated they have been by others, the aim of the book is to enlighten not acuse, to help not hinder and to provide guidelines for more appropriate interventions with women who come into counselling.

Maye Taylor
Department of Psychology
Manchester Polytechnic

Women in Therapy and Counselling

M. WALKER

Open University Press, 1992

192 pp., £35 Hb, £10.99 Pb

This book's theme is that women have particular strengths that they find difficult to value. Women are different from men, not inferior, in their thinking, expression of feeling and physical strength, and they need to be helped to value this difference, rather than to accept uncritically the conventional myths about their sex. This should be an important aspect of psychotherapy for a woman.

In order to pinpoint the particular difficulties that women have experienced in the last hundred years in achieving their present position in society, the author traces the history of three generations of the same family—grandmother, mother and daughter. She employs this device very skilfully, placing their stories in a wider social and historical context, while also demonstrating how patterns of feeling and behaviour repeat themselves through different generations, and how female gender sterotypes are reinforced. This is extremely vividly done, and beautifully illustrates her main thesis, that in the psychotherapy of women it is crucial to take into account their external world as well as their internal world. She is concerned to emphasise that this does not mean that therapists should only see women's problems in a political/social context, but should give that context due weight, neither ignoring nor overemphasising it. By following this path "the therapist will be able to stay close to the woman's experience of her real world and acknowledge the real pressures and contradictions she faces."

These pressures and contradictions are explained in the subsequent chapters, covering such themes as the sexual stereotyping of girls and boys, and how it comes about; the experience of women as patients in the field of mental health; the issues arising from their gender that women commonly need to address in therapy, particularly the experience of pregnancy, mothering and motherhood, and the particular propensity of women to become depressed; eating disorders and violence against women. The author makes extensive use of case material, and this makes it possible for the reader to engage very readily with the issues associated with womanhood. I found the chapter on eating disorders particularly helpful, as it vividly describes the experiences and feelings of anorexic patients who had undergone treatment according to the conventional medical model, where the patient is absolutely denied control over her eating.

I found this book absorbing, very readable and helpful. Perhaps not enough acknowledgement is given to the real power that women have by virtue of their particular strengths, by their influence in the upbringing of the next generation. Perhaps, too, there is an inclination to see men as the enemies of women, and a failure to acknowledge that their apparent power and assertiveness could be a burden to them, carrying with it the expectation that they must be successful enough to support a family if the woman chooses to stay at home to look after the children. Any view of men and women which seems to reinforce the gender stereotype of the male sex, while seeing the female stereotype in a broader and more sympathetic way seems to me to run the risk of polarizing the two sexes rather than exploring the ways in which they complement each other.

JOAN BALFOUR

Journal of Social Work Practice
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Women in Therapy and Counselling. Out of the Shadow, *Moira Walker, Open University Press, 1990. 185pp.*

Reading this book was an experience that was both heart-warming and enraging: heart-warming because of the wisdom and sensitivity of the author's treatment of her subject; enraging because it brings home not just the oppression and sheer difficulty of most women's lives, but also just how inappropriate much psychological theory, counselling and therapy have been and continue to be.

The book's message is that therapists and counsellors need to take account of all levels of female clients' experience if they are to avoid acting as agents reinforcing the patriarchal status quo that has contributed to their clients' problems in the first place. The power and influence of the systems and society in which women live need to be acknowledged and understood as factors leading to disempowerment as well as individual history and dynamics. Common myths need to be debunked - myths such as glorious motherhood, which fails to mention loss of independence and exhaustion; men as protectors, when for many girls and women they are the perpetrators of violence and abuse; myths that devalue women, distort and ridicule their qualities and experience, that are negative and destructive, and that serve to shore up the implicit and fundamental assumption that male behaviour is the norm, that it is both correct and the ideal to which both sexes should conform. The book looks at women as women, and includes chapters incorporating case material on pregnancy, mothering and motherhood; depression; eating disorders; and violence against women.

Perhaps the book doesn't say anything brand new, but the message still hasn't been heard in too many places, and Moira Walker brings it all together in a British context in an exemplary fashion. She integrates social history, academic, psychological and feminist theory with hard reality in a highly readable way.

Recommended: should be required for all who work with women.

Ruth Finer

Women in Therapy and Counselling

Moira Walker, Open University Press, 1990, 192pp, £9.99

This book, written from a feminist perspective draws the reader to a viewpoint where women can be considered much more fully; set in their social, historical, cultural and personal context. This approach presents 'active' clients in the counselling relationship. Never, at any point, is the client described as one who is acted upon and the whole approach emphasises listening to each woman's individual story and "comprehending the many layers of the person". Case work illustrates points throughout.

The book opens with a detailed account of 3 generations of women from the same family; illustrating the author's view of the importance of the individual's historical cohort and social context.

The book continues with accounts of the socialization of girls and women. There is an interesting and disturbing chapter on gender, mental health and counselling— Moira Walker points out: "in the history and development of psychiatry, women are under-represented as senior policy making staff, though over-represented as patients".

There are further useful sections including: managing the boundaries of the counselling relationship, and depression.

This well-intended book draws on extensive references but is accessibly written to any with a good basic grasp of the counselling process.

It provides the reader with an opportunity to access personal prejudice and to consider a well-known field from a challenging perspective. A useful read.

Irene Short, Director of Services

WOMEN IN THERAPY AND COUNSELLING

MOIRA WALKER

Open University Press, Buckingham, £32.50 (H/B), £9.99 (P/B), 192 pages

ISBNs 0-335-09376-0
0-335-09375-2

Individual dynamics should not be the sole focus of counselling, writes Moira Walker in this well-researched book. In order for therapy to be effective, women's problems must also be viewed in a wider socio-economic and political context.

Drawing on research and her own clinical experience, the author illustrates how powerfully external factors can influence women and argues that, instead of blaming everything on hormones, we should look more carefully at women's role in society and all the expectations, frustrations and anomalies associated with this. She re-examines issues around motherhood, sexual abuse, women and food and so on and shows how, if these are seen in a wider context, they can be better understood and more fully resolved. Detailed case histories are used to substantiate her theories.

This book includes many useful references and an extensive bibliography, and it should inspire many to further reading and reflection. It is to be hoped that some of these will be men, as many of those offering therapy to women are male. The text debunks a number of myths and offers alternative, more helpful perspectives.

While the book would make interesting reading for anyone wanting to understand women better, for those working with them it is essential.

Shirley Rushbrooke, MA, RMN, psychiatric staff nurse

91W/998 **Women in therapy and counselling: out of the shadows.** MOIRA WALKER, *Milton Keynes, Open University Press*, ISBN (paperback) 0 335 09375 2, 1990, 192pp.

This book arose from the time the author spent as a social worker, teacher, trainer, counsellor and psychotherapist, working with women in Britain. As a result considerable use has been made of case material in her argument that when women present for counselling it is essential to understand the acknowledge the interactions between their inner and outer worlds. Political, societal and historical perspectives, along with clinical material, are used to describe the author's approach to the counselling process. The chapters cover gender stereotyping; gender and mental health, women's identity; pregnancy, mothering and motherhood; women and depression, eating disorders and violence against women. —*HP*

WOMEN IN THERAPY AND COUNSELLING

Author - Moira Walker
Publisher - Open University Press
Price - £9.99
ISBN - 0-335-09375-2

The author is a psychotherapist, also trained as a social worker, and has particular interest in issues women bring to counselling and therapy.

Using case histories, she explores changes which have taken place in the status, role and responsibilities of women over the past three generations, and their subsequent effects on women. She asserts that there is a place for specifically feminist counselling to deal with these problems.

The book could be of value to those involved in counselling. Because of its use of technical language, it may prove difficult for the lay person to follow, but sufferers interested in the sociological background of their condition could find the material of interest.

A.C.

Book reviews

Surviving Secrets: the experience of abuse for the child, the adult and the helper

REVIEWING SOCIOLOGY - A REVIEW JOURNAL
V. 19 (3)

Surviving Secrets : the Experience of Abuse for the Child, the Adult and the Helper, Moira Walker, Open University Press, 1992, 211 pages, £35 hardback, £11.99 paperback.

Surviving Secrets by Moira Walker examines the experience of abuse in childhood and its implications for adult life, seeking to understand the context in which abuse occurs and how current social systems, wittingly or unwittingly, perpetuate abuse. The book covers a wide spectrum of abuse - emotional, physical, sexual, neglect - and highlights how those abused are often reabused through individual or group misuse of power under the guise of treatment or care. It is based on the author's interviews with survivors of child abuse and on her clinical experience. Throughout the text :

> "Those who have been abused can speak here for themselves. They must be believed, even if belief necessitates facing unpalatable and painful truths" (p.5)

The constant incorporation of the survivors' stories has a powerful impact, allowing a deeper appreciation of the effects of abuse, although at times it has the potential to disable the reader with emotional detail.

The early chapters focus on adult reflections of childhood abuse and its all pervading effect on everyday life throughout childhood and into adulthood. The child's experience is often mirrored in that of the adult : poor self esteem and educational difficulties generated by the abuse mean poor career opportunities and employment prospects; social isolation frequently continues, with relationships with partners and children being affected in a variety of ways. For some, closeness with another person has clearly been a lifesaver, whereas for others such intimacy is impossible or unthinkable.

The difficulties in telling about abuse are considered, with clear analysis of how children are inhibited from disclosing the abuse suffered due to threats from the abuser, fear of not being believed or blocking out the painful experiences from their conscious mind. The power of adults over children is emphasized throughout. Survivors' tales of the help offered post disclosure reveal that therapeutic services, for both children and adults, are woefully inadequate and often determined by geographical location rather than need.

One entire chapter is specifically devoted to the discussion of the development of multiple personality disorder. The necessity of acceptance of the existence of multiple personality disorder is stressed, as without its recognition as an extreme but possible coping mechanism in response to extreme, often multiple, forms of abuse, individuals have been and are likely to be subjected to inappropriate treatment. Psychoanalytic theory is drawn on to aid understanding and give substance to the idea of multiple personality, with three detailed accounts from survivors adding illustrations. This chapter does not appear to lie easily alongside the rest and seems designed to raise practitioners' anxieties. It has a deskilling effect, with therapists facing a dilemma of whether or not they have the capacity to work with someone labelled as a multiple personality, whilst knowing more appropriate services are frequently unavailable.

The final four chapters deal with issues facing helpers. Stages in the process of counselling and therapy are outlined. Features common to the initial, middle and final phases of the therapeutic process are highlighted, alongside the fact that in reality the process rarely falls into neat stages. The complexity of the process is well evidenced and perhaps well summarised in the statement :

> "Making sense of the present by making sense of the past is both empowering and liberating" (p.156)

Even if ultimate resolution and total healing are impossible.

Five particular issues in the process of therapy are identified for special attention. Presentations of abuse, dealing with flashbacks, dissociation, sexual difficulties and

blocks to recovery are singled out, with each being explored individually and suggested hints offered as to how the therapist might tackle the issue.

The final chapter focuses on the helper and the potential impact on him/herself of working with survivors of abuse, an area often neglected. The effect on the helper's own personal relationships, the need to be positive and optimistic in the face of despairing situations, gender issues, setting appropriate, realistic boundaries and levels of involvement and dealing with one's own feelings of isolation and alienation are all examined briefly. Good support and supervision are crucial if helpers are to survive this type of work without feeling abused themselves.

Part of the strength of this text lies in its accessibility - it is easy to read, with theoretical material presented in a readily digestible form and clearly related to practice, and offers knowledge, awareness and recognition of the complexity of abuse and its long lasting effects. It should prove a useful starter text for anyone involved in counselling services or the helping professions. Whilst the early chapters offer few new insights into abuse as a phenomenon, the links demonstrated between child abuse and adult behaviour are usefully established.

The later chapters, concerned with the process of therapy, provide an overview of the various stages and emergent issues in psychotherapeutic work. However, with the existence of so many different branches of counselling, it would have been valuable if the theoretical underpinning of the process described had been made explicit.

Would-be counsellors would be well advised to read this as part of their own decision-making process as to whether working with survivors of abuse is for them. Current practitioners may be able to use it to reflect upon the standard of their own professional work, but are unlikely to learn anything new from this text. Those requiring to explore in-depth issues in counselling would need to seek out more detailed accounts.

The author makes it clear that working with those who have been abused demands a high level of skill and resources. This is particularly so in cases of multiple personality. It seems axiomatic to state that such work is not a task suited to everyone. For those working in statutory agencies, such as Social Services Departments with their central role in child protection, this may prove depressing reading; can their agencies, as the author would hope, take on board the messages from the children within the adults portrayed in this book and, in the current political climate of resource constraints, offer the sort of improvement in the quality of care for surviving adults and abused children that is required?

Marian Charles
University of Nottingham

RELATE MARRIAGE GUIDANCE NO 25 SUMMER 1993

Surviving Secrets: the experience of abuse for the child, the adult and the helper.

Moira Walker. Open University Press.

Moira Walker, true to her title, gives a vivid picture of the "experience of abuse and the complexities of its ongoing consequences". She allows her subjects to speak for themselves with thoughtful linking summaries which place the individual story in context, drawing out significant issues from them. These accounts take over half of the book. Walker goes on to consider the stages of therapy, and identifies specific issues which may arise, concluding with a brief but important chapter on issues for the helper.

As a marital and couple counsellor, and psychosexual therapist, I would recommend this book as an aid to bring us into a closer understanding of the traumatic experiences undergone by many of our clients, and indeed, possibly by ourselves.

As a supervisor and trainer I was particularly struck by two issues raised by Walker. Firstly, her brief discussion of denial. Walker quotes Friedrich (1990:241) and others as an alternative view that possibly some abuse might be imagined as a result of "the marked suggestibility of people with dissociative disorders" in context of Multiple Disorder Personality. She shows clearly that this is not a view she holds, but I welcomed the balance offers by a recognition that this view can at least be considered as part of a reasoned debate which allows us to form a personal opinion.

Secondly, her discussion of the sexual difficulties experienced by survivors of abuse of all types, and of the understanding and skills necessary to work with such clients is helpful. Over 20% of couples seeking psychosexual therapy from RELATE have a history of abuse (Thoburn, 1992:18).

The issues that remain for me are twofold - how to assess when it is appropriate to work with such a couple, and how to incorporate the RELATE ethos of working with the couple rather than with the individual. This book doesn't provide answers but has contributed significantly to the questions. Above all, it affirms our humanly unique ability to survive!

FRIEDRICH, WN (1990) *Psychotherapy of sexually abused children and their families.* New York, Norton.

THOBURN, M & MELLOR-CLARK, J, (1992) *Report on the pilot study, RELATE Sex Therapy Research Data analysis.* RELATE, Rugby (not published)

Jill Stevens, counsellor, psychosexual therapist, supervisors and trainer.

Behaviour Research and Therapy, Vol 33, 2, 1995.

MOIRA WALKER: *Surviving Secrets: The Experience of Abuse for the Child, the Adult, and the Helper*. Open University Press, Buckingham (1992). ix + 211 pp. £11.99

"When we talk about a child who has been abused, we are also talking about a person who grows up carrying those experiences inside" (p.1). This statement conveys the essence of this book about the experiences of adult survivors of abuse.

From the moment I began reading this book I was gripped with the poignancy of the first-person descriptions and Moira Walker's ability to weave together, from extended interviews, the experiences of a large number of adult survivors of abuse. She breaks down the interviews into sections detailing the effects of the abuse on their childhood, their adulthood, and their education, employment, relationships and friendships. This book is not a handbook about how to treat adult survivors of abuse, but rather a sad tale of the effects of abuse on all aspects of the survivors' lives. However, the book does provide the reader with several chapters discussing the process of treatment and the potential areas of difficulty, for example "moving on and letting go". Particularly devastating to professional readers are the descriptions of the poor or non-existent understanding and help provided by a variety of mental health workers and others when the abuse has been disclosed. One of the aims of this book is to prepare the reader for the experience of working with adult survivors of abuse. The author continually issues warnings to professionals about the effects of working with survivors on their own lives, including stress and the effect on one's own relationships, and strongly recommends the need for supervision when undertaking this type of work. One of the features of this account is that it allows the reader to understand better how much of the survivor's life will need to be examined and treated. Another interesting feature of this book is the chapter on Multiple Personality Disorder (MPD) which provides evocative interviews with individuals with MPD. It will be difficult to discount the disorder as a diagnostic category after reading these descriptions. Overall, this book is an excellent starting point for anyone interested in understanding, or beginning work with, adult survivors of abuse, and a good reminder for those already working with survivors.

JANET FEIGENBAUM

Contact: Interdisciplinary Journal of Pastoral Studies 1993

Surviving Secrets: The Experience of Abuse for the Child, the Adult and the Helper

By Moira Walker (1992)
Open University Press, 211pp, £11.99.

An excellent overview of the experience of physical, sexual and psychological abuse. Integrated into the comment are interviews which voice views on the effects of the experience and the effectiveness of the support offered. Further it succeeds in appreciating the contexts in which abuse takes place. This book should become a handbook for all those who want to understand this complex reality so prevalent in our society.

REVIEWS EDITOR

The Times Higher
May 14 1993
(Sociology Bodcs issue)

Presence of a painful past

BY KATE WILSON

SURVIVING SECRETS
BY MOIRA WALKER
Open University Press
211pp, £35.00 and £11.95
ISBN 0335 09763 4
published November 1992

That children are sexually assaulted by adults has been recognised, and largely deplored, by western society for longer than we may care to acknowledge. Many of the issues of the current child abuse debates were articulated in European medical discourse well before Freud first reported and then famously retracted his observations of the phenomenon. It has repeatedly surfaced into public and professional awareness during the past century, only to be suppressed again by the negative reaction it elicits.

None the less, the past two decades have witnessed sustained professional and media attention to the problem. Much of this has been prompted and informed by the experiences of adults, usually women, who were abused as children. Retrospective studies undertaken in the 1980s, women's groups, documentaries and autobiographies have been crucial in maintaining this unprecedented level of interest.

Another book drawing on adults' experiences of childhood abuse may therefore seem redundant. However, this one does have a particular contribution to make. It is written with sensitivity and discretion, and although the professional reader may find little here that is new, there are in fact few books which reproduce this range of experiences; for the non-specialist, the book will provide graphic illustration of the problem.

The book focuses on interviews with adults, both men and women, who were often physically and emotionally as well as sexually abused as children. The content of the interviews – we are not told how many were undertaken or how the adults were selected – is loosely edited into topics which recount the experience of abuse, the way in which it dominated all aspects of the victims' childhood, the effects of the experience, the on-going and in many cases heroic efforts to overcome its lasting impact and the effectiveness of the help offered. A chapter on multiple personality disorders, in which three women in particular describe their "family" of personalities and their efforts, in therapy, to integrate these different voices into one whole, is followed by chapters on the process and particular problems in working with adults who have experienced abuse. These seem to be directed towards those working in a helping capacity, who may have had some experience of counselling but little experience of working with problems of sexual abuse.

In a sense, the book may be seen as part of a tradition of consumer studies which has proved to be one of the strengths of British, as opposed to North American or European, research into the activity of helping. It is rich in detail, and although it is not always easy to retain a sense of the particular individuals involved, the histories are absorbing and informative as well as moving. An overwhelming impression is of the pathos and isolation in which these adults lived out their childhood. Many were subjected to multiple abuse, and their efforts to alert outsiders to their plight were thwarted by an unwillingness to recognise what was happening, particularly when, as not infrequently, the abuse was perpetrated under a guise of outward respectability. Many were subjected to great indignities and sometimes re-abuse at the hands of the care system, and the catalogue of misdiagnosis and denial by the professionals makes a dismal and salutory reminder of the continuing failures of the child protection system.

The author has approached her material with a light editorial hand, which lends an immediacy to the interviewees' accounts. None the less, this contributes to the book's inherent weakness, namely that it is never entirely clear what readership it is intended for. The final chapters on the therapeutic process, although sensible, are written at too basic a level to be useful to experienced practitioners: while that on multiple personality disorders deals with issues that are too complex for any but them, and cry out for a more critical context and analysis than the text provides.

Kate Wilson is a lecturer in social work, University of Hull.

Surviving Secrets

The Experience of Abuse for the Child, the Adult and the Helper

by Moira Walker, pub: Open University Press, Buckingham, 1992, pbk: £11.99, hbk: £35.00

This book is essential reading for all counsellors and workers in the 'caring professions'. Harsh and painful as the 'secrets' are to hear for the reader, the knowledge and understanding revealed by the 'survivors' of childhood abuses is invaluable.

The experiences of those who were abused as children are presented in their own words. This simple, direct format is powerful and effective in communicating the awfulness of the secrets. The ubiquitous denial of sexual, physical and psychological abuse of children is highlighted and challenged.

Moira Walker argues that the abuse in society, within the family and throughout the welfare system has to be acknowledged. The denial at all levels has to stop. The existence of widespread abuse has to be acknowledged before the issue can be fully addressed.

The consequences of the childhood abuse for the surviving adult are described. The reader is prompted to be aware of how much more painful it is to experience abuse than to read about it.

Moving into discussion and analysis, Moira Walker examines the implications of the experience of the abused children for the adult survivor, for the therapeutic process and for the counsellors themselves.

A clear account of the development of Multiple Personality Disorder explains the source of this particular response to abuse. Having described the condition, Moira Walker examines the issues for counselling and the counsellor working in this field.

The stages in the process of therapy and counselling are outlined when working with adult survivors of childhood abuse, while acknowledging the need for a framework to provide the necessary structure for the work to be done.

Particular issues in the process of therapy are discussed in depth. For example, the issue of trust within the counselling relationship has special significance for the person who has been abused and betrayed by adults who should have been trustworthy. Power and control issues are ever present in counselling; they emerge as central when working with adult survivors.

The final chapter turns to issues for the helper working with adult survivors of childhood abuse. The message is crystal clear. The counsellor must monitor the impact of this type of work on their personal and professional lives. This is essential if the helper is to be effective.

Linda Garbutt

SURVIVING SECRETS

By Moira Walker. Open University Press, 1992. 210 pp. Paperback £11.99. ISBN 0-335-09763-4. Hardback £35.00. ISBN 0-335-09764-2.

This well written and extremely readable book has nine chapters.The first five describe the experience of childhood sexual, physical and emotional abuse from both the child's and adult's perspective. The author uses extracts from sessions with abused clients and their accounts make powerful and at times distressing reading.

The sixth chapter is concerned with the development of Multiple Personality Disorder in people who have been abused. This area has been the subject of recent discussion in the world literature (Wilbur, 1984; Fahey, 1988) and, although the clinical descriptions included in the chapter are interesting and informative, the controversies surrounding the diagnosis could have been expanded.

The final three chapters concentrate on the process of therapy and provide some useful practical advice on difficulties encountered in counselling this group, with refreshingly honest descriptions of session successes and disasters.

This book is aimed at all groups working with the survivors of abuse, including those in the caring professions and voluntary organisations. It does indeed provide a useful practical guide to therapy and is presented in a form which is easy to read, with a good balance between case histories and counselling pitfalls.

Surviving Secrets was not intended to be a theoretical discourse on abuse, but at times I felt that some of the controversial issues in this field could have been expanded on and discussed. This book would be useful reading for those embarking on therapy with the abused, as the case histories are typical and the author gives a clear account of the approach she takes with these clients. It may be particularly helpful for professionals running clinics within the prison system, in particular for those seeing women. Some of the interviews in the book contain descriptions of the way these people have also been abused by the system and mistreated within the National Health Service in particular and they act as a cautionary tale for us all.

In summary, I think that this is a useful and absorbing book on a difficult topic and should be essential reading for those embarking on therapy in this field.

Fahey, A.T. (1988). The diagnosis of multiple personality disorder. A critical Review. *British Journal of Psychiatry* 153, 597–606.

Wilbur, C.B. (1984). Multiple personality and child abuse. *Psychiatric Clinics of North America* 7, 3–7.

Jenny Shaw

The needs of families in pain

CONFRONTING THE PAIN OF CHILD SEXUAL ABUSE

Collected and published by
Family Service Units
£5.00
ISBN 0 905175 34 4

SURVIVING SECRETS

Moira Walker
Open University Press
£11.99 (paperback)
£35.00 (hardback)
ISBN 0 335 09763 4 (paperback); 0 335 09764 2 (hardback)

Pain links these two books. The word appears in the title of the first while the endless painful survivors' stories in the second could make the most case-hardened worker suffer compassion fatigue.

Confronting the Pain is a collection of six papers which read like an annual report. They extol the skillful group and individual work the FSU undertakes with adult and child survivors of sexual abuse.

Unintentionally, they raised anxieties. As a purchaser/provider split is the philosophy of the moment, packages of work will bet delegated to bodies like the Family Service Units. Thus, clients could become fragmented and disassociated from the statutory protective work of the local authority.

Perry, one of the contributors, also suggests the FSU could undertake supervision of staff in sexual abuse cases. If so, the educative and supportive aspects of supervision could be split off from the managerial aspects. This could be damaging to practice and managers in social services will never learn to integrate all aspects of supervision.

Modi and Pal make a valuable contribution to the scarce literature on sexual abuse and the black community. The paper is challenging and balanced. We are reminded that the so-called liberal approach can lead 'professionals to shy away from their duties to protect the black child from abuse for fear of being seen as racist'. Collections are always frustrating as they can only be tasters. This is no exception.

It took me a long time to work out why I found it so hard to read the first hundred pages of *Surviving Secrets*. Walker, with only a few interlinking lines, produces a long procession of painful stories of people abused by family and professionals.

Though they tellingly explain how repeated physical, psychological and sexual abuse destroy people, the interminable list of cases is numbing. But it would be sad if some readers put the book down.

COMMUNITY CARE 20/05/93

RAISING, UPBRINGING & EDUCATION
- NEDERLANDS

- Moira Walker: ***Surviving Secrets. The Experience of Abuse for the Child, the Adult and the Helper.***
Open University Press, 1992, 224 pag., ca. *f* 42,50.
Moira Walker presents a moving account of the vast number of men and women who have reached adulthood with the experience of child abuse haunting them. An essential part of the content is based on interviews with survivors of child abuse, voicing their views on the effects of the experience and the effectiveness of the help offered.

LÄKARTIDNINGEN. VOLYM 90. NR 34 · 1993
Journal of the Swedish Medical Association.

NYA BÖCKER

Skakande bok om följderna av övergrepp i barnaåren

Moira Walker. Surviving secrets. The experience of abuse for the child, the adult, and the helper. 211 sidor. Buckingham–Philadelphia: Open University Press, 1992. ISBN 0-335-09763-4.

Recensent: överläkare Gunilla Ljungman, akutenheten, barn- och ungdomspsykiatriska kliniken, Akademiska sjukhuset, Uppsala.

Moira Walker har arbetat som psykoterapeut och sysslar numera med handledning och undervisning vid Leicester University.

På senare år har uppmärksamhet riktats mot individer som utsatts för misshandel i barndomen. Mindre intresse har ägnats vad som händer den stora skara kvinnor och män som når vuxen ålder med denna erfarenhet som ständig följeslagare.

Levande intervjuer

Moira Walker belyser denna erfarenhet och dess konsekvenser i samband med fysiska, sexuella och psykologiska övergrepp. En väsentlig del av innehållet i boken baserar sig på intervjuer med vuxna, vilka som barn blivit misshandlade. Dessa personer beskriver inlevelsefullt sina hemska upplevelser och effekten av vård och hjälp de fått.

»Surviving secrets» söker förståelse för det sammanhang där övergrepp sker i samhället, där så mycket våld och ondska härskar. Boken är lättläst och fängslande. Författaren ägnar halva boken åt personintervjuer, som i långa stycken är alltför pratiga och en upprepning av varandra. Boken skulle ha tjänat på att man kortat dessa intervjuer och i stället kompletterat med en något mer kritisk kommentar. Den får ses som ett journalistiskt tillskott till den mer sakliga litteraturen inom området.

Intervjuerna framstår dock på ett sätt att jag påminns om alla de fall jag mött som läkare vid en barnpsykiatrisk akutenhet.

Angeläget budskap

Huvudbudskapet i boken är att läsaren skall känna igen

signaler och symtom hos barn och unga som är utsatta för övergrepp.

Misshandlade barn förväntar sig inte hjälp från vuxna och de kan inte skydda sig själva. I de fall där övergreppen görs av nära anhörig, blir skadorna i utvecklingen störst. Förnekanden och motstånd är starka mekanismer i psykologin. När signalerna uppfattas är de ofta vaga och missförstås lätt.

Övergrepp förekommer i alla samhällsklasser och riktas mot såväl pojkar som flickor. Förövarna är både fäder och mödrar. Äldre barn förgriper sig på yngre, även på syskon. Problemet, som är stort, kan pågå hela barndomen och även förekomma på institutioner.

De psykologiska skadorna beror inte enbart på det direkta våldet utan även på de upplevelser barnet har av att se andra, som barnet är beroende av i familjen, vara utsatta för våld.

Manipulationen svårast

Det för barnet allra svåraste är ofta inte våldet i sig, utan manipulationen, kraften som gör våldet möjligt och pressen i familjen att hålla detta hemligt.

Effekten på barnet blir isolering, känslor av skam och skuld samt svårigheter att hantera konflikter. Barnen blir ofta mobbade, eftersom de lärt sig tolerera smärta och har svårt att agera i självförsvar. De förlorar tilliten till vuxna och får sina kamratrelationer spolierade. På längre sikt leder detta till förlust av egenvärde och en felutveckling av jaget.

Moira Walker menar att tidigare misshandlade barn har hög sjuklighet på grund av att kroppen fortsätter att vara fokus för svårigheter i livet. Detta är givetvis en hypotes utifrån erfarenheterna, som borde vara av intresse för vidare forskning.

Multipel personlighet

Boken har, tycker jag, sitt största intresse i beskrivningen av MPD (multipel personality disorder). Detta område är lätt offer för feldiagnostik. MPD har av många psykiatrer tidigare betraktats med skepsis, men är numera accepterat internationellt.

Det är ett dissociationssyndrom och innebär en omedveten överlevnadsstrategi för dessa patienter. Det är en effektiv metod för att minimera traumats effekter och för att handskas med smärta och förnedring.

Modern beskrivning av MPD utmärks av att det inom personen finns två eller flera personligheter, var och en med egna minnen, egen jagkänsla, egen strategi att agera, tänka och bete sig.

Dissociation har långtgående konsekvenser och vitalt inflytande på jagstrukturen. Delar av jaget, som är avspjälkat i ett dissociativt syndrom, är inte heller tillgängliga för behandling.

Terapeutiskt arbete vid MPD är en utmaning, och det kräver stort psykoterapeutiskt kunnande.

Moira Walker skriver: »The past will nog go away, but it can be stopped from getting in the way.»

En väckarklocka

Har Moira Walker något att lära den svenska läkarkåren? Ja, jag tror faktiskt det.

Under de senaste åren har det funnits en rikt utbud av information i detta ämne i form av litteratur och kurser, främst för ungdomspsykiatrin och socialtjänsten.

Trots detta är det mycket få av oss som gör något åt grundproblemet och ger adekvat terapi. Diagnostik och utredning... men sedan? En orsak till detta är att mycket energi går åt vid avslöjande, placering, rättegång etc. Terapin är sedan en långvarig och krävande process.

Denna bok kan bidra till att få oss att inse de stora skadeverkningar som tidig sexuell traumatisering ger på personligheten. Den får oss att få upp ögonen för den speciella psykopatologin, så patienterna tidigare kommer under behandling.

Gripande lärobok

Boken har ett värde även för terapeuter genom författarens erfarenhet och kunnighet i psykoterapi med dessa patienter, något som hon generöst delar med sig av.

Detta är en gripande redogörelse för barns erfarenheter av övergrepp, och en lärobok för alla inom vården och inom organisationer som hjälper individer vilka varit utsatta för övergrepp. •

THE INDEPENDENT ON SUNDAY

NEWSPAPER PUBLISHING PLC
40 City Road, London EC1Y 2DB
Telephone: 071-253 1222 Telex: 9419611
Fax: 071-956 1469

Surviving Secrets

Jacinta Evans
Publisher
Open University Press
Celtic Court
22 Ballmoor
Buckingham MK18 1XW

7 July 1993

Dear Jacinta Evans

I'm sorry to have taken so long to respond to your letter of May 26. If you would like to, and it's not too late, by all means say the following:

This is a serious, carefully pondered, and very useful book about child abuse. Drawing on the often harrowing voices of victims, it deepens our understanding of all forms of abuse - physical violence, sexual violation, mental cruelty and neglect. It bravely says a few almost unsayable things - that victims may sometimes love their abusers, for instance, and that those abusers can be women as well as men. With its helpful counselling guidelines, it is a book that will be indispensable to professionals in the field, but also of broad general interest.

Yours sincerely

Blake Morrison
Literary Editor

The state of the heart

The Mind Book of the Year Award may be a little-known prize, but it lets the voiceless speak volumes about the society we live in. Fay Weldon, one of its judges, explains

THE FIRST annual Mind Book of the Year / Allen Lane Award was won by Sheila MacLeod for her excellent novel *The Art of Starvation*. That was in 1981. I've been involved as a judge on and off ever since and have watched the award go through, as they say of children, many changes. It has changed just as our communal view of "mental health" and "mental illness" has changed, and as, for good or bad, mental institutions have changed, opening their gates and moving their occupants out into community care (where, not least through this prize, some have begun to find their own voices and no longer rely on others to speak for them). A lot can happen in 12 years.

The award started "literary", drifted through the artistic towards the social-realist, and has now ended up stoutly user-friendly. The "users" are what used to be called "patients", or even — now our prisons are so full of those who used to be kept in more benign sanctuaries — "prisoners". For good reason, Mind is hot on terminology. Better to be called an "unmarried mother" than a "moral imbecile" (and be shut up in Bedlam for life as a result); better still, no matter how the well-heeled mainstream laugh, to be described as "head of a one-parent family". Descriptions and definitions, down there at the client end of society, can make a difference not just to how you see yourself, how you keep your dignity, but to the amount of your social security benefit, the number of years the judge gives you, what medication you get, who feels entitled to beat you up if you're institutionalised.

In these circumstances it behoves the Mind judges to tread carefully: if they end up examining not just the books but the prize itself and indeed themselves, it isn't surprising.

The award still keeps one foot in the literary camp. Sir Allen Lane it was, let me remind you, who started Penguin books, the first of the paperback houses, in 1935. The idea came to him, according to my mother, at dinner in my grandfather's house on the lower Hampstead slopes. (My grandfather was Edgar Jepson, a bestselling novelist of his day, greatly suspicious of the motives and accounting procedures of publishers: this suspicion, I have come to believe, is an inheritable trait.) Allen Lane was the unstuffy young nephew of John Lane, founder of the Bodley Head. In those days publishers liked to be seen as gentlemen: and "trade", or selling, was hardly gentlemanly. Allen presented himself as quite a problem to his family in his determination to sell books and not just publish them.

This, I imagine, is how the conversation went. (If literary biographers can do this kind of thing, taking imaginative leaps into the middle of long-dead conversations, as if they'd been there, why then so can I.)

"I have a great new idea," said Allen, all excited, over sherry before dinner. "We must bring culture to the masses."

"*Sed fugit interea, fugit inreparabile tempus*," said my grandfather, who'd had a classical education. "Then you'd better get a move on! How do you mean to do it?"

"Hardbacks are far too expensive," said Allen. "Why, what my uncle publishes for six shillings, I can reprint for sixpence."

"But people who can afford only sixpence for a book," said my grandfather, "aren't going to want to read great books. You're wasting your time."

"I am not," said Allen, "and one day they'll thank me as the populariser and educator I am at heart. Possibly even with a knighthood."

My grandfather thought for a little. "Sixpence!" he mused. "And how much will the writers get?"

"I don't know," replied Allen. "A farthing, I suppose." (This was then the smallest coin, worth a quarter of a penny.)

"A farthing to the writer!" exclaimed my grandfather, "*Ave Caesar, morituri te salutant*," which, as everyone knows, means "Hail Caesar, those who are about to die salute thee."

My grandfather was accurate in his assessment. This new move into cheap editions would do writers no good. But ours is not to carp, merely to write on and award each other prizes. What was not so hot for writers was good news for readers, and for the upstart Penguin and, eventually, for Mind, which for all its good works and successes has always struggled for funds. The Allen Lane Trust supports charitable causes and in 1981 the two organisations got together to create the Mind Book of the Year / Allen Lane Award; not the snappiest title, I grant you, but one of the most interesting and rewarding to judge. Unusually for a book prize, the Mind award is rather more indicative of the state of the country than it is of the state of literature. What you find out is not necessarily pleasant, but it is certainly what you ought to know.

> The books tell a tale of human distress that's both violent and vivid

The Booker Prize is vague to the point of agony about what its judges are meant to be doing, and the Whitbread refers enigmatically to "best". Choosing winners of those prizes is rather like trying to select the "best" from a bag of liquorice allsorts, the discussion tending to end up in the mode of "Oh, I like the round ones best, with the crumbly bits", or "Well I don't. I like the squared layers: you can ease them apart with your teeth". Happily for the judges of the Mind Award - this year the novelist Michèle Roberts, Blake Morrison of this newspaper, and myself – its terms are at least specific. The award goes to the title which makes "the most significant contribution to public awareness of mental health problems". At least we know what we're looking for, though the word "mental" is beginning to appear a little frayed, we think – "emotional" would seem more exact.

For the Booker Prize the judges read all submissions. In many other prizes, including the Mind Award, there are worker-judges to arrive at the shortlist: the named judges, if so I may call them, who deliberate among the shortlist, have the appearance of power, but not the real power. The shortlist for the Mind Award this year was chosen by three worker judges from that organisation and gives a clear idea of how they themselves see the prize. The 1993 shortlist (I quote from Mind's national director, Judi Clements) reflects "a number of Mind's serious concerns: the often scandalous conditions in our psychiatric hospitals, coupled to inappropriate care regimes, the need to recognise cultural diversity, the importance for users of the mental health system to have a say in their own treatment and support, violence to children and all its ramifications for later life". Mind puts it formally, in the new cautious language with which bureaucracy speaks to itself and its funding bodies, not wanting to frighten anybody too much in case it frightens them away altogether. The books themselves tell a tale of human distress that's both violent and vivid, and shaming to the society we are content to live in.

Jimmy Laing's autobiography, *Fifty Years in the System* (Corgi £5.99), tells of a gentle and intelligent man much wronged and insulted, but optimistic about the possibility of change, both personal and institutional. Times do get better, thanks to changing public perception of what the institutionalised "deserve" by way of casual cruelty and humiliation; though it's due to luck rather than to anyone's good judgement that Jimmy Laing is out, married and functioning; that he survived the beatings and abuse of his early days. Mark Leech's book, *A Product of the System: My Life in and out of Prison* (Collancz £15.99/£6.99), with its graphic descriptions, again, of the physical and sexual abuse that is the daily lot of those who happen to fall foul of society when young, still offers hope about personal reform within the prison system.

Survivors' Poetry: From Dark to Light (Survivors' Press £5.95), an anthology of verse from mental health service survivors (for it seems to have come to this), is at times almost unbearably moving, as the gifted and the sensitive struggle for expression, sometimes crudely, sometimes with exquisite skill, in a world which has such trouble listening. Joan Riley's novel *A Kindness to the Children* (The Women's Press £6.99) – the one piece of fiction on the shortlist – is set in the Caribbean. It allows the reader no way out, no room for our desire to blame others and claim goodness for ourselves.

Moira Walker's *Surviving Secrets* (Open University Press £11.99) presents a world of helpers and child-abuse survivors, struggling together for acknowledgement of the "flash-back memories" which reveal, or so it is alleged, the facts of childhood sexual trauma. A contentious area, this one, as the West, falling yet again into witch-hunting hysteria, comes up against Freud's original quandary: did it really happen or do people (men, women, children) just believe it happened so vividly that it might as well have happened? And we see "I blame the father" take over from "I blame the mother". Which I suppose is something.

None of these books is likely to get on to a Booker or a Whitbread shortlist: "literature" is not what concerns us here, but effectiveness, accessibility, honesty, optimism and helpfulness, and these the shortlisted books have in abundance. And it's the optimism, albeit the optimism of despair, when there is no other way to go, which gets to the hapless judge, presented suddenly with the real world, not the literary one.

(The Mind Book of the Year / Allen Lane Award will be presented on Tuesday at the Barbican Centre, London.

the chapters on the stages of the therapeutic process and particular issues which may arise. Both are clear and constructive. The final chapter emphasises the importance of self-support for the helper and is especially valuable.

An unexpected and fascinating inclusion is the chapter examining the possible connections between the experience of child abuse and the subsequent development of Multiple Personality Disorder. Walker describes this as on 'the continuum of dissociation' and as 'an extreme response to extreme abuse'. Again, it is the survivors' accounts that make the greatest impact.

In conclusion, I am rather glad that I do not have to choose between these two books. Between them they cover both the theoretical and experiential dimensions, an understanding of which is so important for workers in child abuse, and those who teach them. They are both worthy of closer inspection.

Carol Shillito-Clarke
Independent Counselling Psychologist and Course Director for the MA in Counselling Studies at Tile Hill College, Coventry

Surviving Secrets
Moira Walker
Open University Press, Buckingham, 1992, 211 pp., no price given, pb.

Moira Walker's book, *Surviving Secrets*, whilst also looking at the effects of childhood abuse on adult survivors, makes a very interesting complement to Drauker's. The writing style is more narrative, well referenced, and draws heavily on recorded interviews with survivors to illustrate and underline the points made. As Walker says: 'Those who have been abused can speak here for themselves. They must be believed even if belief necessitates facing unpalatable and painful truths.'

It is the power and immediacy of such personal experiences, so often lacking in more theoretical work, which makes this an important book. I found it difficult to read without pausing between accounts or resorting to defensive strategies. In this respect, the book may prove an interesting testing ground for anyone interested in, but unsure of their ability to work with survivors.

The area of concern throughout the book is that of all forms of abuse; physical, sexual and psychological, for men as well as women. The social context of abuse is also important and the first chapter after the introduction explores the context of abuse across generations and social class. Walker points out that instances of abuse are often multiple and from a multiplicity of sources including institutional systems such as schools and 'homes'. This is a particularly telling point, for British readers, bearing in mind that it is the British experience which is being examined.

Three chapters deal with survivors' reflections on their experiences both in childhood and subsequently as adults, particularly in the holding and sharing of 'secrets'. Further accounts illustrate

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Moira Walker: *Surviving Secrets: The Experiences of Abuse for the Child, the Adult and the Helper*. Buckingham: Open University Press, 1992, 211pp. £42.50, ISBN 0–335–09764–2 (hbk), £13.99, ISBN 0–335–09763–4 (pbk).

As more and more adult women are breaking the silence about histories of child sexual abuse, the literature on adult survivors of child sexual abuse has proliferated. In particular, the importance of survivor testimony is increasingly acknowledged (Alcoff and Gray, 1993). For example, in literature, novels about sexual abuse or survival testimony (Sapphire, 1996; Allison, 1993) are popular. In psychology, many therapists and advocates are presenting survivor narratives to explain critical abuse-related sequelae (Lebowitz and Roth, 1994; Lebowitz and Newman, 1996) and trauma-focused psychotherapy (Roth and Newman, 1991, 1992). Moira Walker's work reflects the current focus on using survivor's voices to illustrate the long-term impact of childhood sexual abuse in a way that honors and respects these survivors' autonomy.

In *Surviving Secrets*, Walker relies upon survivors' voices to illustrate the impact of child sexual abuse. In her opening chapter, she uses three survivors' stories to illustrate the variety of contexts and generations in which abuse can occur. Then, using the recollections of adult survivors, she illustrates the impact that child sexual abuse has on the survivors' perception of self, others, the world and the perpetrator. Continuing to rely on survivors' narratives, she illustrates the ways in which dissociated and fragmented experiences of abuse can lead to Multiple Personality Disorder (MPD).

Moira Walker is at her best in the last four chapters in which she describes treatment interventions. Whether discussing treating MPD or the overall stages and important issues that occur during the process of psychotherapy, Walker conveys critical information with which all neophyte therapists should become familiar. Since I admire her clinical acumen, I wished she had developed these sections further and let survivors speak for themselves in another venue. I await a second book that outlines her treatment recommendations. Until that point, neophyte and experienced therapists may be better served by relying on books which provide more theory, empirical data and practical treatment guidelines (for example, Briere, 1996).

Nevertheless, there is an audience that may benefit from the first half of her book. There are still many people who cannot believe or understand the toll of chronic sexual victimization. This book gives compelling examples that are rooted in real life to those skeptics who prefer narratives over scientific evidence. Alternatively, many survivors themselves who seek to hear the stories of other victims may benefit from this volume.

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Elana NEWMAN
Department Of Psychology, University of Tulsa,
600 South College Avenue, Tulsa, Oklahoma, USA.

Community Care
20 May 1993.

The needs of families in pain

CONFRONTING THE PAIN OF CHILD SEXUAL ABUSE

Collected and published by
Family Service Units
£5.00
ISBN 0 905175 34 4

SURVIVING SECRETS

Moira Walker
Open University Press
£11.99 (paperback)
£35.00 (hardback)
ISBN 0 335 09763 4 (paperback); 0 335 09764 2 (hardback)

Pain links these two books. The word appears in the title of the first while the endless painful survivors' stories in the second could make the most case-hardened worker suffer compassion fatigue.

Confronting the Pain is a collection of six papers which read like an annual report. They extol the skillful group and individual work the FSU undertakes with adult and child survivors of sexual abuse.

Unintentionally, they raised anxieties. As a purchaser/provider split is the philosophy of the moment, packages of work will bet delegated to bodies like the Family Service Units. Thus, clients could become fragmented and disassociated from the statutory protective work of the local authority.

Perry, one of the contributors, also suggests the FSU could undertake supervision of staff in sexual abuse cases. If so, the educative and supportive aspects of supervision could be split off from the managerial aspects. This could be damaging to practice and managers in social services will never learn to integrate all aspects of supervision.

Modi and Pal make a valuable contribution to the scarce literature on sexual abuse and the black community. The paper is challenging and balanced. We are reminded that the so-called liberal approach can lead 'professionals to shy away from their duties to protect the black child from abuse for fear of being seen as racist'.

Collections are always frustrating as they can only be tasters. This is no exception.

It took me a long time to work out why I found it so hard to read the first hundred pages of *Surviving Secrets*. Walker, with only a few interlinking lines, produces a long procession of painful stories of people abused by family and professionals.

Though they tellingly explain how repeated physical, psychological and sexual abuse destroy people, the sheer volume of cases is numbing. But it would be sad if some readers put the book down.

Halfway through, the author changes her style. She uses her professional experience to make her point and only uses case material to illustrate her text.

The last four chapters are most valuable and, without being too prescriptive, she gives practical guidance on therapy with adult survivors.

There is also a fascinating chapter on multiple personality disorder.

Editing and remarshalling of material could have made this into a readable and useful book.

Anyone who is only looking for case illustrations will be richly rewarded.

Jean Moore

SURVIVING SECRETS

MOIRA WALKER
Open University,
£11.99 (P/B), 211 pages
ISBN 0-335-09763-4

The opening chapters of this book, based on the accounts of survivors of childhood abuse, read like a catalogue of horror and suffering. Moira Walker justifies bombarding us like this by arguing that in order to break the conspiracy of silence surrounding child abuse, we must overcome our resistance to the subject and accept that because something is unthinkable it is not necessarily impossible. By denying the problem we merely compound it.

Most of those interviewed found the caring professions decidely uncaring, largely because of an unwillingness to listen. Some found themselves subjected to further abuse by the very people supposed to protect them.

Despite this, the book is not wholly negative. Positive outcomes are possible and the second half looks very constructively at how these can be achieved. There are particularly useful chapters on the process of therapy and issues that arise, and the author suggests ways of working that are sensitive to the needs of both the client and the therapist.

It is unquestionably a harrowing book to read, but this is not a reason to avoid it. Only by facing up to the problem can we begin to resolve it.

Shirley Rushbrooke, MA, RMN, staff nurse (psychiatry)

Book review

Hidden Selves: an exploration of multiple personality

Hidden Selves: An Exploration of Multiple Personality

Edited by Moira Walker and Jenifer Antony-Black
Open University Press
£17.99
ISBN 0 335 20200 4

The writers in this collection take us beyond the controversy about false memory syndrome to the lived experience of the adult consequences of childhood sexual abuse. Six therapists give their own views, theories and ways of helping people who experience dissociative states.

Each writer comments on an account by Liza of her different selves, but they go much further in attempting to reach understanding of the phenomenon of multiple personality.

Walker starts with a theoretical overview, and suggests that the research shows that while some people retain memories of traumatic childhood experiences, both recovered memories and false memories occur. Liza's own account gives some idea of the horror and confusion of experiencing multiple selves, and she also mentions some of her encounters with professionals, bad and good.

There is a consensus here that the descriptions that people give of their different selves arise from childhood trauma and betrayal by a close care-giver. Several authors mention the extreme difficulty that people with these experiences have in accepting help because of this betrayal. There are graphic accounts of the fear and hesitancy with which people approach therapy and reveal their various selves.

Two of the therapists are informed by their own experience of childhood sexual abuse. Kowszun and Antony-Black both give helpful accounts of their own approaches as therapists, questioning much of what is usually offered to people and starting from an acceptance of the person and her aims.

This is an informative collection with no particular party line, allowing readers to form their own responses to these distressing post-traumatic experiences.

Vivien Lindow is an independent consultant, trainer and researcher in the field of mental health, working from a service user perspective

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Chapter 3

Introduction

This chapter demonstrates that the portfolio described in Chapter 1 has made a substantial original contribution to knowledge in the field. Part of the portfolio consists of two distinct research projects previously described and resulting in two books – *Surviving Secrets* and *Hidden Selves*, with other work originating in practice research. There the distinction ends: their shared, solid foundation is the inspiration of practice and survivors, aiming to further knowledge, thereby effecting change and development. Together they have combined to inform and influence an applied understanding of the impact of childhood abuse on children, adult survivors and practitioners, influencing therapeutic interventions and service delivery. In this chapter I examine how I have disseminated my cited work; routes I have taken, describing the unique contribution to knowledge and understanding as applied to practice. This last is paramount. Facilitating high quality practice underpins all I have done.

A crucial aspect is how the integration of clinical experience, academic study, and education has created an original, effective contribution, further synthesised into facilitating service development and therapeutic interventions for survivors. Some overlap and inter-weaving of themes is inevitable, reflecting the essential fluidity of my work. The essence of practice based research (Lees, 2001; McLeod, 1999; Rolfe, 1996) is that practice informs research, and vice versa (which comes first may be unclear and irrelevant); that practice, education and research, whilst having different functions, are essentially elements of a whole, and that within this whole these elements are inevitably not always easily distinguishable.

In reflecting on this process I am aware this makes for a powerful fusion that advances original understanding and knowledge but does not create a single, easily definable, straightforwardly traced, pathway of cause and effect. Rather, a complex

map is created, covering a range of territory, with pathways meandering, changing shape and structure. Sometimes they are clear and their direction obvious; sometimes several paths merge, becoming indistinguishable from one another, while others disappear off the map. Some disappear underground, leaving me wondering about their destination, recognising I cannot always know. Happily there are also unambiguous and clear cut examples demonstrating how my publications have been utilised and disseminated, and how my original applied research has informed different developments, but I am aware that my task is complex and simple analysis impossible.

As this portfolio extends over 16 years, with considerable work having taken place, for the sake of clarity I trace its impact and its contribution, through four significant pathways:

education
training
practice
policy and service development

Education and training are separately treated to highlight their different contexts and purposes. Some overlap is inevitable and I recognise, but cannot consider here, the wider philosophical debate relating to distinguishing the two. I broadly contextualise them thus:

Education: The dissemination of my research within a University setting; through courses specifically designed for the purposes of dissemination; involving validation, substantial study and a University award or making a significant contribution to an award. I include three major examples that had a primary University link. Appendix C details further University based, short term input to other professional trainings.

Training: The dissemination of my research in non-university education and other settings (e.g. the voluntary sector, health and social care) where input has been in response to a specific request (often emanating from a specific piece of research) in a limited period of time (e.g. a day workshop; conference

key note). Relevant instances are interwoven into the main script and other instances are included in Appendix D.

A. Education

This section considers the dissemination of original knowledge from my research and publications via education (and thereby into practice). During the 16 years I have been primarily based in Universities. Therefore this section represents my major core activity, leading to considerable dissemination. Courses developed in a university context are considered first; followed by those in a broader context that are university linked.

A.1 University based courses: 1990 - 2002

A.1.1 *Women and Mental Health module*: MA/ Diploma in Women's Studies at Loughborough University (1990).

Interconnectedness immediately presents: the book *Women in Therapy* was inspired by teaching a course on that subject, a course informed by counselling women, and written largely through encouragement from my women students. Dissemination of this work by delivering and developing other courses continued after its publication. The course director read it, inviting me to develop a *Women and Mental Health* module, incorporating my new material on the impact of childhood abuse on women's mental health. This was well received and further disseminated, notably by students working therapeutically in rape crisis, and community mental health.

A.1.2 *Counselling Adult Survivors of Childhood Abuse:* Leicester University (1990-98)

This course directly resulted from the research for the book *Surviving Secrets*, in itself influenced by my earlier publications. In 1990, to begin disseminating research findings to practitioners, I developed a course for Leicester University Adult Education Department: *Counselling adult survivors of childhood abuse. Surviving Secrets* became the core text. The course ran annually. It was always over-subscribed, attended by over 100 students (see Appendix E). Further dissemination snowballed, via those attending, into practice and service development (see relevant sections below). Thus original research was translated into an original and accessible course and an accessible book. Responding to demand, I also ran a three day residential course under the same title in 1994 for 24 participants, attracting practitioners from across the UK.

The course was unique in style, content and philosophy. It disseminated the following fundamental research themes, ensuring that it informed and influenced practice:

Ensuring the voice of survivors was communicated across professions

The research for *Surviving Secrets* powerfully demonstrated lack of understanding and knowledge of the impact of abuse (physical, sexual and emotional) amongst many practitioners, with resulting negative experiences for survivors. A primary aim was to widely disseminate this; through reaching and teaching practitioners, thus informing their practice. It succeeded: students included counsellors and psychotherapists from voluntary and statutory sectors; social workers from child and adult services, teachers, psychologists, community and hospital based psychiatric nurses, and voluntary sector workers. This promoted individual learning, enabled inter-agency and inter-professional links and networking, facilitated exploration of survivors experiences of services, focussing on facilitating change and offering appropriate therapeutic interventions.

The uniqueness, centrality and integration of the survivor experience

As discussed in Chapter 1 the core research philosophy was survivor experience: a key finding was how effectively they had been silenced. Pivotal and central to the course, reinforcing this philosophy, was the integration of survivors and their

experience, ensuring their voice was heard. The original stories from the research were directly used, and extended through hearing the stories of the students, many of whom were survivors. Some were also professionals, and their perspective provided a uniquely valuable contribution to ongoing research.

The significance and extent of myths, controversies, challenges, and conflicts

The research demonstrated how the myths, controversies, challenges, and conflicts that surround abuse impact unhelpfully on the survivor. The syllabus incorporated the recovered memory debate, individual and societal denial, multiple personality and the politics of abuse. Debates on the course inspired further practice based research resulting in further publications: *The recovered memory debate* (1996); *Working with abused clients in an institutional setting* (1996),and *Feminist psychotherapy and sexual abuse* (1997).

The impact of abuse on parenting

The research also identified the powerful and distressing impact of childhood abuse on survivors as parents, frequently misunderstood by professionals, preventing effective intervention. Earlier studies (Curtis, 1963; Steel and Pollack 1968) set the scene for a 'violence breeds violence' scenario. Later work developed thinking (Oliver and Taylor 1971; Egeland et.al.,1987; Kaufman and Zigler, 1987) but the simplistic popular view that abuse inevitably bred further abuse dominated. My research clearly disputed this and the course effectively disseminated this to professionals, many working with families. They were confronted with significant new thinking and original evidence, demonstrating the subtleties and complexities of the patterns of parenting,. challenging their existing beliefs and therapeutic interventions. Further research in practice led to *The intergenerational transmission of trauma* (1999).

This remains an under researched area. Some recent studies (Widom, 1999; Ertem, 2000) challenge the 'violence begets violence' argument but such thinking remains

limited. As a response, in conjunction with The Survivors Trust[1] in 2003, we entered a major funding bid to the Community Fund to research this area further. It was rejected on a technicality (the Survivor's Trust was new, without audited accounts available) but we aim to re-submit.

The impact of the work on practitioners

The research also uniquely demonstrated the traumatising impact of working with abuse. This was also incorporated into the course, exploring the support needed to survive this very demanding work. Feedback from my students, from my work in supervising practitioners, and reflection on my own practice, led me to further research leading to two publications, one specifically related (*Supervising practitioners with survivors of childhood abuse,* 2004), the other in a generic text on supervision (included in the complete list - *Questions of supervision*, 2004: 33-37; 110).

Multiple personality disorder

Chapter 1 noted that inclusion of this topic was an unintended consequence of the research and of its dissemination. It fascinates me how unstructured original research finds its own direction. At that time, multiple personality, powerfully and vividly portrayed by these survivors, was relatively new to me. As the light dawned for me, it did so even more powerfully for students. They (especially mental health services practitioners) began to identify how this could be misdiagnosed and consequently mistreated.

I used lengthy research transcripts (more than the book could include) giving unique detail of these experiences of multiplicity. Jenifer Antony Black (my co-editor for *Hidden Selves)* was an early student, and disseminating my findings enabled her to share her experiences as a mental health inpatient, of childhood and adulthood abuse, and of having multiple personalities. This contributed significantly, impacting

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[1] The Survivors Trust had its inaugural meeting in March 2002. It exists as an umbrella organisation that created a network providing a national voice for groups within the UK and Ireland who are working with and for adult survivors of childhood abuse.

powerfully on those present. She was setting up a local survivors' project (see C.2 below) and through this course met others who became involved, demonstrating how research, disseminated via education then flows into practice and services. My own contact with Ms Black led ultimately to further research described in *Hidden Selves,* further described under 'Training'.

Institutional and professional abuse

Another aspect of the research for *Surviving Secrets* were the horrifying stories of institutionalised and professional abuse, invaluable in terms of dissemination. As well as using the stories of Nicki, aged 16, and Allen aged 66, described in Chapter 2 of *Surviving Secrets,* complete transcripts, used with permission, provided valuable course material. These powerful experiences from different ages and places challenged the belief, so easy to collude with, that the problem lies elsewhere, in other services and with other individuals. Institutional abuse, its misuse of power, the failure of systems to listen or notice, was vividly contextualised.

This was a particularly apposite time to disseminate this aspect. In Staffordshire in the 1980's, children in children's homes were subjected to 'pindown' - experiencing extreme isolation and deprivation. The resulting inquiry concluded it was 'intrinsically unethical, unprofessional and unacceptable' (Levy and Kahan, 1991: 167). In Leicestershire, regression therapy was equally abusive: 'Young people found the treatment to which they were subjected in the name of therapy to be abusive in itself' (Kirkwood, 1993: 62). Frank Beck systematically carried out this abuse between 1973 and 1986, was jailed in 1991, and another government enquiry resulted. Commenting on a further scandal at Castle Hill School Brannan et al. (1993) highlighted a significant feature in investigation: 'Disbelief of other professionals and parents and their initial inability to accept and comprehend the sheer volume and extent of the abuse' (Brannan et al 1993: 273).

All this reinforced my determination to actively disseminate this aspect of my research, further intensified by working and living in Leicester. I knew victims and workers in the Frank Beck scandal. Some attended my course and shared their experiences – one had tried to intervene, was ostracised and lost her job – providing

startling insights for her course colleagues. A unique aspect of this course was that integrating the research encouraged practitioners to reflect on themselves and their working practices, facilitating change. They explored how consciously or unconsciously; intentionally or unintentionally, individuals, organisations and practices are abusive. Another consequence was students supporting one another, enabling individuals to challenge bad practice.

The impact of abuse on young people in care

Especially moving were accounts by young survivors who had been in the care of the local authority.[2] Talking with them remains memorable and influenced me and course participants. My concern over abuse within care systems has continued and is further evidenced in writing *Abuse: Questions and Answers* (2003, 69-73; 102- 105; 112-114) and *Supervising practitioners working with survivors of childhood abuse* (2004), where I consider the related topic of unrecognized and acted out counter-transference[3]. Dissemination pathways again merge: in recent years I returned to working therapeutically with this group (see 'Practice' below). These young people also movingly identified the difficulties in the transition from child to adulthood, a feature also disseminated through this course.

The course therefore recognised, reflected on and disseminated these complex facets described in my research, considering their clinical, theoretical and academic implications. This made a significant original contribution to knowledge by introducing new thinking, informing practitioners, influencing therapeutic interventions, and facilitating critical evaluation, rather than reinforcing and repeating simplistic rhetoric and stereotyping. The impact of this course extended widely into

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[2] In the research these interviews had taken place, with the full support of its staff, at NAYPIC – the National Association for Young People in Care and stood out in terms of the process and the results as unique. 'In care' children and young people are nowadays (2005)referred to as 'looked after children'

[3] Transference and counter transference are terms commonly used in psychoanalytic and psychodynamic literature and models. Transference refers to the feelings towards the therapist experienced by the client or patient, triggered unconsciously by their relationships to significant others in their past or present. Counter transference has two meanings: where the therapist recognises feelings they have, knowing they emanate from the client, although unrecognised by them; the other where the therapist experiences feelings, actually relating to their own history, unconsciously triggered by the client, but where they are not easily identifiable, and can thus interfere with the therapeutic work.

the community, with requests for further training and consultation. Another pathway disseminating original knowledge was created, further discussed under 'Practice and Service Development'.

A.1.3 *Diploma in Psychodynamic Studies* (1991-2000 *and the Post Graduate Diploma/MA in Counselling* (1995-2000), Leicester University

At Leicester University I was jointly responsible for developing a psychotherapy training (recognised by the United Kingdom Council for Psychotherapy - UKCP) and for developing a Post Graduate Diploma/MA in Counselling (accredited by the British Association for Counselling and Psychotherapy - BACP). Both courses incorporated my research on adult survivors and their therapeutic needs – again at that time this was a unique input, one often lacking in psychotherapy and counselling trainings.

A.1.4 *Contributions to other professional training courses* (1991 -2000), Leicester University

In addition, as a direct result of my published research, I was invited to contribute to courses on health, social care and psychology – to medical students, trainee teachers, clinical psychology trainees and trainee social workers. (See appendix C.)

A.1.5 *Post Graduate Certificate/Diploma in Counselling Adult Survivors of Childhood Abuse,* Birkbeck College University of London (2000-2002) (see Appendix E)

Further dissemination into education occurred when I moved to Birkbeck College, University of London in 2000 (Faculty of Continuing Education). I developed a Post Graduate Diploma in Counselling Adult Survivors of Childhood Abuse. Experience indicated a major training gap for counsellors and psychotherapists working with survivors but with inadequate knowledge. The philosophy and content originally developed to disseminate *Surviving Secrets* continued. But further work, notably from the project resulting in *Hidden Selves*(1999), and work based on practitioner research

[4], *The inter-generational transmission of trauma* (1999), *Feminist Psychotherapy and Sexual Abuse*(1997); *The recovered memory debate* (1996) and *Working with abused clients in an institutional setting* (1996) were significant in curriculum development. Further knowledge had been identified for dissemination and these publications were course material. As research identified new areas relevant to practice, courses developed and grew correspondingly: the Leicester course was initially 10 weeks, later extended to 23; the Birkbeck course was four academic terms.

Another feature of the Birkbeck course resulted from the research process for *Hidden Selves* whereby different theoretical and practice approaches were considered. The course actively encouraged and assisted students in critically studying different theoretical models with a view to developing an integrated therapeutic approach appropriate to the needs of abuse survivors. Supervised practice was closely integrated with theory, and their interrelationship closely examined. My research identified the complex needs of abuse survivors, and how responses need to reflect this to avoid re-traumatisation. Therefore throughout my academic work, and reflected in my own practice and supervisory roles, I have challenged theoretical and practice purism.

A.1.6 Bournemouth University 2003 to date

At Bournemouth dissemination of my research through educating practitioners has continued. However, as my research has been cumulative and interconnected; the resulting body of knowledge has become an integrated whole, rather than being tightly defined and or confined to definable events. I select what is relevant, by synthesising it, aiming to make research relevant and accessible. Relating educational dissemination back to specific elements becomes more problematic as my knowledge grows and becomes more integrated.

Through this process of synthesis and selection I introduced working with adult survivors and dissociation into the syllabus for the MA in Counselling and

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[4] Practitioner research is based on practitioners applying reflexive skills to their clinical experience. Freshwater (2004:61) notes that this addresses the 'research-practice gap' arguing that this can overcome the unhelpful divide that can render academic study irrelevant to experience on the ground.

Psychotherapy. I taught the child protection unit to final year social work students, introducing visits by survivors talking of their experiences of professional help - the need for professionals to hear the voice of survivors remains a constant research theme. One survivor with Dissociative Identity Disorder specifically focussed on why abused children, especially those who dissociate, may not disclose abuse.

The feedback was enormously positive and learning considerable: many commented on the impact on their practice of these sessions. Several were also abuse survivors and shared their experience. Their colleagues responded positively, learning that people can be service users and providers, and that one way of surviving is entering care professions. A myth initially identified in the research for *Surviving Secrets* was exposed and challenged; a falsely created divide was crossed. *Hidden Selves* and *Surviving Secrets* were read by these students as was *The inter-generational transmission of trauma* – especially relevant for practitioners training to work with families and children.

I also developed and delivered the Child and Human Development Unit of the Post Qualifying Award in Child Care for Social Workers (BA Hons). *Surviving Secrets* is a recommended text and key aspects are integrated into the course: the impact of abuse on the child and adult, and inter-generational transmission of trauma. Students proved keen to know about dissociation. I used Lisa's case study from *Hidden Selves* (19-37) to aid exploration. They proved hungry for learning, impacting on practice. One example was a social worker challenging her psychiatrist colleague fearing that an adolescent labelled psychotic was dissociative .A further referral led to a dissociative condition being identified, and treatment changed accordingly. We reflected on this, concerned about incorrect diagnosis. On these occasions I experience mixed feelings: hope and optimism that practitioners learn from my research, translating this effectively into their work; but despair nudges in: there is much need and too little change. However, optimism and determination still rule.

I have also developed work with trainee nurses exploring the impact of child abuse on survivors' ability to accept and manage medical care, and its potential for unintentional re-traumatisation; and considered how 'difficult' patients may be

terrified survivors. This has been well received, and I intend publishing this in a nursing journal.

A.2 University linked courses

A.2.1 Training forensic nursing staff

Further dissemination of the research from *Surviving Secrets* occurred via another pathway. A student on *Counselling adult survivors of childhood abuse* worked in the East Midland Centre for Forensic Mental Health. Recognising a need in colleagues to understand institutional abuse, he approached his manager. Tailor made courses for the nursing staff resulted (1999) - another example of how the practice based researcher needs skills in disseminating and synthesising research to practitioners in accessible and relevant forms.

Drawing on my existing research, practice based knowledge, by observation in the unit and reflecting on this experience, I developed a course on understanding childhood abuse and its effects on adults, in this specific context of patients deemed dangerous and compulsorily detained in a closed, secure environment. My observations identified unmet needs of women patients, resulting in a high level of violent incidents, and the unmet needs of women staff working with them. Without exception, this group of volatile women patients all had childhood backgrounds of terrible physical and sexual violence. I was further involved in responding to this identified need (see 'Service Delivery'), again demonstrating that different aspects of dissemination are intertwined and do not categorise neatly.

A.2.2 University of Ljubljana, School of Social Work, in conjunction with the charity 'Know How'

Surviving Secrets was short listed for the 1992 Mind Book of the Year Allen Lane award (see Appendix F). An invitation followed to discuss my findings at the 1993 Mind Annual Conference, where I met women from the University of Ljubljana. They

wanted the research disseminated in Slovenia, to help practitioners setting up services for abused women and children.

In 1996 a chapter of *Surviving Secrets* 'Sharing secrets: the child and the adult's experience' was translated into Slovenian. I visited Slovenia in 1997, working with women practitioners specifically to disseminate knowledge identified in *Surviving Secrets,* on the impact of childhood abuse and on support needs for practitioners. I translated the research into a form communicable in that cultural context that could also literally be translated by non-specialist interpreters. We explored organisational and political aspects, locating potential barriers, drawing on work I had undertaken with organisations, resulting in *Working with abused clients in an institutional setting.* It was envisaged that participants would disseminate the knowledge further by snowballing this to other women.

This work was further disseminated in a 1998 Leicester University Women and Europe Conference (organised by the local Member of the European Parliament in conjunction with the University), where I presented an unpublished paper on *Child abuse and domestic violence: a Slovenian perspective.*

A.2.3 Visiting academic: Edith Cowan University, Perth, Australia, September 2004

Further dissemination occurred in 2004 when, as part of a memorandum of co-operation between Bournemouth University and Edith Cowan University, I was a visiting academic in the Faculty of Regional Professional Studies.

I held individual consultations relating to my research with faculty staff, taught and gave a well-attended public lecture on *Child abuse: the impact on the child, the adult and the practitioner and the implications for services and their organisation,* representing an overview of many years' work. I met representatives of survivors groups putting them in touch with UK organisations undertaking similar work.

I gave a seminar to staff on *The needs of survivors of abuse: responding and training in an inter-professional context,* examining how services for survivors are insufficient

and often inappropriate. I presented the model for inter-professional, inter-agency cooperation I had developed in Dorset (see 'Service Development'), summarising progress made and emphasising the role of a university in research and practice-based initiatives.

I presented work on the *Intergenerational transmission of trauma* and *The Impact of childhood abuse on later parenting* to groups of health and social care staff and students, exploring research published in 1999 under that title, although first identified in *Surviving Secrets*. This was well received and interestingly new to them, again reflecting how slowly knowledge in this field is assimilated and disseminated.

A.2.4 Visiting Lecturer

In addition to the above contributions to disseminating knowledge via substantial developments in university education, my research and publications have resulted in invitations to offer specialist input in other Higher and Further Education training courses. (Appendix C)

B. Training

The first publication cited *Features of Counselling work with Adult Survivors of Childhood Abuse* (1988), teaching at Loughborough and Leicester Universities (described above), the publication of *Women in Therapy* (1990) and *Surviving Secrets* (1992), led to considerable dissemination through training and speaking at conferences. This process continues to the present.

For clarity I present training under various sub-headings:

B1.1 Student counselling

As a student counsellor, and later head of a counselling service and deputy director of the Educational Development and Support Centre at Leicester University, a major aspect of dissemination took place within that context.

Features of Counselling work with Adult Survivors of Childhood Abuse (1988) was a small beginning, but marked the instigation of dissemination. I felt then that the response was surprisingly large: reflecting now, this indicates how little attention was given to the subject. The article, albeit brief, clearly resonated strongly with clinical experiences, highlighting the need for knowledge.

Following its publication I led heavily over subscribed workshops on abuse and young people, and on the impact of abuse on the counsellor, at the Association for Student Counselling Annual Conference (1988). I gave the keynote address at the British Association for Counselling Annual Conference in 1989 on *Child abuse: understanding the ongoing impact of trauma.* This resulted in running workshops at the Universities of Sunderland and Durham in 1990 and 1991, attracting people from a broad spectrum of services.

This response encouraged me in researching *Surviving Secrets* and in using my student counsellor role as a base for practice-based research. I became increasingly aware of clients with abusive histories, using my detailed records and process notes to reflect on what I heard and how I worked. Discussion and exploration with colleagues and teaching students contributed to the establishment of a practice-led knowledge base, which further informed teaching and writing. This process, and the research for and writing of *Surviving Secrets*, led to an invitation in 1992 to give the annual conference key note address to the Association of Student Counselling *The Aftermath of abuse: the effects of counselling on the client and the counsellor.* This was published in the Journal of the British Association for Counselling (1993: Vol. 4, 1).

Practice based research intensified my concern for abused young people. In 1993 I organised a conference at the University of Leicester on therapeutic work with young people, delivering a paper (unpublished) on issues for abused young people in the transition from home to higher education. I gave a public lecture on abuse and young people attended by 200 people at the University of East Anglia. Also in 1993 I was

invited to present a paper, *Surviving Secrets: The Dilemmas of Working with Abuse Survivors Within a Student Setting,* at an international conference on Psychotherapy with Young People organised by the Tavistock Clinic, London.

In 1994 I led workshops for the Coventry University counselling service, exploring difficulties of working with student abuse survivors. I ran a three day training for the University of Central England Student Counselling Service in 1995 on childhood abuse, its impact on adults, and resulting difficulties for traditional and non traditional students. All included input on identifying and working with students with dissociative disorders (DID). At the time I was working very intensively in conjunction with mental health services with a student client with DID. Combined with the work on multiplicity (DID) for *Surviving Secrets,* and contact with Jenifer Antony Black, my interest in that area grew, culminating in the research with Ms Black for the publication *Hidden Selves,* a further example of interweaving pathways of practice, training and research.

Issues for abused young people has been a continuing theme in my developing work. In 2002 I gave a paper to the AUCC (Association of University and College Counsellors) annual conference on *Working with an abuse survivor: the impact on the client, the counsellor and the educational organisation.* This was published in the *Journal of the Association for University and College Counselling* (2002: 10-140).

B.1.2 Training in other settings

This has often directly resulted from published research, demonstrating easily traceable dissemination. Key events are considered here; others are listed in Appendix D.

B.1.2.1 Training on dissociative identity disorders

Dissociative disorders was explored in many of the training and educational initiatives already described, inspired initially by needs identified in the research for *Surviving*

Secrets, and highlighted by *Hidden Selves*. Additionally more specific dissemination occurred.

In response to *Hidden Selves*, in 1999 the Incest and Sexual Abuse Survivors Group (ISAS) in Newark, Nottinghamshire invited me to offer a training day on dissociation and multiple personality. Although a counselling organisation for abuse survivors this was new territory. I linked my research into their practice, enabling counsellors to identify dissociation, and consider appropriate therapeutic responses and interventions. I was also invited in 1999 to give a seminar to the interdisciplinary team of an NHS residential therapeutic community in Leicester on the recognition, understanding and treatment of dissociative identity disorder. This unit had treated my co-editor Jenifer Antony Black after her sixteen year period in psychiatric hospitals and was where she experienced appropriate and helpful treatment in respect of her own multiplicity. So their hostility expressed in this seminar was surprising. As I explore in Chapter 1 of *Hidden Selves* historically DID is marked by fierce theoretical debates: I have had to develop the skill of resisting the temptation to become indignant or defensive myself.

As a result, recognising the need for further debate, Jenifer Antony Black and myself organised a workshop at Leicester University. I introduced and overviewed the research for *Hidden Selves,* tracing the theoretical controversy, the resulting clinical implications and the impact of this on dissociative survivors. Ms Black gave a moving account of her story, of her treatment from child and adult services, and of her perceptions of why she developed multiple personalities. The audience were entirely stilled and one psychiatrist, highly sceptical at the previous seminar, was attentive and thoughtful. We received feedback that this debate was taken into workplaces, a positive example of research reaching out to and influencing practice.

Dissemination of the research from *Hidden Selves* continues. In 2002 the Dorset Association of Counselling and Psychotherapy (DACAP) asked me to lead a training day entitled *Understanding Dissociation.* In 2002 I gave a keynote speech at the CIS'ters annual conference (Childhood Incest Survivors, Southampton – a voluntary organisation to support women incest survivors) and offered a workshop on dissociation - 40 delegates attended. In 2004, again in response to *Hidden Selves,* I led

a day workshop at the University of Kent for the Canterbury Consortium of Psychodynamic and Psychoanalytic Psychotherapists: *On being somewhere else: Dissociation in trauma, therapy and everyday life.*

B1.2.2 The inter-generational transmission of trauma

This paper, published in 1999 (European Journal of Psychotherapy, Counselling and Health, 2, 3 :281-296), had roots traceable to *Surviving Secrets,* which had alerted me to the complexities of parenting for abuse survivors, and of being a child of a survivor. In my counselling practice, I systematically reflected on these themes, noting emerging patterns, keeping process notes and observations.

In 1997 my paper at the Camden Conference for Mental Health on *The effects of abuse on the survivors relationship with their children, and the experience of the children of survivors* was well received, sparking lively debate and comments: I had located an area meaningful to practitioners, but under-recognised and explored. Therefore I began work on this paper. In 1998 RELATE asked me to present the paper at a conference at the University of Humberside. It transpired that in couple and family counselling they were noticing parent and child difficulties arising from abuse in an earlier generation. They commented that this was unrecognised in the literature, noting that 'cycle of abuse' thinking silenced survivors yet again.

This was reinforced for me throughout my practice: survivor parents troubled by parenting issues were not seeking help, fearing being labelled as abusers. Similarly, non-abused children of survivors were silently struggling. These difficulties largely went unrecognised: another secret fear. As a result I wrote the paper on inter generational transmission of trauma. It incorporated another aspect: reading, clinical work, conversations with Jewish friends, colleagues and students still in the shadow of the Holocaust, indicated that their experiences, feelings and anxieties paralleled in certain respects those expressed by families with abusive histories. While this paper explored the experience of survivor families, it drew on literature relating to holocaust survivors and the inter-generational transmission of that terrible trauma. This provided valuable insights into working with families with a history of abuse.

It has proved an area of considerable interest. In 1999, following the publication of this paper, it was explored with the clinical staff at the Northampton Psychotherapy Unit. In 1999 I gave the keynote address at the AGM of the Incest and Sexual Abuse Survivors Group (ISAS), on the same subject. Nottingham Sexual Abuse Project felt the paper resonated with their clinical experiences, and invited me in 2003 to run a workshop on the transmission of trauma across generations and the implications for practice. In 2004 further training events took place: for the Dorset Association of Counselling and Psychotherapy, the Oxleas NHS Trust Psychodynamic Psychotherapy Service for Women , and for the British Association for Counselling and Psychotherapy AGM and annual conference. Further training days have been planned. This material was included in the Birkbeck Diploma and in child protection education at Bournemouth University (see Education above).

B.1.2.3 Impact on practitioners

One constant theme is the impact on the practitioner of working with highly distressing material, initially highlighted in interviews for *Surviving Secrets*, and further identified in clinical supervision . I have consistently disseminated this. It remains a major concern, connected to institutional and professional abuse. I have identified, particularly in supervision, that one potential causatory factor is insufficiently trained practitioners failing to identify the distress triggered by this work, resulting in vengeful responses. This theme has been variously considered: in *The aftermath of abuse: the effects of counselling on the client and the counsellor* (1993), *Working with an abuse survivor: the impact on the client, the counsellor and the educational organisation* (2002) and *Supervising practitioners with survivors of childhood abuse* (2004). It was one strand on the debate in *Working with abuse survivors: the recovered memory debate* (1996) and in *Working with abused clients in an institutional setting: holding hope amidst despair* (1996). In *Abuse: Questions and Answers* (2003:91-115) the theme is further developed.

Wider dissemination is detailed in Appendix D and has also been integrated into training on transference and counter-transference. Assisting practitioners to identify

counter-transferences, (*Abuse: Questions and Answers* 93-96) and the dangers of not doing so, has resonated powerfully with practitioners, influencing their clinical work.

B.1.2.4 Understanding the politics of abuse: repercussions for organisations and for treatment

My clinical experience, research for *Surviving Secrets* and *Hidden Selves,* and working with and in organisations, led me to consider the broader implications of individual experiences. Like others, I work with survivors within the complex dynamics created by abuse and within the context of a society where denial has been rife. I have used my cumulated knowledge base to further reflect on and develop recognition of how individual and societal dynamics relating to abuse reflect in services and organisations.

I have identified how the powerful and overwhelming nature of abuse creates potentially problematic dynamics at an organisational level. Features of these dynamics were explored in the 1996 chapter on *Working with abused clients in an institutional setting*; considered in *Feminist Psychotherapy and Sexual Abuse* (1997); and included in *Recovered Memory* (1996). The publication *The impact of abuse* (2002) examined aspects of organisational dynamics when working with abuse survivors in a university context. *Abuse: Questions and Answers* (2003: 107-112,115-119, 124-128) considered related aspects.

This has been disseminated in many contexts and settings (Appendix D). Topics presented and contexts differed, but all explored conscious and unconscious organisational and societal influences on practitioners and services.

B.1.2.5 Dissemination via training : bridging the gap

One theme throughout my research has been the continuum of childhood to adulthood: the on-going impact of abuse and the need for services to reflect this. A significant and unique aspect of research for *Surviving Secrets* was adult survivors

reflecting on childhood experiences, as Lisa did in *Hidden Selves.* This, my own practice, and supervising those working with adults and children reinforced my concern that the divide between child and adult mental health and social services are unhelpful, leaving many in a therapeutic vacuum. Reder et al (2000: 9) suggest that 'it is evident that the theories, practices and services focusing on child and adolescent problems have a very different history from those concerned with adults. This has prevented areas of common concern from being recognised or addressed'. This is true for abused children and adult survivors. Although working holistically is now theoretically increasingly embedded in policy and service delivery, my current practice experiences suggest a different reality, with splits and divisions commonplace.

I have responded by ensuring that the *process* of dissemination (the content and how content is delivered) and its *structure* (where it takes place and who it reaches) ensure I neither collude with nor reinforce divides, whilst acknowledging their reality. I aim to bring disparate groups together, bridging gaps, and challenging stereotypes (see Practice below). I try to ensure my knowledge and experience base warrants credibility in different contexts. Working inclusively is messy and demanding but also deeply rewarding and worthwhile.

Structurally, offering courses within adult and continuing education provided a neutral, egalitarian base (see Education). I have brought together students from different professional and voluntary groups, representing services to children and to adults, encouraging recognition and consideration of the unhelpfulness of segregation, encouraging debate and inter-professional communication. This has been significant and influential as we explored survivors' experiences from the research, recognising their unmet needs and the implications for service organisation and therapeutic interventions.

On reflection, introducing painful areas via research facilitated this process of sharing: it normalised and legitimised their inclusion, mapping the territory for participants, allowing them to locate themselves as and when they were able. Additionally, I have worked hard at creating group cohesiveness; validating the contributions of all present, and providing a containing, supportive and safe environment. This enables

these disparate groups to work well and models the respect and safety that survivors need.

I have learnt from disseminating research and delivering courses in adult education, how to translate it into other areas. I use adult education teaching methods whether I work with social work, nursing or medical students, or with voluntary or professional groups, and I intentionally incorporate an inter-professional stance. I challenge service divisions. I take a life span perspective. Throughout I hold the survivor at the centre, continually referring to the amalgam rather than the specifics of my research. This reflects both an effective synthesis and my capacity, acquired over many years, for determining the level of input appropriate to different groups.

C. Practice

C.1 As a psychotherapist

In addition to research, teaching and supervising, I have throughout practiced as a psychotherapist with abuse survivors. The balance between academic and clinical work has varied, but they are essentially interdependent aspects of my professional life. Differentiating how these activities have influenced one another is impossible and even essentially false. It has become one entity with varying forms of expression. When I supervise and train others, and when I work with clients directly, I draw consciously and unconsciously from the complete whole.

I have described how my practice as a student counsellor was used as a research base. This approach extended beyond that specific context: I also developed and managed a counselling service for the University's General Practice. The two services operated as one entity, and consequently a wider population of abuse survivors gained from my knowledge. This was a two way process: working with a broader community population assisted in gathering data on the effects of abuse on parenting, and my clinical work made me reflect intensively on therapeutic responses.

In 1997 I moved into an academic post keeping cases at the University Counselling Service and at the Leicester Counselling Centre. I took cases where trauma was involved: most were survivors of childhood abuse; some were rape or domestic violence victims. Some experienced both. Once again a circularity existed: this work provided valuable insights and experiences that became incorporated into my published work; and insights from the publications – and responses to them – fed back into and informed the clinical work.

From 1997-2000 I joined a back-up psychotherapy team for a specialist child abuse team in Leicester. Again, an inter-relationship existed. The team leader had studied on my course and used *Surviving Secrets* in training her staff. Material on the impact of trauma on practitioners resonated. Recognising the need and dangers of not responding, funding was provided for this service. Again, pathways merge: I both influenced a significant policy and service development, and occupied a key practice role. Disseminated knowledge influenced service provision and significantly informed my practice. This service made a difference by enabling front line workers to confidentially access psychotherapy, specifically in regard to the personal impact of working with child abuse. It was well used, particularly at a time when the team were investigating a major, extensive, horrific child abuse scandal.

I have previously discussed my concern (see Student Counselling, and Training) to disseminate research specifically to increase awareness of the needs of young survivors, including those in care. Talking with young people in care for *Surviving Secrets* was unforgettable. I wanted to translate the insights provided into practice. Consequently from 2001-2003 I was a psychotherapist for the Connections project (government funded, run by Dorset Child and Adolescent Mental Health Services and Dorset Social Services) providing therapy for looked after ('in care') children and young people, where all other services had been tried but failed. I worked with adolescents with a history of abuse. The project was assessed by the University of Bath Social Work Department and on all measures was successful. It was extremely demanding work, but I was delighted to have the opportunity to integrate this very special knowledge base into practice with such a vulnerable group

My research for *Surviving Secrets* and *Hidden Selves*, knowledge acquired through

research in practice, has demonstrated the need for user friendly services geared to survivors' needs. On moving to Dorset I was concerned at lack of services. Therefore in 2002 in conjunction with a primary care colleague, I set up Dorset Action on Abuse. (See under Policy and Service Developments.) One initiative, in collaboration with Poole Mental Health Services Primary Support Team, is a counselling service for women survivors. It meets a previously unmet need, and expansion and funding bids are planned. DAA supports a new survivors' self help group, recognising that sharing experiences with other survivors lessens for some their terrible isolation. The group guidelines are based on material in *Abuse: Questions and Answers* (122-124), further illustrating the intertwining of my work: demonstrating how research actively informs my practice, and practice developments.

C.2 As a supervisor and consultant

Following the publication of *Women in Therapy* in 1990, I was invited to be a consultant supervisor to the specialist counsellor at Leicester Family Unit, helping develop individual and group work with women survivors. This proved a mutually important relationship. I referred to work undertaken for *Women in Therapy* to inform and develop her practice; she assisted me in research for *Surviving Secrets.* The connection grew. Through researching *Surviving Secrets* I met her colleagues and several became involved, many studying on *Counselling adult survivors of childhood abuse.*

This fruitful connection led (1996- 2000) to my providing specialist supervision for their team of play therapists, sexual abuse workers, and a boys' and men's' worker. Most of their work involved abuse, spanning children, family and individual work, individually and in groups. Working together we explored the unhelpful split between child and family services noted earlier (see Bridging the Gap). I helped develop other services (see Services).

At this time I worked with 'Quetzal' in Leicester, a voluntary counselling project for women survivors, set up by my ex-student and then co-editor Jenifer Antony Black. I undertook training, supervision and consultancy: again, the relationship between research, education, practice and service development is difficult to unravel. The

productive and creative relationship between these is epitomised in working with Quetzal. I met survivors who participated in the research for *Surviving Secrets;* many of their counsellors trained with me; I developed training geared to their organisation, informed by the research; and helped them consider organisational issues and dynamics. This was informed by *Working with abused clients in an institutional setting: holding hope amidst despair* (1996). In turn my work with that organisation, including my clinical supervisory role, assisted me in further developing an applied understanding of the practice issues examined in *Abuse: Questions and Answers* (2003: 115-134).

Surviving Secrets had revealed the plight of children in care, often 'looked after' because of abuse, suffering more within the system. To further disseminate this into practice I became the group work consultant for two new initiatives: with looked-after abused adolescent girls (see Service and Policy Development); and for mothers of children abused by male partners. *Feminist Psychotherapy and Sexual Abuse* (1997) was significant in working with the mothers groups as I had explored the phenomena of non perpetrating mothers blamed for abuse. This featured in this group, where my research assisted my understanding and interventions. More recently I supervised a psychotherapist working in an agency for adults abused as children in residential care within a church context, again reflecting on-going dissemination.

From 1997–2000 in Leicester I was the specialist consultant /supervisor for group work with women survivors, and in 2004-5 occupied a similar role in Dorset (both in secondary care: see Service developments). A further aspect (see Training) of disseminating my work in an NHS Forensic Unit (1999-2000), was supervising assistant nurses working with women patients. This need was identified though teaching staff, where it emerged they had no external clinical supervision although dealing with very disturbed and demanding patients, all with abusive histories. Negotiation at a senior level led to this supervision project being agreed: it impacted positively.

All this demonstrates how extrapolating from a research, teaching and practice base, extracting relevant knowledge about the impact of childhood abuse on the adult, reflecting on interventions that may help, relating these to specific settings and

integrating them into a facilitative supervisory stance, ultimately effects practice with survivors of abuse. In my supervisory and psychotherapeutic practice, I continually integrate knowledge developed over the years. As a supervisor my research has informed me how childhood abuse effects the adult therapeutic relationship, how the work can traumatise, how it impacts on work within an organisation, and how attitudes of the wider society also influence outcome. At the same time, my learning from supervising practitioners working with abuse survivors, is incorporated into educating and training supervisors, including into a supervision course I co-directed from 1990-2004; and by the publication of *Supervising practitioners working with survivors of childhood abuse: counter transference; secondary traumatization and terror* (2004) included in *Questions of Supervision* (2004: 33-37).

D. Policy and Service Development

This section overviews how my research has extended into and influenced a broader arena of policy and service development.

D.1 Policy

D.1.1 Prevention of Professional Abuse Network (POPAN)

Since 2001 I have been a trustee of the Prevention of Professional Abuse Network (POPAN), a national organisation offering support and advocacy to those abused by professionals, a training programme aimed at promoting ethical practice, and a pressure group lobbying to influence legislation and policy. I help decide policy, oversee the work, plan strategies, and overview direct work with clients abused by professionals.

My decision to be pro-active was a response to hearing about re-abuse within health and social care, horrifically evident in my research, in my clinical work, and from listening to practitioners. Survivors, more often than most would prefer to believe,

need protecting from the very people who should help and be trustworthy: a dreadful repetition of their childhood experiences.

This recognition was heightened by one of my adult survivor students being sexually abused by her psychotherapist. He was my colleague and I too had trusted him. She told me and I helped her take out a complaint against him. I realised how easy choosing not to hear could be - another insight into societal responses. It transpired he had abused many women clients over years, astutely selecting women with a history of abuse: an unpleasant insight into the psyche of a perpetrator. Research has identified this phenomenon both in regard to child victims (Sullivan and Beech, 2002) and to adult survivors (Russell, 1993).

D.1.2 British Association of Counselling and Psychotherapy Professional Conduct Committee

My concern to protect clients and ensure high standards of care led to joining the BACP panel hearing complaints against members by clients. I also chaired such hearings. A range of complaints, some upheld, others dismissed, related directly to therapist abuse of clients.

I relinquished that role in 1999, becoming a member of the BACP Professional Conduct Committee which was developing a new ethical framework for good practice in counselling and psychotherapy, and considering all aspects of professional conduct. In 2003 I jointly authored and developed a training resource in good practice for the BACP (included in my complete publications). Although this work was not specific to abuse, my motivating factor arises from my concerns. I see the development of effective ethical frameworks and sound complaints procedures as crucial for reducing professional abuse.

D.1.3 Expert Group: Victims of Violence and Abuse Prevention Programme

In April 2005 I was invited to be a member of the Expert Group on Adults Sexually Victimised in Childhood, part of the Department of Health and National Institute for

Mental Health in England (NIMHE), in partnership with the Home Office Victims of Violence and Abuse Prevention Programme. This aims to examine the physical and mental health implications of child sexual abuse, and to consider the implications for services and practitioners. It is working in close co-operation with the voluntary sector and aims to be evidence based, collecting data to develop the knowledge base that will ultimately lead to service improvements.

At the time of writing this process has just begun. The role of expert group member is to provide advice and support; to advise on methodologies, to comment on the process , to advise on all relevant reports prior to publication, and on the dissemination of findings and recommendations, to help draft an implementation policy and support policy and practice developments. Membership of this group is based on having a recognised expertise in the field. This is a very exciting opportunity to use my research and knowledge to inform this whole process.

D.2 Service development

D.2.1 Developing group work with female survivors of abuse

From 1997–2000 I was the specialist consultant /supervisor for NHS group work with women survivors (see Practice). This new initiative followed discussions with the two co-facilitators regarding the unmet needs of these women, and possible responses. One facilitator had trained with me, thereby knowing my work with survivors, which resonated with her experience of working with women psychiatric patients: most had been abused, but this was insufficiently recognised. We decided a group would meet some unmet need.

The women were mental health services users, many with histories of self-harm and suicide attempts, deemed unsuitable for psychotherapy by the NHS psychotherapy department. I assisted in selecting for, and setting up the group, supervising the co-therapists. We worked hard. There were hair-raising moments, difficult dynamics and anxiety provoking incidents, but no unplanned departures, no tragedies and remarkably little self-harm. Planned endings went well, new members joined; the group coped with maternity leave of one therapist and another joining; and the women

supported and helped one another. When I left the area it had a waiting list with four original members still attending.

These women differed from those generally deemed suitable for a group. However, my acquired knowledge convinced me a group would work, marking a successful new therapeutic development and demonstrating the advantages of practice-based research. It provides the evidence and confidence to challenge established practice and create enabling responses. Building on my prior expertise and the success of that group with the learning thereby acquired, I assisted another secondary care mental health practitioner establish a similar women's group.

In Leicester with Social Services and the Family Service Unit, I developed psychotherapy groups specifically for girls and young women in care with a history of abuse. Discussions around their needs arose from practitioners in these settings attending my courses. These were ground breaking groups. Reflecting on the impact of my research, inevitably I identify areas I wish I had developed further. This is one: we intended recording and publishing their development so as to disseminate this innovative and significant work further, assisting other practitioners and young people. Although I have referred to the groups in training and education since, I remain regretful we did not do more.

As mentioned, I have developed Dorset Action on Abuse, an inter-professional/agency group for those working with, or interested in working with adult survivors of childhood abuse in Dorset. Its inception was inspired by a meeting considering the government's Women's Mental Health Strategy in January 2003 which identified both a shocking lack of services for abuse survivors and training for practitioners. It felt like starting again and re-visiting the developments created by my work in Leicester.

The group first met in January 2004 after cascading out an e-mail invitation. The response was excellent, representing service users and survivors, practitioners from health and social care and the voluntary sector. It was formally launched by a conference in March 2005 attended by over 100 people. A core group, including

survivors and service users as well as practitioners, has been formed to organise activities.

DAA aims to disseminate information; to facilitate inter-agency networking, to explore, map and develop service provision and to provide training. A free counselling service has begun, training events held and funding explored. Developing university based courses is under discussion, aiming at similar process of dissemination to those previously developed at Leicester University.

Conclusion: limitations and strengths

I intended writing these concluding comments under distinct headings of limitations and strengths. However the impossibility of so doing rapidly became evident. As in all my work neat distinctions are artificial. Although I consider the research process first, continuing with a broader overview, strengths and limitations are intertwined, reflecting the progress and process of my research, teaching and practice.

In Chapter 1 I provide a rationale for narrative methodology and practice-based research. However, considering the limitations of qualitative methods in general and narrative method in particular is necessary for balance and equity. Any research is carried out within the context of major debates regarding the nature of knowledge, scientific enquiry and the place of quantitative and qualitative methodologies. Scientific philosophers such as Popper (1959, 1962, 1972) and Kuhn (1962) are forerunners in the scientific enquiry debate. Popper argues that theories need to be testable, an argument fitting to physical sciences. Kuhn develops the multi-faceted concept of the paradigm, incorporating many layers and aspects of knowledge used by science and scientists.

I suggest that methods derived from natural sciences do not comfortably fit social science, counselling and psychotherapy research: that an essentially different approach is needed when people are at its core, rather than scientific process and theories. This challenges the positivism of sociologist Comte, who believed all knowledge should be testable by the same method. Taylor (1979) argues that

qualitative enquiry is valid, an argument furthered by Bruner (1986) who considers both paradigmatic and narrative modes as valid, distinct ways of knowing, describing narrative as 'good stories, gripping drama, believable (though not necessarily "true") historical accounts' (1986:13). Narrative essentially increases understanding through exploration rather than seeking answers, and it has been described as 'ground breaking' (Jones:2003).

Essentially all qualitative approach can be critiqued as unscientific. I argue that all forms of knowledge are legitimate: that one approach should not be judged by the criteria of another - ascribing superiority to a specific method limits enquiry. Rather, method should match the nature of the enquiry - as I describe in Chapter 1 in respect of my own work. The knowledge that informs practice has enormous intrinsic value, (Steier, 1991; Taylor and White, 2000; Finlay, 2003); albeit taking place in what Schon (1991) describes as the 'messy' world of practice. It is more difficult to describe and express, whereas my experience of quantitative research suggests an appeal in its apparent clarity: watching statistics, graphs and charts appear from the computer is gratifying, somehow ascribing an expert role to oneself.

Knowledge that both informs work with clients, whilst also essentially emanating from working with them, operates at many levels: conscious and unconscious, cognitive and instinctive, drawing on the immediate experience and developing over time, combined with the integration of more obviously learnt information and knowledge. It is tacit knowledge, discovered by a process of reflexivity and reflective enquiry (Schon, 1991, 1983). Reflexivity accesses the space between the subjective and the objective. It requires levels of being and thinking beyond self awareness; it is a profound form of interaction between ourselves and relevant others. In writing this dissertation I have been aware of needing to hold the line between reflexivity, and egocentricity and narcissism; and indeed its validity can be challenged on that basis, and on the potential limits of self-awareness.

There are inevitably limitations to narrative method. I noted in Chapter 1 that I chose this method as 'I wanted to limit minimising survivors' stories: participants told their stories as they wished, controlling the topics raised without imposition'. But as a therapist believing in unconscious communication how do I know whether I

unconsciously directed the story, let alone by *conscious* communication: by verbal and non-verbal cues; by links I made or clarifications I requested? And that is prior to the transcribing of tapes: did I hear and note everything? How selective was I? And at the stage of transforming, reducing and theming material into a manageable form did I over-simplify; filter out, generalise, or simply ignore some aspects?

I continually reflected on my own process. I continually asked myself those questions, and still do, but I cannot answer definitively. This, of course, parallels the whole qualitative research process and narrative method: it cannot be, and does not purport to be, definitive; it recognises narrative as subjective and open to interpretation. I also note in Chapter 1 that telling one's story can be empowering: in this sense it is transformatory. So perhaps a different picture may have emerged if further interviews had taken place months later. As Connelly and Clandinin (1990) note, the narrative researcher works to actively find the voice of the participant in a particular time, place or setting, and so my desire to hear the voices of survivors may have influenced both content and process.

And what of the interviewees? In Chapter 1 I refer to the dynamics of abuse and how it silences. It can also cause compliance, learnt in childhood to lessen or avoid the abuse. So did survivors tell me what they thought I wanted to hear? Did they want to keep me happy and so avoid imagined retribution? And did I access a meaningful group? Maybe the injunction of silence kept those survivors at bay who would have been most significant to talk with.

As my unconscious and conscious may have influenced the process, the same could be true of survivors: they may have unintentionally or intentionally modified or withheld information. I also recognise that their stories could not provide a completed jigsaw of the journey from child victim to adult survivor, although this is not the intention or the desire of narrative research. It does not invalidate what is told - 'a life as led is inseparable from a life as told - or - a life is not "how it was" but how it is interpreted and reinterpreted, told and retold. Certain basic formal properties of the life do not change easily' (Bruner, 1987:137).

Survivors recalled extraordinarily painful events. A question specific to survivor research relates to the accuracy of memories of abuse, particularly where (as with Lisa in *Hidden Selves*) dissociation is involved. This is hugely controversial and the debate too large to consider here. Some argue vehemently that memories of abuse are intrinsically unreliable (Underwager, 1990; Ofshe, 1995). Others have written carefully considered analyses of this area (Williams, 1992; Reviere,1996; Sinason 1998). So were these narrative accounts trustworthy? I am absolutely clear: I recognise the complexities of memory. I know trauma impacts on it, but in essence I believed survivors' stories . All my experience indicates that the major problem is *perpetrators* denying, lying and distorting truth, not their victims. I veer the other way: people repress pain and overstate happiness, and many reported 'happy' childhoods are perhaps mythological. Additionally, most survivors I have worked with have horrifically clear memories, and have never lost them.

The question remains, would I do it differently now? Whilst there are adjustments I would have made, and detail I would have changed, I would still choose a narrative and practice-based approach for the reasons given in Chapter 1.The model fitted its purpose; it contributed to practice and practitioners, increasing receptiveness and reflexivity amongst them. It enabled me to report individual experiences so that readers and others could make meaning of them and to contribute originally to a knowledge base in an accessible way. Most importantly it always kept the survivor at its core, respecting them and their stories absolutely. I felt the approach gave 'due honour' to survivors (O'Dea 1994:165).

As I conclude I ask myself what am I most pleased with? What strengths and successes emanating from the research can I celebrate? In part, I know that it is a small drop in a large ocean, but part of honouring survivors is valuing these: each one touches a life. I feel privileged that my research has been valued by survivors and by organisations that represent them, and pleased to have undertaken much training and education in those contexts. Being a patron of two key survivor organisations (ISAS and CIS'ters) reflects my acceptance in that world. Most recently, the opportunity to use my research to influence national policy by membership of the Home Office expert working group feels a significant step.

I also celebrate that disseminating research into practice through establishing courses within the University Adult and Continuing Education sector has placed the related debates and controversies firmly on the academic and practice map. I remain aware that learning can be latent and invisible, the assimilation of new evidence about abuse into society and the social psyche a slow process. However I remain delighted that education and training has widely disseminated the research cited into different settings, ensuring that original knowledge has led to applied understanding. Ideally I wish that even more had been achieved more speedily. Central to dissemination into educational and training initiatives have been implications for therapeutic interventions and effective service delivery.

I also recall interactions I observed that were inspiring, and a privilege to be part of. Observing an experienced post doctoral clinical psychologist, totally immersed in conversation with a service user survivor with little formal education, is unforgettable. To hear her say that this, and survivors' stories taken from the research, had more impact than years of training; that it changed her practice, and supported her in challenging others, is deeply moving. Similarly when a survivor, through the support of course colleagues, is enabled to protect herself for the first time from the still pursuing abuser, words are insufficient. Those aspects of research dissemination and their effects are impossible to quantify, their quality difficult to describe and capture; but they deserve acknowledging as real and pivotal. I also celebrate that I enabled access to education for non-traditional adult students, often previously excluded, and particularly significant in including survivors as students. These took their learning into the voluntary and other sectors, and for many it was a step previously denied on a ladder to academic qualifications.

I have consistently attempted to ensure survivors' voices are heard and influence practice and practitioners. Much more needs to be achieved, but I could not have disseminated my work more widely, given my involvement in different worlds and contexts - practice, research, service delivery, academia and training. This is a strength and a weakness. The strength lies in integration, the continual desire to develop research and practice knowledge so that it makes a difference. I have no doubt that this is commendable and valid, but it is also demanding and difficult. Herein lies the weakness: not clearly allying myself totally to one world can be an

uncomfortable balance, although less so now than 16 years ago. One inevitable consequence has been spreading myself more thinly than if embedded in one place, in one role. (I suspect then I would have completed a Ph.D. before now!)

Finding words to conclude is difficult and I can do no better than the following quotation. It relates to narrative, but movingly encapsulates my experience of researching the impact of abuse on the child, the adult and the practitioner:

'It fundamentally alters our relation to the world, our relation to others, and our relation to our own humanity. It also gives us a compelling ethical foundation. Most of all, it commits us to look critically and urgently at the implications and consequences of our actions on the condition of the world. It intertwines the condition of the world with the condition of our humanity. In sum, this emergent view on narrative makes for a compelling narrative. It enlarges the realm of possibilities'. (Rodriguez 2002:12)

Appendix A

Complete list of Publications

Books

Walker, M. and Jacobs, M. (2004) *Questions of Supervision.* Whurr Publications: London

Walker, M. (2003) *Questions of Abuse.* Whurr Publications : London

Walker, M. and Antony-Black, J. (eds) 1999 *Hidden Selves: an exploration of multiple personality.* Buckingham: Open University Press

Walker, M. (ed.) (1995) *Peta: A feminist's problem with men.* Buckingham: Open University Press.

Walker, M. (ed.) (1995) *Morag: myself or mother-hen?.* Buckingham: Open University Press.

Walker, M. (1992) *Surviving Secrets: the experience of abuse for the child, the adult and the helper.* Buckingham: Open University Press (Shortlisted for the MIND book of the year). (Partially reprinted in Slovenian book on abuse)

Walker, M. (1990) *Women in Therapy and Counselling.* Buckingham: Open University Press.

Chapters in edited books

Walker, M. (2001) 'Adolescence: possibilities and limitations; experience and expression', in S. Izzard and N. Barden (eds)*Women, Identity and the Life Cycle* . Buckingham: Open University Press.

Walker, M. (2001) 'Working safely: counsellor competence' in R.Casemore (ed.) *Surviving Complaints Against Counsellors and Psychotherapists* . Ross-on-Wye: PCCS Books.

Walker M. (1997) 'Feminism and Sexual Abuse' in I. Bruna Seu and M.C. Heenan (eds.) *Feminism and Psychotherapy.* London: Sage Publications

Walker, M. (1996) 'Working with abuse survivors: the recovered memory debate'. in Bayne, R. and Horton, I. (eds) *New Directions in Counselling.* London: Routledge

Walker, M (1996) 'Working with abused clients in an institutional setting: holding hope amidst despair' in E. Smith (ed.) *Integrity and Change: Mental Health in the Market-place.* London: Routledge.

Walker, M. (1995) 'Adult Survivors of Abuse', 'Eating Disorders', 'Single Parents' and 'Violence Towards Women' in M. Jacobs (ed.) *The Care Guide* London: Cassell.

Walker, M. (1993) 'When Values Clash' in W. Dryden (ed.) *Questions and Answers on Counselling in Action.* London: Sage Publications.

Articles in refereed journals

Walker, M. (2004) 'Supervising practitioners working with survivors of childhood abuse: counter transference; secondary traumatization and terror'. Psychodynamic Practice. Vol. 10, no.2.

Walker, M. (2002) 'The impact of abuse: the client, the counsellor and the educational organisation' Journal of the Association for University and College Counselling: November.

Walker, M. (2002) 'Assessing trainees in a psychodynamic context' *Counselling and Psychotherapy Journal'* Vol. 13 no. 6.

Walker, M. (1999) 'The inter-generational transmission of trauma', *European Journal of Psychotherapy, Counselling and Health.* Vol.2.

. Walker, M. (1993) 'The Aftermath of Abuse'. *Counselling, Journal of the British Association for Counselling* ; Vol. 4:1.

Walker, M. (1988) 'Features of Counselling Work with Adult Survivors of Childhood Abuse.' . *Counselling, Journal of the British Association for Counselling.* No. 64.

Other articles

Walker, M. and Jacobs, M. (2003) 'Training resources: ethical framework for good practice in counselling and psychotherapy'. Rugby: BACP

Walker, M. (2002) 'Assessing trainees in a psychodynamic context' *Counselling and Psychotherapy Journal'* Vol. 13 no. 6.

Walker, M. (2001) 'Supervising in the context of abuse', *Counselling.*

Series editor

Walker, M. and Jacobs, M. (eds) Series 'Counselling in Context':

Counselling for Women (Janet Perry, 1993, Open University Press)
Counselling in the Voluntary Sector (Nicholas Tyndall, 1993, Open University Press)
Counselling in Independent Practice (Gabrielle Syme, 1994, Open University Press)
Counselling in Social Work (Judith Brearley, 1994, Open University Press)
Counselling in the Pastoral and Spiritual Context (David Lyall, 1994, Open University Press)
Counselling in Medical Settings (Pat East, 1995, Open University Press)
Counselling for Young People (Judith Mabey and Bernice Sorensen, 1995, Open University Press)

Counselling in Criminal Justice (Brian Williams, 1996, Open University Press)

Counselling in Psychological Services (Dilys Davies, 1997, Open Univesity Press)

Counselling in Careers Guidance (Migel Jayasinghe 2001, Open University Press)

Counselling in the Workplace(Adrian Coles 2003, Open University Press)

Jacobs, M. and Walker, M. (eds) Series: In Search of a Therapist.

Charlie: an unwanted child? (Michael Jacobs, 1995, Open University Press)

Jitendra: Lost Connections (Michael Jacobs, 1996, Open University Press)

In Search of Supervision (Michael Jacobs, 1996, Open University Press)

Videotapes (University of Leicester Audio-visual Services)

An Initial Counselling Interview (1987)

And What Happened Next? (1988)

In conversation with Susie Orbach (1996)

Producer of *Demonstration Role Plays* (1991)

The Clumsy Counsellor (1991)

Awkward Customers (1992)

Appendix B

Selected list of publications

List of selected publications:

Books –single authored

Walker, M. (2003) *Questions of Abuse* Whurr Publishers, London.

Walker, M. (1992) *Surviving Secrets: the experience of abuse for the child, the adult and the helper.* Buckingham: Open University Press (Shortlisted for the MIND book of the year).(Partially re-printed for Slovenian publication)

Walker, M. (1990) *Women in Therapy and Counselling.* Buckingham: Open University Press.

Books- jointly edited

Walker, M. and Antony-Black J. (1999) *Hidden Selves: an exploration of multiple personality.* Buckingham: Open University Press

Chapters in edited books

Walker, M.. (1997) 'Feminist psychotherapy and sexual abuse' in I.Bruna Seu and M.C. Heenan (eds.) London: Sage Publications

Walker M. (1997) 'Feminist Psychotherapy and Sexual Abuse' in I. Bruna Seu and M.C. Heenan (eds.) *Feminism and Psychotherapy.* London: Sage Publications

Walker, M. (1996) 'Working with abuse survivors: the recovered memory debate'. in Bayne, R. and Horton, I. (eds) *New Directions in Counselling.* London: Routledge

Walker, M (1996) 'Working with abused clients in an institutional setting: holding hope amidst despair' in E. Smith (ed.) *Integrity and Change: Mental Health in the*

Articles in refereed journals

Walker, M. (2004) 'Supervising practitioners working with survivors of childhood abuse: counter transference; secondary traumatization and terror'. *Psychodynamic Practice, April 2004. (pp ? awaiting publication)*

Walker, M. (2002) 'The impact of abuse: the client, the counsellor and the educational organisation' Journal of the Association for University and College Counselling: November, pp 10 -14.

Walker, M. (1999) 'The inter-generational transmission of trauma', *European Journal of Psychotherapy, Counselling and Health.* Vol.2. No.3 December 1999 pp 281-296.

Walker, M. (1993) 'The Aftermath of Abuse'. *Counselling, Journal of the British Association for Counselling* ; Vol. 4:1. pp 40- 44.

Walker, M. (1988) 'Features of Counselling Work with Adult Survivors of Childhood Abuse.' *Counselling, Journal of the British Association for Counselling.* No. 64. pp. 15-18.

Appendix C

Dissemination via Education: University based, short term inputs to other professional trainings

Input on Leicester University courses:

- Medical students: sessions on recognising child abuse; the impact of child abuse on development; and, child abuse: understanding how adult patients have difficulties in accessing/accepting treatment.
- Trainee teachers: sessions on recognising child abuse; the effects of child abuse on learning, and denial as a block to recognition. And further sessions for post qualifying teachers exploring issues in their own practice
- Clinical psychology trainees: sessions on understanding counter transference-possibilities and dangers; short term work: contraindications and possibilities; understanding and working with self harm.
- Trainee social workers: sessions on the impact of child abuse on the self; adult survivors and their relationships with their children.

Input into other University and college courses:

- 1991: Nottingham Trent University, Diploma in Counselling -'counselling abuse survivors: working with, and understanding negative responses.'
- In 1994 /5 I Oxford University Diploma in Counselling - 'identifying and working with dissociative conditions', (using material form *Surviving Secret*) and ' the false memory debate' (one factor leading me to further consideration of this area leading to the 1996 publication on recovered memory)
- 1995 to 1998 Birmingham University MA in Counselling -issues of transference and counter transference, and how the latter if not recognised could lead to unsafe practice.

- 2002 Poole and Bournemouth Further Education Advanced Diploma in Counselling - on counselling adult survivors of childhood abuse.

- In 2005 King Edward Community College, Totnes, Devon Diploma in Counselling - on childhood abuse and its consequences; issues for counsellors and clients

Appendix D

Dissemination via training events

Dissemination via training events (not included in the main text) have taken place in the following settings, and on the following subjects:

1. The impact on practitioners of working with trauma:

- 1994 Southampton Counselling keynote address on ' The aftermath of abuse the effect of counselling on the client and the counsellor – what can go wrong?

- 1997 Samaritans Annual Conference at the University of York : workshop on 'the impact of working with abuse on the client and the counsellor: how do practitioners survive?'

- 1998 Compass, Liverpool Counselling Service AGM and annual conference keynote address on 'the impact of working with abuse on the client and the counsellor: how do practitioners survive?'

- 1999 Bangor University Welsh Universities Counselling Conference keynote address on ' the therapeutic encounter in working with abuse survivors'

- 2003 Cambridge 'Choices' Counselling Service for Abuse Survivors keynote on 'the complexities of working with survivors of abuse for client and counsellor

- 2004 BACP annual conference : workshop on 'supervising in the context of trauma: recognising the signs and symptoms of retraumatisation and responding helpfully in the supervisory context.'

2. Recognising and working with, transference and counter transference:

- 1996 and 1997 Milton Keynes Counselling Service

- 2001 Bath Counselling and Psychotherapy Consultancy (BCPC) graduate training day at Bath University

- 2001 Dorset Association for Counselling and Psychotherapy

- 2004 and 2005 Southampton Pastoral Counselling Service

3. Working with abused children and young people :

- 1997 Lowestoft, to Suffolk teachers working with children with severe learning disabilities, training day on 'Child abuse – the vulnerability of children with SLD: recognition and prevention'

- 2002 'Share': Young People's Counselling Service, Gloucester annual lecture, 'Working with young people who have been abused: therapeutic issues, dilemmas and difficulties'.

- 2003 Dudley Metropolitan Borough Council, Dudley Counselling Service for Children and Young People, two day training on working with abused children and young people

- 2005 'Share': Young People's Counselling Service, Gloucester: 'The impact of abuse on young people and implications for therapeutic relationship'.

- 2005 RELATE Dorset, family and child counsellors –'The impact of child abuse on family dynamics' and 'The impact of abuse on the children of survivors'.

4. Understanding the politics of abuse: repercussions for organisations and for treatment

- 1996 London, Advocacy Against Abuse conference on 'Abuse and the Media', paper on ' Health care for abuse survivors: a quiet revolution?'

- 1997 Brighton Women's Counselling Service, 'The Politics of Denial and Implications for Services'.

- 1997 Living with the Legacy of Abuse, Camden Graphics Trust International Conference, London. Keynote on ' Therapeutic responses : the need and the reality'

- 1997 Royal Devon and Exeter Healthcare Trust, Joint Agencies Child Abuse Team, conference. Keynote 'The crucial role of therapy in recovery from abuse', and closing address : 'Therapeutic work with adult survivors of abuse –necessity not luxury'

- 2000 Quetzal Counselling Service for Women Survivors of Abuse, Leicester. Conference to celebrate their tenth anniversary, paper on 'Working with abuse survivors: the impact on counsellors and survivor organizations'

- 2002 CIS'ters (Survivors organisation, Southampton) annual conference . Keynote speaker: 'Helping or Harming: how treatment can re-traumatise'.

Appendix E

Course figures - Leicester University

Course outline – University of London, Birkbeck College

Institution: University of Leicester Department of Adult Education
Venue: Vaughan College, St Nicholas Circle, Leicester, LE1 4LB

Module Title: Counselling Adult Survivors of Childhood Abuse
Tutor: Moira Walker

Academic Year	Dates	Day/Time	Sessions	Hours	Students
1990-91	2 October – 18 December 1990	Tuesdays, 2.00 – 4.15 pm	23	24	20
1992-93	27 April – 22 June 1993; + Sat 8 May 1993	Tuesdays, 7.15 – 9.15 pm	9	24	21
1995-96	25 September 1995 – 18 March 1996	Monday, 4.15 – 6.30 pm	23	46	21
1996-97	23 September 1996 – 17 March 1997	Monday, 4.15 – 6.30 pm	23	46	20
1997-98	12 January – 29 June 1998	Monday, 4.0 – 6.15 pm	20	40	20

Birkbeck College, University of London

Faculty of Continuing Education

Course outline for:

CERTIFICATE/DIPLOMA IN COUNSELLING ADULT SURVIVORS OF CHILDHOOD ABUSE

Throughout the course students will be encouraged to be actively involved by introducing and sharing their own ideas and experience of working in this field and bringing in materials they may have access to which would be helpful for other students. Although a programme for the course is provided there will be some flexibility in this and if there are areas students are interested in that are not included changes can be negotiated. Although the course essentially aims to integrate theory and practice considerable emphasis will be placed on both experiential work and small group discussion as well as participation in the whole larger group.

Term dates:

Term one:

Tuesday November 6th- Tuesday December 18th 2001 inclusive

Term two:

Tuesday January 15th 2002 - Tuesday March 26th inclusive (there will be a reading week on February 19th)

Term three:

Tuesday April 23rd - Tuesday June 25th 2002 (no reading week this term)

WEEK ONE - NOVEMBER 6TH

Introductions to one another and the course. Exploring the parameters and definitions of abuse: sexual, emotional; and physical.

WEEK TWO - NOVEMBER 13TH

The abused child: exploring the developmental and emotional needs of the child and mapping the impact of abuse on children of different ages.

WEEK THREE- NOVEMBER 20TH

Abuse in context: who are the abusers; what myths and mis-perceptions does society hold about abuse and why ? The impact of these factors on the abused child and adult survivor.

WEEK FOUR - NOVEMBER 30TH

Understanding the multi -impact of trauma on the person: cognitive, emotional, behavioural and relational effects and how re-victimisation in the care system can reinforce this impact

WEEK FIVE and SIX- DECEMBER 4TH AND 11TH

Learning from the survivor: exploring and examining abuse from the perspective of the survivor using video material and case material. Identifying the on-going effects of abuse on the adult survivor and beginning to identify therapeutic issues, dilemmas and patterns that can result.

WEEK SEVEN DECEMBER 18TH

Using case examples, and referring to the preceding weeks and to case material, beginning to identify key aspects of a psychodynamic approach: its strengths and limitations in counselling adult survivors.

Time to review the term with time for exploring any issues or concerns that have arisen

CERTIFICATE/DIPLOMA IN COUNSELLING ADULT SURVIVORS OF CHILDHOOD ABUSE

TERM TWO

WEEK EIGHT- JANUARY 15TH 2002 ***(first essay due in)***

(A 3000 word essay that describes and explores an aspect of the effects of childhood abuse on the adult and the implications for counselling adults.)

Consolidating the discussion from the last week of the previous term and how this operates in the early sessions.

Beginning the therapeutic work: the initial stages of counselling . Assessing client suitability for counselling.

WEEK NINE - JANUARY 22ND

Early issues in the therapeutic relationship: early difficulties and anxieties for the counsellor and the client; creating a working alliance and building trust; issues around disclosure.

WEEK TEN - JANUARY 29TH

Themes and issues in the on-going therapeutic relationship; exploring how the relationship between counsellor and client can develop; the dynamics that can result, and identifying problem areas and those that present actual or potential difficulty

WEEK ELEVEN -FEBRUARY 5TH

Exploring and understanding the centrality of denial to the experience of the abuse survivor and how this impacts on the therapeutic relationship and may be reflected in it. This will include a discussion of repression and dissociation.

WEEK TWELVE AND THIRTEEN- FEBRUARY 12TH AND FEBRUARY 26

(FEBRUARY 19TH - NO MEETING, READING WEEK)

These two weeks will further explore in greater depth some key issues previously identified examining both how these can be understood and exploring effective therapeutic responses and interventions. Helping clients who experience flashbacks and clients who self harm will be included.

WEEK FOURTEEN- MARCH 5TH

Themes of death and destruction. Abuse survivors have experienced the destructive desires and behaviour of others. Consequently death and destruction can be frequent themes in their lives and in the therapeutic work and can cause anxiety to counsellors. This session explores this theme and examines the therapeutic implications.

WEEK FIFTEEN-MARCH 12TH

Working with young adults who have been abused. The transition between childhood and adulthood can be a problematic time but when the young person has a history of abuse this is a time of vulnerability and risk. This session will look at the dilemmas and difficulties of working with young people who may still be in an abusive environment, or who have only recently left it.

WEEK SIXTEEN AND WEEK SEVENTEEN -MARCH 19TH AND MARCH 26TH

Transference and counter transference. In working with abuse survivors the transferential and counter-transferential feelings, both positive and negative, and the issues arising form these, can be extremely powerful. These sessions aims to identify some of the patterns in these and will pay particular attention to traumatic counter transference and how unrecognised counter transference may be acted out to the detriment of the client.

And a review of the term.

TERM THREE

WEEK EIGHTEEN - APRIL 23RD (*second essay due in)*

(A 3000 word essay based on work presented in the case discussion groups showing a critical understanding of theory and practice and the ability to integrate the two.)

Exploring the question of when it is more appropriate to work with abuse survivors in groups, and whether and when these should be facilitated or self help groups. Who is suitable for a group and who is not?

WEEK NINETEEN - APRIL 30TH

Questions of gender. This session will explore gender form three perspectives: the gender of the counsellor vis-a-vis the gender of the client; whether men and women experience different effects from abuse and respond differently to it; our responses to men and women as abusers.

WEEK TWENTY - MAY 7TH

Ritual and organised abuse: the controversy around this area can act as a barrier to survivors receiving effective help. Identifying and examining some of the issues for counsellor and client and dilemmas and difficulties that can result.

WEEK TWENTY ONE - MAY 14TH

What is multiple personality? The experience of the survivor: Examining the development of dissociative behaviour as a response to childhood abuse and the on-going effects on the adult and the implications for effective therapeutic interventions.

WEEK TWENTY TWO - MAY 21ST

The 'false memory syndrome': the debate involving recovered memories; do they exist; how to work with memories in the counselling process: dangers, difficulties and possibilities.

WEEK TWENTY THREE - MAY 28TH

Knowing the limitations of yourself and agencies. Who may be unsuitable for counselling and saying no. The effects of the work on the counsellor -what do you need to survive?

WEEKS TWENTY FOUR, FIVE AND SIX - JUNE 4TH, 11TH AND 18TH

Developing an integrated model: learning from survivors. What helps, what is needed? Examining theoretical models in practice, and the experiences of survivors of the care professions.

WEEK TWENTY SEVEN - JUNE 25TH

The final stages of counselling abuse survivors - when is enough, and when is it good enough?

Review of the year

Third essay due in by July 2nd

A 3000 word essay that explores a specialist topic chosen from the syllabus.

Don't forget your learning journal that is kept throughout the course which includes reflections on your own progress and observations from your own work setting. This will be submitted to the course director with a summary of 3,000 words - the summary only will be assessed (to be completed by the end of August 2002)

Reading list

(other articles will be recommended and handouts made available at appropriate points in the course)

Bear, Z. (ed.) (1998) *good Practice in Counselling People Who Have Been Abused. London*: Jessica Kingsley Publications.

Bolton, G., Morris, L., and MacEachron, A. (eds.) (1989) *Males at Risk.* London: Sage.

Conway, M. (ed.) (1997) *Recovered Memories and False Memories.* Oxford: Oxford University Press.

Davies, J.M. and Frawley, M.G. (1994) *Treating the Adult Survivor of Childhood Sexual Abuse: A Psychoanalytic Perspective.* New York: Basic Books.

Hall, L. and Lloyd, S. (1989) *Surviving Child Sexual Abuse.* Lewes: The Falmer Press

McCluskey, U. and Hooper, C. (eds) (2000) *Psychodynamic Perspectives on Abuse.* London: Jessica Kingsley Publications.

Mollon, P. (1996) *Multiple Selves, Multiple Voices.* Chichester: Wiley.

Mollon, P. (1998) *Remembering Trauma. A Psychotherapist's Guide to Memory and Illusion.* Chichester: Wiley.

Obholzer, A. and Roberts, V.Z. (eds.) (1994) *The Unconscious at Work: Individual and Organisational Stress in the Human Services.* London: Routledge.

Sanderson, C. (1995) *Counselling Adult Survivors of Child Sexual Abuse.* London: Jessica Kingsley Publications.

Scharff, J. and Scharff, D. (1994) *Object Relations of Physical and Sexual Trauma.* New Jersey: Aronson.

Sinason, V. (1994) *Treating Survivors of Satanic Abuse.* London: Routledge.

Sinason, V. (ed.) (1998) *Memory in Dispute. London*: Karnac.

Singer, J. (ed.) (1995) *Repression and Dissociation.* Chicago: University of Chicago Press.

Walker, M. (1992) *Surviving Secrets: the experience of abuse for the child, the adult and the helper.* Buckingham: Open University Press.

Walker, M. and Black, J. (eds.) *Hidden Selves.* Buckingham: Open University Press.

Walker, M. (1996) 'Working with abuse survivors: the recovered memory debate'. in Bayne, R. and Horton, I. (eds) *New Directions in Counselling.* London: Routledge

Walker M. (1997) 'Feminism and Sexual Abuse' in I. Bruna Seu and M.C. Heenan (eds.) *Feminism and Psychotherapy.* London: Sage Publications

Webb, L. and Leeham, J. (eds.) (1996) *Group Treatment for Adult Survivors of Abuse.* London: Sage.

Term 4

Weeks 1 and 2

Inter-generational aspects of trauma: reality and myths. The impact of abuse on parenting

Weeks 3 and 4

Examining in theory and in practice, the impact and repercussions on counsellors and other carers of working with abuse survivors.

Weeks 5 and 6

An exploration of the dynamics of abuse in terms of their impact on organisations working with survivors, and considering how to utilize this understanding to work effectively within organisations

Weeks 7 and 8

Workplace presentations: your work in your organisations

Weeks 9 and 10

Student choice

Core texts

Davies, J.M. and Frawley, M.G. (1994) *Treating the Adult Survivor of Childhood Sexual Abuse: A Psychoanalytic Perspective.* New York: Basic Books.

de Zuketa, F. (ed.) (1993) *from Pain to Violence: The Traumatic roots of Destructiveness.* London: Whurr Publications.

Heard, D. and Lake, B. (1997) *The Challenge of Attachment for Caregiving.* London: Routledge.

Herman, J. (1994) *Trauma and Recovery.* London: Pandora.

McCluskey, U. and Hooper, C. (eds) (2000) *Psychodynamic Perspectives on Abuse.* London: Jessica Kingsley Publications.

Obholzer, A. and Roberts, V.Z. (eds.) (1994) *The Unconscious at Work: Individual and Organisational Stress in the Human Services.* London: Routledge.

Sanderson, C. (1995) *Counselling Adult Survivors of Child Sexual Abuse.* London: Jessica Kingsley Publications.

Scharff, J. and Scharff, D. (1994) *Object Relations of Physical and Sexual Trauma.* New Jersey: Aronson.

Walker, M. (1992) *Surviving Secrets: the experience of abuse for the child, the adult and the helper.* Buckingham: Open University Press.

Walker, M. (1999) 'The inter-generational transmission of trauma',*European Journal of Psychotherapy, Counselling and Health.* Vol.2.

Walker, M (1996) 'Working with abused clients in an institutional setting: holding hope amidst despair' in E. Smith (ed.) *Integrity and Change: Mental Health in the Market-place.* London: Routledge.

Walker, M (1996) 'Working with abused clients in an institutional setting: holding hope amidst despair' in E. Smith (ed.) *Integrity and Change: Mental Health in the Market-place.* London: Routledge.

Appendix F

MIND book of the year award details

MIND BOOK OF THE YEAR
ALLEN LANE AWARD 1992

Press Pack

CONTENTS

What is the MIND Book of the Year?

The MIND Book of the Year/Allen Lane Award is presented annually to the title which makes the most significant contribution to public awareness of mental health problems. Entries are invited from works of both fiction and non-fiction which deal with the experience of emotional distress in its widest interpretation. The competition is open to titles published in the UK and accessible to a general readership. A prize of £1000 is presented to the winning author.

How did the Award originate?

The Allen Lane Foundation, set up in 1966 by Sir Allen Lane in response to the growing number of appeals arriving on his desk at Penguin books, is a trust to support charitable causes. During the late 1970s the Foundation looked at ways they could help promote MIND's work and through discussions with MIND the idea of an annual book award evolved. The objective of the prize, funded by the Allen Lane Foundation and named in memory of its founder, is to further public understanding of mental health problems.

Previous winners

The first prize winner, Sheila MacLeod's The Art of Starvation, was chosen in 1981 by Fay Weldon (who joins the judging panel once again for the Award's twelfth anniversary), Mervyn Jones and Professor Derek Russell Davis, who sadly died recently. The full line up of previous winners below shows the scope of the Award, with themes ranging from eating problems to art therapy, and covering experiences of prison and dementia.

1981	**The Art of Starvation**, Sheila MacLeod
1982	**Annie's Coming Out**, Rosemary Crossley & Anne McDonald
1983	**Depression – the way out of your prison**, Dorothy Rowe
1984	**Art as Healing**, Edward Adamson
1985	**A Woman in Custody**, Audrey Peckham
1986	**Talking to a Stranger – a guide to therapy**, Lindsay Knight
1987	**The Minotaur Hunt**, Miriam Hastings
1988	**Out of Mind**, J Bernlef
1989	no suitable title submitted
1990	**The Trick is to Keep Breathing**, Janice Galloway
1991	**The Catch of Hands**, Benedicta Leigh

An Introduction to the 1992 Award

Nominations for the 1992 Award were invited in August last year. By the closing date 76 titles had been received. The task of reading and selecting a shortlist of five fell to three MIND judges: Jane Coleridge, Jo Larbie, and Viv Lindow. Shortlisting was no easy job due to the diversity and quality of the entries. The submitted titles ranged from fiction and autobiography, to self-help guides and academic research.

The shortlist reflects this diversity, yet at the same time highlights the movement of users of the psychiatric services speaking for themselves. Jimmy Laing's powerful autobiography **Fifty Years in the System** (Corgi) portrays a man who has suffered much at the hands of a psychiatric system, yet managed to remain reasonable and gentle, using his story to create positive change.

Mark Leech's book, **A Product of the System** (Victor Gollanz), aims for similar objectives in the prison system. Still a serving prisoner, he writes on prison concerns in **The Guardian**, always stressing the need for a more therapeutic form of detention.

Writing is for many a form of therapy. For the poets represented in **Survivors' Poetry**, it has also been a way of speaking the truth. This illustrated collection enlists the whole alphabet of emotions and poetic styles to do battle against stereotyping.

The other two books on the shortlist deal with issues of increasing importance in mental health and in society as a whole: child sexual abuse, and cultural identity in a white-dominated society. Moira Walker's **Surviving Secrets** looks into the effects of child sexual abuse on adult life, while Joan Riley's novel, **A Kindness to the Children**, takes as its twin themes cultural displacement and bereavement as seen through the eyes of two black London women.

MIND's National Director, **Judi Clements** says:

The themes running through this year's shortlist for the MIND Book of the Year/Allen Lane Award reflect a number of MIND's serious concerns: the often scandalous psychiatric hospital conditions, coupled to inappropriate 'care' regimes; the importance for users of the mental health system to have a say in their own treatment and support; violence to children and all its ramifications for later life; and last, but certainly not least, the need to recognise cultural diversity. I think it is vital that these messages are brought to people in a variety of ways. The importance of this Award is that it recognizes the contribution of good accessible writing in shaping our values.

The winning title will be selected by Fay Weldon, Blake Morrison and Michele Roberts and announced at a press lunch hosted by Melvyn Bragg on Tuesday 18 May 1993 at the Barbican Conservatory in London. The winning author will be presented with a cheque for £1000.

Shortlisted Titles and Authors

Fifty Years in The System – Jimmy Laing (Corgi)
The subject of an ITV documentary and much press attention, Jimmy Laing's story is truly remarkable: he was incarcerated for fifty years in a cruel psychiatric system for being a 'problem child'. Jimmy's story has a particular resonance today, not least because it highlights the continuing plight of many people, who are still housed in squallid, psychiatric hospitals. The author lives in Perth, Scotland.

A Product of the System: My Life In and Out of Prison – Mark Leech (Victor Gollancz)
Mark Leech's autobiography looks into the conditions of our jails from a prisoner's own perspective. He devotes a large part of the book to his experiences of the 'therapeutic' regime at HM Prison Grendon Underwood, contrasting the constructive ideology that aims to create 'rehabilitated citizens' with the brutality and cruelty of the majority of the rest of the prison system. Mark Leech is a regular contributor on prison concerns in *The Guardian*. The author is currently serving a prison sentence in Barlinnie, Glasgow.

A Kindness to the Children – Joan Riley (The Women's Press)
Joan Riley's fourth novel is the story of Sylvia – a Black Londoner – who visits Jamaica in order to come to terms with her husband's death. This uncompromising novel reveals with sympathy and understanding the horrific consequences of cultural displacement. The author lives in South-East London.

Survivors' Poetry: From Dark to Light – Various Authors (Survivors Press)
This anthology of work of 'survivors of the psychiatric system' confronts medical stereotyping and rages against the dehumanizing forces which perpetrate this system. Angry, tender, sad or desperate, the voices in this anthology are always agonizingly personal. This book was published by Survivors' Press with Arts Council funding. The authors are mainly based in London.

Surviving Secrets – Moira Walker (Open University Press)
In recent years much attention has been paid to the subject of abuse in childhood. What has been less explored is what happens to the vast number of women and men who have reached adulthood with this experience haunting them. Moira Walker's book is interesting because she allows the survivors of child abuse to speak out about the effects on their lives, and the usefulness of the help on offer. The author frames these viewpoints in the context of wider society, which she argues, contains and sustains abuse at various levels. The author lives in Leicester.

Appendix G

Confirmation of proposal acceptance

Confirmation of length of thesis

Ref: DS/MW/PhD

26th November 2004

Moira Walker
Bournemouth University
IHCS
Heron House

BOURNEMOUTH UNIVERSITY

Vice-Chancellor:
Professor Gillian L Slater
MSc MA DPhil CMath
FIMA FRSA

Institute of Health and Community Studies

Joint Heads of School
Angela Schofield
Professor Iain Graham

Dear Moira,

PhD by Publication

Further to our emails and the University Research Degrees Committee meeting I am pleased to inform you that the Committee accepted your proposal for registration.

The Committee agreed the recommended advisor of studies as:

Professor Dawn Freshwater – Internal

I confirm that we have already processed your application form and registration form and would be grateful if you could return the enclosed Programme Acceptance form for administrative purposes.

Registration Details:

Start Date:	**1st December 2004**
Max end date:	**30th November 2005**
Earliest Submission Date	**1st June 2005**

If you have any queries please do not hesitate to contact me.

Yours sincerely,

Deirdre Sparrowhawk
Research Administrator IHCS

Enc

Cc: Dawn Freshwater

Royal London House Christchurch Road Bournemouth BH1 3LT

Moira Walker

From: Moira Walker
Sent: 29 June 2004 15:28
To: Julia Kiely
Cc: Deirdre Sparrowhawk; Kate Galvin
Subject: Ph.D. by publication

Dear Julia

Many thanks for taking the time today to discuss this with me, and for confirming that there is no reason not to proceed with the Ph.D.

I shall certainly try to talk with others who have taken this route elsewhere about their experiences and in terms of the length will aim approximately at 5000 words as an introductory chapter and 10,000 for the concluding chapter I will also be seeking out an appropriate external adviser.

I did ask Deirdre about including an extra abstract with the papers but she thinks that the Research Degree Committee only receive the minutes that give approval from IHCS for this proposal so it would not be necessary to do this. She is, however, going to check this out.

I will also meet with Paul Luker when he is available as I am sure his expertise would be very helpful.

Thank you for your help

good wishes

Moira

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