

**RECOVERY FROM CHILDHOOD ABUSE:  
A CULTURAL CONTEXT**

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By

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## ABSTRACT

The purpose of the present research was to examine and understand, within a cultural context, the subjective experiences of recovery from child abuse of adults who have not sought the help of mental health professionals. Examining the cultural context of recovery permitted a glance at the environmental climate in which people came to understand, respond, and make sense of their child abuse experiences. To achieve this objective, dominant themes regarding beliefs about recovery were gathered from cultural documents, specifically, popular books on recovery from abuse, and from individual accounts of recovery from abuse.

The present study was qualitative in nature and conducted within the framework of an ethnographic inquiry. The data were content analysed for themes of recovery. A comparison of recovery themes in popular books and participant interviews revealed that participants' descriptions of their recovery mirrored those described by popular books, with a few exceptions.

Factors considered helpful for recovery which emerged from both sources included *education/information, relationships (e.g., support and resolution), attending to one's feelings and beliefs about the abuse (e.g, re-experiencing), self-care (e.g., coping with stress), and spirituality*. In both popular books and participant stories, value was placed on the survivor looking inward, and differentiating oneself, one's feelings and beliefs, from those of others. This orientation served to delineate clear boundaries from others, and to allow one to assert oneself and to develop an independent view of oneself (Markus & Kitayama, 1991). As such, it reflects Canadian/American cultural values of agency,

autonomy, and personal control (Kirsh & Kuiper, 2002). The participants' experiences of recovery enabled them to reconstruct their views of themselves, their abusers, and people in general, in a way that enabled them to assert their differences and distinct values from others. Although support was emphasized, its role was confined to helping the participants gain new understanding of their experiences. Their disclosures of abuse experiences to supportive others were guided less by the need to create harmony or to fit in with an in-group, as would be expected in collectivist societies, than it was by the need to assert oneself, one's feelings, and one's needs. Also, participants' accounts of recovery illustrated that they were relatively well versed in the use of psychological terms and concepts such as "grief," "confrontation," "self-esteem," and "role-models" that were common in the popular books. The participants developed new views of themselves which were geared toward developing a more self-enhancing sense of self. These shifts reflect a discourse common in psychology and self-help culture, which directs the individual toward self-actualization, heightened self-esteem, and increased autonomy (Starker, 1989).

This study also demonstrated how, through their own personal resourcefulness, people can be agents of their own recovery. Participants accessed unique resources (e.g., participating in sports, parenting, religion) to make sense of their experiences. In some cases, participants focussed more on drawing meaning from these self-enhancing resources than they did on re-experiencing painful memories associated with the abuse. Given the emphasis on re-experiencing trauma in clinical and popular literature, the various routes taken by participants suggest that the process of re-experiencing may be over-emphasized.

Further research on recovery, outside of the therapeutic context, may serve to clarify how self-recovery takes place, possibly contributing to a new discourse on recovery.

This work is dedicated to my parents, Maria and Mario Verardi.

Thank you for your loving presence and support.

Your encouragement and your faith have been  
a source of strength and inspiration.

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*Friendship improves happiness and abates misery,  
by the doubling of our joy and the dividing of our grief.*

--Marcus Tullius Cicero

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**CHAPTER ONE:  
A VIEW ON RECOVERY,  
CHILD ABUSE AND DEFINITIONS**

**1.1 INTRODUCTION**

Child abuse has become a prevalent topic of discussion and investigation in popular culture and academic fields. A plethora of psychological literature (e.g., Courtois, 1988; Ratner, 1990; Webb & Leehan, 1996; Wiehe, 1996) and resources (e.g., VOICES in Action, Inc. and National Organization for Victims Assistance) currently exists, designed to aid survivors in their recovery from emotional, physical and sexual child abuse. With the popularization of psychology (Ward, 2002) and the self-help movement (Ryan, Wentworth, & Chapman, 1994), issues related to child abuse currently are more visible in the popular media, including television talk shows, the radio, magazines, and newspapers, as well as self-help books.

Self-help literature has been described as primarily prescriptive, intended to target a mass audience (Starker, 1989). Its visibility has been pervasive in both Canada and the United States and, while both countries retain distinct cultural identities (Adams, 2003), popular cultural artifacts, including self-help literature, are mutually shared by consumers in both countries (Manning, 1993). Targeting mass audiences, the ever growing accumulation of self-help literature, including books on improving relationships, self-esteem, parenting abilities, and recovery from child abuse, was described by Grodin and

Lindlof (1996) as material which “calls attention to our consuming interest in who we are, in our identity” (p. 142). As psychology has emerged from the academic arena into the public domain, it, too, has permeated and transformed everyday experience (Ward, 2002). Ward (2002) noted that, presently, psychological categories and practices have become “naturalized” and “that psychology’s presence in schools, workplaces and homes is now an ordinary and seemingly indispensable feature of the cultural landscape” (p. 217). He added that psychological knowledge is further propagated by the media and other knowledge disseminators.

The general public’s knowledge of issues related to child abuse, therefore, is likely influenced by theory and practice in the profession of psychology, as well as popular culture. Cultural terms or concepts such as “survivors,” “trauma,” and “repressed memories” are evident in social circles and, as modeled by television talk shows and the growth of autobiographical and anecdotal accounts of abuse, people readily disclose their personal experiences of abuse to others, including strangers, friends, and professionals. As indicated by Ratner (1997), “cultural concepts enable people to communicate about things. Cultural concepts also organize the manner in which people perceive, imagine, think about, remember, and feel about things” (p. 93). The cultural discourse of recovery from child abuse, therefore, likely influences the manner in which survivors of child abuse come to understand and respond to their experiences of abuse.

One belief reflected in the cultural discourse of recovery is that psychotherapy is considered a valuable resource in helping survivors overcome the effects of abuse. This belief is reflected in the growing demand for mental health services for survivors of child



abuse and the general cultural climate in which turning to “experts” to help one overcome the effects of trauma is advocated. In addition, the majority of clinical literature focusses specifically on psychotherapeutic factors considered helpful in recovery (e.g., Busby, Glenn, Steggell, & Adamson, 1993; Chu, 1992; Suffridge, 1991). For example, psychological literature provides information on a range of treatment approaches for helping survivors of abuse. These approaches include emotionally focussed (Paivio & Nieuwenhuis, 2001; Paivio & Shimp, 1998), cognitive-behavioural (Möller & Steel, 2002; Smucker & Dancu, 1999), rational-emotive (Rieckert & Möller, 2000), and group interventions (Webb & Leehan, 1996). Each approach provides detailed descriptions of mechanisms of change, ranging from expression of primary emotions (Greenberg & Paivio, 1997) to cognitive restructuring (Smucker & Dancu, 1999). The emphasis is on discovering and empirically validating the benefits of such interventions in providing symptomatic change.

Another belief in the cultural discourse of recovery is that those who experience minimal deleterious consequences of abuse are resilient individuals and/or have had the benefit of protective factors in the environment. The majority of research on resilience (e.g., Feinauer, Callahan, & Hilton, 1996, Feinauer & Stuart, 1996, Runtz & Schallow, 1997), however, fails to differentiate those who experience minimal deleterious consequences of abuse due to protective factors from those who have suffered serious consequences and have utilized their own personal resources to recover from the effects of abuse. While research on resilience contributes an alternative perspective to the view that child abuse results in inevitable deleterious consequences, it neglects to evaluate how

survivors can undergo their own recovery process and the factors that contribute to self-healing.

The purpose of the present investigation, therefore, is to determine how individuals who have experienced child abuse (i.e., sexual, physical, and/or emotional) and who have not sought mental health services understand their own self-recovery. In contrast to the standard “objective” reports of mental health professionals and researchers who identify the mechanisms of change for clients, this study focusses on the accounts of the individuals who have experienced abuse and recovery. Based on subjective accounts of self-recovery, I illustrate how individuals who experienced deleterious effects from their past abuse use their own personal resources for overcoming the impact of the abuse. Identifying how individuals engage in self-recovery will contribute to existing research on resilience by depicting survivors as individuals who are able to draw on a variety of resources. By studying self-recovery, an alternative discourse about survivors and recovery is permitted which incorporates views of survivors not only as ‘victims’, but as resourceful individuals capable of drawing on their own strengths and resources for self-recovery.

The second purpose of the present study is to examine recovery within a cultural context. As indicated earlier, there has been growing presence of self-help literature that provides information and prescriptions to help individuals overcome a number of difficulties such as relationship issues, depression and anxiety, and trauma (Starker, 1989). The popularity of such material is visible in both Canada (Forest, 1988) and the United States (Lichterman, 1992) and it can readily be found in local supermarkets, book stores, and libraries. Popular literature on recovery from child abuse may reflect, and contribute

to, notions about recovery. By reviewing popular self-help books, I illustrate the taken-for-granted messages regarding recovery from child abuse and the degree to which such messages correspond with personal accounts of recovery. A comparison of personal accounts of recovery and self-help popular books provides an opportunity to evaluate critically such messages and qualify them according to the personal experience of survivors.

By studying the cultural messages regarding recovery and the subjective accounts of individuals who recovered from abuse without psychological intervention, I hope to:

1. understand the cultural attitudes and beliefs regarding recovery from child abuse, as reflected by popular books;
2. understand the subjective experience of recovery from individuals abused in childhood who have not accessed mental health services;
3. evaluate the extent to which cultural messages of recovery correspond with subjective reports of recovery.

The present project uses a qualitative approach to understanding cultural conceptions of recovery. As indicated by Ratner (1997), a qualitative orientation allows the researcher to capture the complexity of cultural phenomenon that may be missed by the traditional positivistic orientation to psychological research. The present chapter provides definitions pertinent to this study, including the definition of Canadian/American culture, recovery, and child abuse. An overview of my perspective

on recovery is also provided. Given my academic and clinical experience working with survivors of abuse, this overview provides insight into the biases or assumptions I possess that may shape my interpretation of the findings of the present study (Creswell, 1998). In chapter 2, relevant clinical research is presented, starting with a review of the prevalence and effects of child abuse. The latter highlights some of the deleterious consequences survivors of abuse encounter and need to overcome as adults. This section is followed by a review of research on resilience, including a discussion of definitions, in order to illustrate factors which contribute to resilience and how such research has neglected to differentiate resilient from self-recovered individuals. Chapter 2 concludes with a discussion of culture, as it relates to psychology (popular or otherwise), therapy and child abuse. A discussion of Canadian and American cultural values is provided to highlight how theorists and researchers have conceptualized similarities or differences between both cultures. In chapter 3, the approach to the present study is presented as it pertains to qualitative methodology. Chapters 4 through 7 include a presentation of findings, starting with an analysis of popular cultural literature on recovery and ending with an analysis of subjective personal experiences of recovery. In chapter 8, a discussion of the results is presented with a review of how popular self-help books and subjective experiences of recovery correspond, and how, or whether, they reflect values portrayed in self-help recovery material.

## **1.2 DEFINITIONS**

### **1.2.1 Canadian/American (Popular) Culture**

Culture has been described as reflecting “traditional communicated meanings and

practices” with a focus on “how these meanings and practices are lived individually” (Squire, 2000). It also has been described as a “system of enduring behavioral and thinking patterns that are created, adopted, and promulgated by a number of individuals jointly. These patterns are social (supraindividual) rather than individual, and they are artifactual rather than natural” (Ratner, 2002, p. 9). These patterns of thinking and behaving are acquired and transmitted by symbols and artifacts (e.g., art and literature) and they include shared rituals, beliefs, values, rules, and laws (Squire, 2000; See chapter 3 for more detail on culture).

In terms of Canadian and American cultures, there is presently a debate as to the extent to which both countries are becoming more similar or different in their cultural identity (e.g., Adams, 2003; Coupland, 1998; Simpson, 2000). This debate is fueled by the dominant presence of American culture in Canada (e.g., films, music, literature). Popular culture, defined by Mukerji and Schudson (1991) as “the beliefs and practices, and the objects through which they are organized, that are widely shared among a population” (p. 3), includes products consumed by the masses such as movies, television programs, popular books, and music. In this respect, Manning (1993) noted that there is a pervasive presence of American popular culture in Canada. He stated that “Canadians import and eagerly consume American cultural products” (p. 8) and while Canada has resisted Americanization and sought to protect cultural products and national identity from being overshadowed by its American neighbours, there is an acknowledgment that:

Canadian culture is less the product of its own separate evolution than of its interactive relationship with an American other. . . . The semiosis is a symbiosis; Canadian popular culture ‘makes sense’ only in relation to American alternatives

with which it has a counteractive but reversible relationship. (Manning, 1993, p. 26).

While distinctions have been identified between Canadian and American values (see chapter 2), there is an acknowledgment that Canadians and Americans share common interests and backgrounds (Manning, 1993). In discussing similarities and differences between Canadian and American cultures, Ostry (1993) noted:

In many ways relations between our two countries would be easier if the differences were more dramatic and clear-cut. But we are cut from the same cloth, both offspring of a vanished British empire; both pluralist democracies tempered by constitutions. (p. 37)

Other authors such as Coupland (1998) and Simpson (2000) have expressed views that the identity of Canadians and Americans are drawing together and becoming more similar, with American culture being the more dominant influential force. This view is also held by the Canadian public, reflected by a recent poll in which 58% of Canadians reported believing that Canada became more American during the preceding ten years; 31% reporting beliefs that there has been no change in the two countries' similarity or difference, and 9% stating that Canada was becoming distinct (Ekos Research, 2002; cited in Adams, 2003).

For the present research project, therefore, Canadian/American culture refers to mutually shared beliefs and practices that are transmitted via symbols and practices within both Canada and the United States. Specifically, it refers to the underlying beliefs and values illustrated by popular books and personal stories of recovery from child abuse. This definition is based on the idea that beliefs about recovery from child abuse are reflective of the overall cultural climate present within both Canada and the United

States. In this respect, both Canada and the United States have witnessed and shared the growth of the profession of psychology and the outgrowth of the self-help movement, including popular self-help literature, organizations, and television programs (e.g., talk shows) designed to entertain and/or help people in all domains of their lives, including recovering from child abuse. This approach to examining culture differs from the approach adopted by researchers (described in chapter 2) who, in their investigation of cultural values, considered countries as equivalent to culture and distinguished cultures according to language, time, and place. For the purposes of the present study, Canada and the United States are conceptualized as a single culture wherein the target of investigation is the mutually shared practices and beliefs present in both countries.

### **1.2.2 Child Abuse and Recovery**

In the present research project, the term ‘child abuse’ refers to emotional, physical, and sexual abuse, unless otherwise specified. The primary focus in this study is on the participants’ subjective self-definition of abuse, based on the assumption that their perceptions of abuse and subjective responses to the event(s) are of primary importance in understanding recovery. Therefore, no objective criteria are used to identify any of the three forms of abuse, although initial screening of participants permitted evaluation of the nature of their experiences. One individual may have been sexually molested on one occasion, while another may have experienced multiple sexual assaults; both are considered to have experienced abuse if self-defined as such. Given the cultural basis of the present study, it is assumed that individuals who describe themselves as abused have come to understand their childhood experiences based on information and messages acquired from

their immediate environment, including friends, family, professionals and the media.

Furthermore, a subjective approach to defining child abuse is consistent with a reliance on client self-reports of abuse that is typical of many clinical treatment centers. The emphasis of this study, therefore, is on how survivors of abuse have come to make meaning of their past experiences and recovery, based on the assumption that their identification with being abused, as well as their recovery experience, is shaped by the overall cultural dialogue on child abuse.

In psychotherapy research, 'recovery' is typically defined and/or operationalized in terms of symptomatic change using pre-post measures with demonstrated reliability and validity (Lambert & Hill, 1994). As indicated by Lambert and Hill (1994), recovery is examined using statistically significant change wherein group means are compared or using clinical significance as an index of change. With respect to child abuse, a majority of literature focusses on child sexual abuse, while there has been a decrease in the last decade of literature on child physical abuse, and minimal focus emotional abuse or neglect (Behl, Conyngham, & May, 2003). In research on recovery of adult survivors of child abuse (emotional, physical and sexual), indices of improvement have included measures such as the Impact of Event Scale (IES; Horowitz, 1986) which measures trauma-related intrusion and avoidance, the Symptom Checklist-90-Revised (SCL; Derogatis, 1983) which measures general symptom distress, the Inventory of Interpersonal Problems (IIP; Horowitz, Rosenberg, Baer, Ureno, & Villaseno, 1988; all cited in Paivio & Nieuwenhuis, 2001) and the Trauma Symptom Inventory (TSI; Briere, 1995; cited in Nisbet-Wallis, 2002). In a review of individual psychotherapy outcomes for adult survivors of child sexual abuse, the



above measures have been used, as well as other instruments such as the Beck Depression Inventory (BDI; Beck, 1978), the Social Activity and Distress Scale (SADS; Watson & Friend, 1969) and the Global Assessment of Functioning (GAF; all cited in Price, Hilsenroth, Petretic-Jackson, & Bonge, 2001). In this respect, recovery is typically defined in terms of decreased levels of symptomatology based on client self-report measures. This approach to defining recovery is based on the assumption that change experienced from pre- to post-therapy reflects an amelioration of symptoms considered to be associated with abuse experiences. Change experienced by clients does not necessarily entail an absence of symptoms following treatment, rather, it is a statistically or clinically significant degree of change from the beginning of treatment which relies on clients' self-report of symptoms.

Defining recovery as indicated above mirrors the concept of recovery as defined by Webster's Encyclopedic Unabridged Dictionary of the English Language (1989, p. 1201), which states that recovery is "getting back or regaining (something lost or taken away)" and "regaining strength, composure, balance, etc, of (oneself)" (p. 1201). In this respect, recovery from child abuse entails regaining strength and composure which appears to have been compromised by the experience of abuse in childhood.

For the purpose of the present research project, recovery is defined by the participants based on their own self-report of change or improvement in symptoms or emotional difficulties they had associated with their own abuse experiences. While this approach to defining recovery does not use the objective measures outlined above, it is consistent with qualitative methodology, which gives participants primacy in defining their own experience (Ratner, 1997). The participants in the present study defined themselves as

recovered and are those who can retrospectively discuss the changes they experienced in themselves as a result of their recovery experience.

### **1.3 MY PERSPECTIVE ON RECOVERY**

As indicated earlier, providing a description of my perspective on recovery permits an evaluation of biases that may have shaped my interpretation of the results. My perspectives on the process of recovery from child abuse have been influenced by several factors, namely, my clinical and research experience at the University of Saskatchewan while pursuing my master's degree, my work at the Adult Community Mental Health Clinic working with survivors, and my exposure to working with trauma survivors of motor-vehicle accidents.

#### **1.3.1 Academic Experience**

My first exposure to the issues of child abuse arose while attending the University of Saskatchewan for my master's degree. My supervisor at the time, Dr. Sandra Paivio, was leading a psychotherapy research project and I participated in a 14-week training program in process-experiential therapy for preparation to function as a therapist for her project. The project involved an examination of the process of resolution of unfinished business for survivors of child abuse (of any type). I was trained in Gestalt-oriented techniques such as empty-chair or two-chair dialogue and I developed an understanding of emotionally-focussed therapy. This experience shaped my view of emotions and their utility in recovering from trauma. Whereas traditional theories on emotions are primarily oriented toward viewing troublesome emotions as something to be mastered or controlled, this approach calls for a view of emotions which encourages the use of them as a source of

rich information and therapeutic change.

The primary model Dr. Paivio used was derived from the work of Greenberg, Rice, and Elliott (1993). This model focusses on the resolution of unfinished business through a process-experiential approach which involves an integration of client-centered, Gestalt (e.g., empty-chair and two-chair technique), experiential, and cognitive approaches. This approach is based on the view that the client's emotions or experiences in session provide access to maladaptive beliefs about oneself and others. For resolving unfinished business with abusers from the past, the goal is to access the emotions associated with the abuse through a present-centered, emotionally focussed approach. Accessing such emotions may involve memory evocation of the trauma or imaginary dialogue with the abusive other from the past. The aim is to direct a process which helps clients identify feelings, including physical sensations, and associated maladaptive beliefs about oneself and others. This, in turn, provides an opportunity to change pre-existing maladaptive emotion schemas and replace them with more adaptive and self-affirming beliefs.

### **1.3.2 Work Experience**

In addition to my academic experience, my beliefs about recovery have been influenced by my clinical work. I worked for several years in a program for female survivors of child sexual abuse at a local governmental mental health agency in Saskatoon. With this experience, I was influenced by the individual and group work provided for survivors. Although there was an overlap in approaches with the academic exposure described above, there were some aspects to this experience which furthered my understanding of the recovery process.

Similar to the model of resolution of unfinished business described above, the approach used in the clinical setting acknowledged the importance of accessing and expressing unresolved feelings associated with child abuse as a means to release contained emotions and access and restructure maladaptive beliefs. The primary difference in this respect was in the approach used to access such emotions. Instead of relying on empty-chair, a number of alternative self-exploratory and emotionally-based exercises were provided. Within a group context, exercises included writing a letter to the abuser, drawing, and other expressive activities. Workbook exercises and educational material were provided, which stimulated thought for survivors about their experience of abuse, the impact it had on them, and the resulting maladaptive beliefs that arose. These interventions were provided with the intention of promoting an internal shift in survivors' perception of self and of those who contributed to their ongoing difficulties. In addition, the group context was intended to aid survivors by helping them feel less alone in terms of their past experiences and ongoing struggles. It also served to minimize the sense of shame and self-blame associated with the abuse experiences.

Other aspects of recovery addressed at the clinic included helping clients cope with their current life experiences. Based on the assumption that strategies adopted in childhood to cope with the abuse were no longer functional, components of therapy included helping clients adopt healthier, or less maladaptive, strategies for coping with their feelings and life stressors, developing a support network, and becoming more functional in life in general. Focus on the latter could include addressing more practical concerns, such as the development of social skills, strategies for setting boundaries with others, and suggestions

for self-soothing at times when emotional triggers in the clients' emotional environments are strong.

In presenting the foregoing account of my academic and work experience, I do not intend to convey that I believe recovery can occur only within a structured therapeutic environment. I believe that healing or recovery can occur through a variety of life experiences. My bias is that the principles outlined above, including the need to access and express emotions to uncover and change existing maladaptive emotion schemes, play a prominent role in recovery and resolution of unfinished business from the past. I believe that the most powerful healing can occur when a trigger or life experience has a profound emotional impact on an individual, one that transforms maladaptive beliefs into more healthy beliefs about oneself or others. This type of transformation, from my perspective, can occur in a variety of contexts, with social support being an important, if not essential, part of recovery. For example, by having a supportive friend or family member listen to a survivor's story and associated feelings, including sadness and anger, healing can take place by helping the survivor recognize that he or she is not to blame for the abuse and by providing a nonjudgemental atmosphere in which the survivor can alleviate shame and other associated feelings. The key to resolution of abuse issues is having the opportunity for a corrective emotional experience, and social support appears to be an important route to providing such a corrective experience.

In addition, given that survivors typically are not provided with the necessary tools for coping with stressors and emotions or tools for identifying and developing healthy relationships in their childhood, I believe that the provision of information in this regard,

whether through educational material or social support, is important for establishing healthier coping strategies in adulthood. By helping survivors improve their overall functioning in life, including providing them with strategies to achieve their goals and to pursue a more fulfilling life, their negative view of themselves shifts, resulting in improved self-esteem.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 PREVALENCE OF CHILD ABUSE**

Child abuse is recognized as a prevalent problem in North America (Widom, 1989). In a report by the Department of Health and Human Services (2001, chap. 3), prevalence rates suggest that approximately 1.2% of children are victims of child abuse and neglect in the United States. Canadian prevalence rates of child maltreatment are comparable, with estimates ranging from 1% to 1.4% (Trocmé et al., 1998, p. 27). Based on these statistics, a breakdown of different types of maltreatment indicate that physical abuse is estimated to range between 2.3 to 3.75 cases per thousand children while estimates of sexual abuse range between .86 to 1.37 cases per thousand in both Canada and the United States (Department of Health & Human Services, 2001, chap. 3; Trocmé et al., 1998, pp. 32 & 34). Estimates of the prevalence of emotional abuse, however, are more difficult to identify, given that research has primarily focussed on sexual and physical abuse. The neglect of research on emotional abuse is due to the difficulty in operationally defining and measuring it and to its tendency to accompany physical and/or sexual abuse (Rich, Gingerich, & Rosén, 1997). However, reports by Trocmé et al. (1998) and the Department of Health and Human Services indicated that between .9 and 2.2 cases per thousand children were emotionally maltreated while between 3.7 and 7.1 per thousand were emotionally neglected in both Canada and the United States. Other investigations suggest

that approximately 11 to 13% of children between 1980 and 1984 demonstrated evidence of emotional abuse (American Humane Association, 1981, 1986; cited in Rich et al., 1997).

Rates of child sexual abuse (CSA) have been examined separately for male and female populations, as well as for clinical samples. Prevalence rates suggest that 15 % to 33% of the general female population experience sexual abuse (Finkelhor, Hotaling, Lewis, & Smith, 1990; Saunders, Villepontoux, Lipovsky, Kilpatrick, & Veronen, 1992; Wyatt, 1985). The rates of CSA are higher within female clinical populations, ranging from 35% to 75% (Briere & Runtz, 1988; Briere & Zaidi, 1989; Chu & Dill, 1990; Jacobson, 1989; Palmer, Chaloner, & Oppenheimer, 1992; Rohsenow, Corbett, & Devine, 1988). For males, the estimated prevalence of CSA ranges between 13% to 16% for the general population (Finkelhor et al., 1990; Fromuth & Burkhart, 1989) and 13% to 23% for clinical samples (Jacobson & Herald, 1990; Jacobson & Richardson, 1987; Metcalfe, Oppenheimer, Dignon, & Palmer, 1990; Swett, Surrey, & Cohen, 1990).

Based on the above statistics, it is clear that child abuse is a prevalent phenomenon which needs to be addressed in terms of prevention and treatment. It is likely that these prevalence rates are underestimates of the actual occurrence of abuse, given that not all individuals report their abuse to authorities or researchers. Some survivors may not have the resources or desire to pursue therapy, and, given the prevalence rates, professional help may not be immediately available to those individuals who must rely on public services with long waiting lists. Uncovering factors which facilitate recovery for individuals outside of therapy, therefore, may provide valuable insights for those who cannot, or do not wish to, access professional resources.



Another caveat in evaluating prevalence rates is that research on all forms of child abuse has encountered problems in identifying and defining child abuse (Hacking, 1995; Janko, 1994). As indicated by Andrew (1999), professionals and researchers have yet to construct clear, reliable, and valid definitions of child abuse and neglect. Child abuse tends to be understood differently by varying professionals, including legal theorists, social workers, medical personnel, and psychologists. Hacking (1995) noted how definitions of child abuse have varied depending on cultural changes over time, as well as the political agendas of those investigating its occurrence. As a prominent social issue, child abuse cases engage the interest of policymakers, social workers, legislators, etc., suggesting that such professionals have a vested interest identifying and understanding the consequences of abuse. Furthermore, definitions of child abuse differ substantially from one jurisdiction to another. For these reasons, the prevalence rates described above, as well as the subsequent section on the sequelae of child abuse, need to be evaluated in light of these varying conceptions of child abuse.

## **2.2 SEQUELAE OF CHILD ABUSE**

The following review focusses primarily on the sequelae reported by adult survivors; however, some research presented includes child and/or adolescent populations, given that childhood experiences, such as poor academic functioning, can affect later development (MacMillan & Munn, 2001; Malinosky-Rummell & Hansen, 1993; Tarter, Hegedus, Winsten, & Alaterman, 1984). Describing this research provides a basic understanding of the possible effects of childhood trauma, as well as evidence that many survivors would benefit from a process of healing or recovery in order to overcome such

negative effects.

Because of the difficulties in defining emotional abuse (Rich et al., 1997) and because limited research is available on the isolated effects of emotional abuse, a review of the effects of emotional abuse is presented in a separate section apart from the review of the effects of physical and sexual abuse. The following section covers a broad range of potential consequences of child abuse, ranging from academic and vocational difficulties to posttraumatic stress symptoms, and provides an understanding of the scope of potential effects of abuse.

### **2.2.1 Academic and Vocational Difficulties**

Research findings suggest that a relation exists between physical abuse and the development of intellectual and academic delays in children and adolescents (Rogeness, Amrung, Macedo, Harris, & Fisher, 1986; Rowe and Eckenrode, 1999; Shonk & Dante, 2001; Tarter et al., 1984; also see reviews by Ammerman, Cassisi, Hersen, Van Hasselt, 1986; Lamphear, 1985). For example, research indicates that maltreated children (who have experienced physical, sexual, or emotional abuse) are at greater risk than non-maltreated children of repeating a grade and receiving poor grades in math and English during elementary years (Rowe & Eckenrode, 1999). Research also suggests that physically abused girls have lower IQ scores than non-abused girls (Rogeness et al., 1986) and that adolescents who have observed or been victims of family violence engage in relatively high truancy rates compared to the general population (Pfouts, Schopler, & Henley, 1981; cited in Malinosky-Rummell and Hansen, 1993). Evaluating the cognitive performance of juvenile delinquents (82% male; 18% female) on intellectual tests, Tarter et

al. (1984) found that those without a history of physical abuse obtained higher verbal IQ scores on the WISC-R and the WAIS, as well as higher scores on the Comprehension and Similarities sub-tests than adolescents with a history of physical abuse. While emotional difficulties associated with abuse affect adolescents' academic performance, the detrimental effects on intellectual and/or academic functioning have also been attributed to neurological impairment as a result of physical abuse (Malinosky-Rummell & Hansen, 1993; Tarter et al., 1984). Limited research, however, is available on the academic and vocational difficulties of physically abused adult populations, (Malinosky-Rummell & Hansen, 1993); however, abused children and adolescents who suffer academically in childhood are likely to form negative views of themselves and their abilities which would, in turn, influence vocational choices.

Although academic difficulties have been emphasized less in research on the effects of child sexual abuse (CSA), there are indications that sexual abuse survivors experience academic difficulties in childhood (Kendall-Tackett, Williams, and Finkelhor, 1993). In a review of research on the symptoms of sexual abuse in children, Kendall-Tackett et al. (1993) found that five out of six studies indicate that sexually abused children experience problems at school and problems in learning. The authors reported, based on several studies, that 19%, 31%, and 23% of sexually abused preschool, school, and adolescent children experienced problems at school and problems in learning. Again, negative experiences in schooling may affect an individual's perception of self and subsequently restrict one's vocational choice. As an adult, the abuse survivor's recovery may involve rediscovering one's actual intellectual or academic ability through retraining or pursuing

higher education within a more positive and supportive home environment, thus allowing a discovery of one's actual abilities.

### **2.2.2 Substance Abuse**

Evidence suggests that a relation exists between child physical abuse and substance abuse in adolescence and adulthood (Duncan, Saunders, Kilpatrick, Hanson, Resnick, 1996; Malinosky-Rummell & Hansen, 1993). An estimated 13% to 35% of individuals who abuse substances report having been physically abused in childhood, a higher incidence than that reported for the general population (Kroll, Stock, & James; 1985; Schaefer, Sobieraj, & Hollyfield, 1988). Westermeyer, Wahmanholm, and Thuras (2001) found that 30.4% of substance abuse patients experienced child physical abuse. Furthermore, compared to patients without a history of sexual abuse, patients with a history of sexual abuse experienced more severe difficulties with substance abuse. In another study carried out by Schaefer et al. (1988), one out of three male veterans seeking inpatient treatment for alcoholism was found to have been physically abused as children. Researchers suggest that the link between child physical abuse and adult substance abuse is the result of abuse-related feelings such as depression, anxiety, low self-esteem, as well as self-destructive tendencies (e.g., Kroll et al., 1985; Schaefer et al., 1988). Schaefer and colleagues (1988) noted that abused alcoholics may feel compelled to drink for psychological relief. Recovery, therefore, may involve addressing these self-destructive behaviours by coming to an understanding of the physically abusive experience and by treating the addiction itself.

Research also suggests that a relation exists between childhood experiences of

sexual abuse and substance abuse. For example, in a study by Jasinski, Williams, and Siegel (2001), multiple incidents of child sexual abuse were found to be predictive of heavy alcohol use and binge drinking among young, adult African-American women with histories of child abuse. Zierler et al. (1991) found that women who were sexually abused in childhood were twice as likely to report a history of heavy alcohol use in their lifetime than non-abused women. Polusny and Follette (1995) cited research demonstrating that, in a community sample, more women with histories of CSA (15% to 22%) reported substance abuse/dependence than women with no abuse history (4% to 7%), and more women from clinical samples (27% to 37%) reported a lifetime alcohol-related problem than non-abused women (4% to 20%).

Research on individuals in substance abuse treatment programs suggests even higher rates of sexual abuse. Rohsenow et al. (1988) found that a majority of adolescent females (71%-90%) and adult women (75%) in an inpatient chemical dependency rehabilitation program reported histories of child sexual abuse. Research with clinical samples also suggests that more alcoholic women (67%) report a history of CSA than nonalcoholic women (28%) (Miller, Downs, Gondoli, & Keil, 1987). As with physically abused individuals, sexually abused individuals may abuse substances in order to cope with existing feelings associated with sexual abuse. As is noted later, sexual abuse has been associated with depression and other psychological symptoms (Herman, 1981; Briere & Runtz, 1986). Addressing feelings related to the sexual abuse may play an integral role in recovery for substance abusers (Courtois, 1992; Herman, 1997).

### **2.2.3 Anxiety and Depression**

A substantial body of research suggests that psychological dysfunction is often associated with sexual abuse (Briere & Runtz, 1988; Brown, Cohen, Johnson, & Smailes, 1999; Browne & Finkelhor, 1986; Cole & Putnam, 1992; Kendall-Tackett et al., 1993; Wyatt & Newcomb, 1990). Specifically, a strong association exists between sexual abuse and depression and suicidal behaviour (Brown et al., 1999; Briere & Runtz, 1986; Herman, 1981). For example, Brown et al., (1999), studying a group of individuals over a 17-year period, found that adolescents and young adults with a history of child maltreatment (neglect, physical abuse, and sexual abuse) were three times more likely to become depressed or suicidal compared to those without a history of abuse. Those with sexual abuse histories were eight times more likely to experience repeated suicide attempts. A review of the literature and several recent studies also suggest that adult male survivors of sexual abuse experience depression and low self-esteem (Bagley, Wood, & Young, 1994; Briere, Evans, Runtz, & Wall, 1988; Ray, 2001; Swett et al., 1990). For instance, in a study by Ray (2001), 25 male sexual abuse survivors reported several perceived effects of the abuse, including isolation, anger, depression/suicidal feelings, and a low sense of self-worth.

With regard to anxiety, reviews of the literature suggest a relation exists between history of CSA and symptoms of tension and anxiety (Beitchman et al., 1992). In a study carried out by Briere and Runtz (1988), female undergraduate students who were sexually abused as children reported higher levels of anxiety, somatization, and dissociation than non-abused students (Briere & Runtz, 1988). Drawing from a group of women involved in family service agencies and self-help groups, Pribor and Dinwiddie (1992) also found

that anxiety disorders (panic disorder, agoraphobia, social and simple phobia) were more prevalent for women who experienced child sexual abuse than for women with no abuse experiences.

One severe form of anxiety associated with individuals who have experienced child abuse is delayed or chronic posttraumatic stress which may be specifically associated with unresolved negative feelings towards the abuser. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) describes posttraumatic symptomatology as involving symptoms of intrusion or persistent avoidance of stimuli which elicit abuse-related memories, numbing of affect, irritability and hypervigilance. The individual with posttraumatic symptoms is described as someone who has experienced actual or imagined threat of injury by a family member or other individual, and who responded with intense fear, helplessness, or horror. Avoidance of fear-arousing stimuli is therefore likely to perpetuate posttraumatic symptoms by preventing the individual from exploring and restructuring maladaptive cognitions no longer relevant to the individual's current situation. Research cited by Polusny and Follette (1995) suggests that 33% to 86% of sexually abused individuals experience posttraumatic stress disorder. Widom (1999), reviewing the differential impact of different forms of child maltreatment, found that 37.5% of sexually abused, 32.7% of physically abused, and 30% of neglected individuals met the criteria for posttraumatic stress disorder. Banyard, Williams and Siegal (2001) compared a group of women who were sexually abused in childhood to women without a sexual abuse history on trauma-related symptoms. They found that sexual abuse survivors reported higher levels of anxiety and other trauma-related symptoms (e.g.,

avoidance, intrusion, depression) than non-abused women. Furthermore, among abused individuals, those with additional sexual trauma in adulthood reported even higher trauma symptomatology than those who had experienced sexual abuse in childhood only and those with no abuse history.

Adults who have experienced fear and powerlessness as children learn to suppress adaptive emotions, such as anger or sadness (Courtois, 1992; Greenberg, 1991; Herman, 1997; Weiss & Marmar, 1993). As victims of child abuse grow up, they learn to chronically suppress adaptive emotions and form maladaptive beliefs of self and others, such as viewing the self as weak or bad and others as untrustworthy. Denial and numbing of emotions are described as common responses to abusive situations, and the tendency to disconnect from emotional experience persists into adulthood (Cornell & Olio, 1991; Olio & Cornell, 1993). Figley (1985) indicated that individuals who experience posttraumatic symptomatology develop strategies for avoiding reminders of the painful experience because they become convinced that they cannot make peace with such an experience and therefore avoid such experiences altogether. Victims of abuse have a tendency to discount their feelings, emerging memories, and experiences. They tend to use family explanations and excuses as a means to discount their emotions. Janoff-Bulman (1992) indicated that early in the process of recovery, victims avoid the pain of traumatic memories through denial. Recovery from depression and anxiety, including posttraumatic stress disorder, may involve attending to the associated feelings and memories related to the abuse, in order to confront the fears and challenge maladaptive beliefs.

#### **2.2.4 Suicidal and Self-Destructive Behaviour**



Research indicates that a relation exists between child physical abuse and self-injurious or suicidal behaviour (Malinosky-Rummell & Hansen, 1993). For example, archival data have shown that physically or sexually abused adolescents demonstrate more suicidal attempts and ideation than non-abused adolescents (Cavaiola & Schiff, 1988; Deykin, Alpert, & McNamarra, 1985). Yesavage and Widrow (1985) found that parental conflict and severe child discipline abuse accounted for 44% of the variance in self-destructive acts in depressed male inpatients. In a study comparing the behaviour of physically abused alcoholic men to that of non-abused alcoholic men, more abused men displayed suicidal behaviour (Kroll et al., 1985).

In terms of survivors of child sexual abuse, research also suggests a behavioural tendency to be self-destructive. In a meta-analysis of the effects of child sexual abuse, depression and suicidal ideation were noted as consequences of sexual abuse (Oddone-Paolucci, Genuis, & Violato, 2001). Boudewyn and Liem (1996) described several subtypes of self-destructive behaviour characterized by acts which tend to shorten or diminish life, namely: “(1) suicidal behavior such as suicide ideation and suicide attempts; (2) deliberate self-harm such as self-mutilation, substance abuse, and termination of vital treatment; and (3) chronic self-destructiveness including failures in self-care, risk-taking, accident proneness, and habitual self-defeating behaviors” (p. 446). Several recent studies have found an association between CSA and the above classifications of self-destructive behaviour (Bagley & Ramsay, 1985; Briere et al., 1988; Briere & Runtz, 1986; Sedney & Brooks, 1984). These studies primarily involved female participants and little evidence is available on men (Boudewyn & Liem, 1996). Only one study reported a

relation between self-destructiveness and CSA among males (Briere et al., 1988).

However, given the limited research investigating the effects of CSA on men, it is difficult to draw conclusions from such findings.

Other reviews of clinical literature suggest a relation between suicidal behaviours and CSA (Briere & Runtz, 1993; Browne & Finkelhor, 1986). A study using a community sample of women found that female CSA survivors reported significantly more suicidal behaviour than a group of non-abused women (Jackson, Calhoun, Amick, Maddever, & Habif, 1990). Similarly, Saunders et al. (1992) found that suicidal ideation was present in 36% of women who experienced childhood rape, compared to 20% of non-abused women. In the same community sample, 18% of the CSA women attempted suicide compared to 6% of non-abused women.

In clinical samples, research also suggests a link between suicidal behaviour and CSA. For example, Brown and Anderson (1991) found that in a large sample of inpatient participants (59% men; 41% female), 75% of individuals with a history of child sexual or physical abuse reported suicidality and 88% of male inpatients with sexual abuse histories were suicidal while hospitalized. In another clinical sample of individuals (male and female) diagnosed with personality or mood disorders, 77% with a history of suicide attempts also experienced sexual abuse in childhood (Van der Kolk, Perry, & Herman, 1991). With regard to self-mutilation, Rodriguez, Ryan, and Foy (1992; cited in Polusny & Follette, 1995) found that 47% of sexually abused individuals reported a history of self-mutilating behaviour. In a 4-year study by Van der Kolk et al. (1991), 79% of self-mutilating men and women with psychiatric disorders reported experiencing CSA. The researchers also

found that individuals who experienced sexual abuse at an earlier age reported higher levels of self-mutilation and suicide attempts, suggesting that biological and psychological maturity influence how abusive experiences are managed.

The effects of CSA alone appear to vary according to the frequency and severity of its occurrence. In a study including 173 men and 265 women, Boudewyn and Liem (1996) found that the greater the frequency, severity, and duration of the abuse, the more depression and self-destructiveness was reported in adulthood. This finding suggests that for those with more severe experiences of CSA, the effects may be more enduring and difficult to change, rendering recovery more difficult.

The above research provides strong evidence for an association between CSA and self-destructive and suicidal behaviour, as well as some evidence for relations between child physical abuse and suicidality. Such behaviours may reflect tendencies to internalize anger and blame, and recovery may, therefore, be thought of as a process of directing anger to the abusers and finding alternative strategies for coping with such feelings.

### **2.2.5 Maladaptive Self/Other Representations**

Child abuse has also been associated with maladaptive beliefs about self and others. An adult who experiences trauma may come to view himself or herself as weak or bad, and others as untrustworthy. These beliefs are formed at the time of the traumatic situation and influence the individual's perception of reality. Ratican (1992) indicated that survivors of sexual abuse tend to blame themselves for the abuse. They view themselves as being intrinsically bad and having done something to deserve such treatment. The abuser may be excused because of personal problems, such as being drunk, sexually frustrated or sick.

Sexual abuse survivors can become passive and turn the anger against themselves which results in depression. They feel different, isolated, and ashamed of their experience.

The experience of shame or negative perceptions of self has been examined in survivors of sexual abuse (Browne & Finkelhor, 1986). For instance, a recent study carried out by Barker-Collo (2002) revealed that female survivors who were sexually abused before 10 years of age tended to blame themselves for the abuse. In turn, self-blame was predictive of overall adulthood symptomatology and the presence of suicide attempts. Yet, there has been virtually no attention paid to the association between shame and other forms of abuse, such as emotional or physical (Hoglund & Nicholas, 1995). However, Suffridge (1991) indicated that all forms of child abuse (emotional, physical, or sexual) have similar effects on individuals in that they reflect parents' (or other significant persons') failure to provide nurturing and supportive care of children. Literature indicating that abused individuals experience maladaptive perceptions of self and others suggests that these individuals may need to undergo a change in such perceptions, possibly by having a corrective experience (e.g., through a healthy relationship based on respect of boundaries) or by some other means.

### **2.2.6 Anger and Violence**

Research suggests that a link exists between physical abuse in childhood and violent behaviour as an adolescent and adult (Malinosky-Rummell & Hansen, 1993). Compared to the general population, higher rates of violent behaviour in adolescence, including dating and extra-familial violence have been noted in maltreated individuals (Garbarino & Plantz, 1986; Roscoe & Callahan, 1985), with adolescent boys being at higher risk for aggressive

behaviour (Wolfe, Scott, Wekerle, & Pittman, 2001). Malinosky-Rummell and Hansen (1993) also described research suggesting a relation between “physical abuse and violence toward nonfamilial persons” (p. 70). For example, convicted male felons, particularly sex offenders, demonstrated higher rates of child physical abuse than noninstitutionalized males (Sack & Mason, 1980). A study examining a small group of homicidal depressed outpatients (4 women; 2 men) reported that this group experienced higher rates of physical abuse than a non-homicidal depressed group (Rosenbaum & Bennett; 1986). McCord (1983) also reported a relation between physical abuse and later violent behaviour. McCord found that parental aggression, including physical abuse, was positively related to violent criminal behaviour, such as assault, rape, and murder, in a group of adult males.

In terms of familial violence, research suggests that a relation exists between child physical abuse and subsequent adult violence towards children, dating partners, and spouses (MacMillan, & Munn, 2001; Malinosky-Rummell & Hansen, 1993). Reviews of research indicate that approximately one third of neglected or physically abused adults are abusive toward their own children (Kaufman & Zigler, 1987). Other research suggests that approximately 74% of males and 77% of females who were abusive toward their dating partners used the same form of violence they witnessed or observed in childhood (Bernard & Bernard, 1983) and individuals (both men and women) physically abused in childhood are more likely to be violent with dating partners (Laner & Thompson, 1982) and toward spouses (Fitch & Papantonio, 1983; Roscoe & Benaske, 1985).

The above research provides evidence for an association between child physical abuse and subsequent adult violent behaviour. Adults physically abused as children may

have learned to externalize their anger and, as modelled by their family of origin, to become physically violent towards others. Recovery, therefore, may involve the provision of education regarding family violence and learning to take ownership for personal reactions and feelings, instead of externalizing and blaming others for one's responses.

### **2.3 EMOTIONAL ABUSE**

As indicated earlier, little research has specifically targeted the impact of emotional abuse (Claussen & Crittenden, 1991; Mullen, Martin, Anderson, Romans, & Herbison, 1996; Rich et al., 1997). According to Rich et al. (1997), the exclusion of psychological research on the effects of emotional abuse is a reflection of the difficulty of operationally defining and measuring such abuse. One view of emotional abuse provided by Hart, Germain, and Brassard (1983; cited in Rich et al., 1997) defined psychological abuse of children as consisting of:

acts of omission and commission which are judged . . . to be psychologically damaging. . . . Such acts damage immediately or ultimately the behavioral, cognitive, affective, or physical functioning of the child. Examples of psychological maltreatment include acts of rejecting, terrorizing, isolating, exploiting, and mis-socializing. (p. 2)

The current definition of psychological maltreatment, as reported by the American Professional Society on the Abuse of Children (1995; cited in Binggeli, Hart, & Brassard, 2001) is that it involves a "repeated pattern of caregiver behaviour or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs" (p. 5). Many theorists suggest that it is useful to include two components in the definition of emotional abuse, that is, neglect and deliberate acts causing emotional disturbance (Garbarino, Guttman, & Seeley, 1986). Both

components, abuse and neglect, have been incorporated into child abuse laws.

Although some researchers have compared the differential effects of physical, sexual, or emotional abuse (Mullen et al., 1996), most research has primarily focussed on the impact of sexual and physical abuse, with sexual abuse being most heavily emphasized (MacMillan & Munn, 2001). Another issue with regard to identifying the effects of emotional/psychological abuse is that it is difficult to separate it from the dysfunctional environment which is likely to be present in physically or sexually abusive settings (Claussen & Crittenden, 1991). Mullen et al. (1996) reported that abuse is more likely to be present in disturbed families and in those families with economic and social disadvantages, suggesting that abuse is set within a context of stress and maladaptive coping styles.

In spite of the difficulties in identifying and studying the effects of emotional abuse, there are indications that emotional abuse alone can have deleterious effects on the adult functioning of individuals. Mullen et al. (1996) found that, similar to the effects of physical and sexual abuse, emotional abuse was associated with higher rates of sexual difficulties, psychopathology, interpersonal problems, and decreased self-esteem. In their study, the researchers compared a group of emotionally abused women to a control group. The emotionally abused participants were more likely to have an eating disorder, experience depressive illness and suicidal behaviours, and to have been psychiatric inpatients than the control group. Those with a history of emotional abuse also were found to experience lower self-esteem than the comparison groups. In a longitudinal study which investigated the effects of verbal abuse on several cohorts between the ages of 5 and 22, Johnson et al.

(2001) found that those who were verbally abused in childhood were more than three times as likely than those without verbal abuse to have narcissistic, borderline, obsessive compulsive, and paranoid personality disorders during adolescence and adulthood.

In another study examining the differential effects of emotional, physical and sexual abuse (Briere & Runtz, 1990), emotional abuse was uniquely associated with low self-esteem in a sample of undergraduate women, while women with physical abuse histories were more likely to be aggressive, and women who had been sexually abused were more likely to experience maladaptive sexual behaviour (i.e., use sex to meet other needs). In this study, Briere and Runtz (1990) also found that physical and psychological abuse tended to occur together. The combined effects of both forms of abuse were associated with symptomatology in all three areas, namely, low self-esteem, anger/aggression, and dysfunctional sexual behaviour. Rich et al. (1997) also examined the effects of emotional abuse alone, and in combination with other forms of abuse. The authors found that college students (men and women) who experienced emotional abuse, alone or in combination with other abuse, experienced more symptoms of depression than individuals not reporting any abuse. Other indicators of psychological distress, such as anxiety and obsessive-compulsiveness, were present in those who experienced psychological abuse.

Although limited research on the effects of emotional abuse is available, the research suggests that it can have deleterious effects on the mental health of adult individuals. It would be reasonable to assume that emotionally abused individuals have internalized maladaptive messages about the self, which have impacts on self-esteem,



confidence, and ability to trust. Recovery may involve a process of examining such belief systems and their source, and replacing them with more adaptive beliefs about self. For those not attending therapy, resources might include self-help books, or involvement in healthy relationships which provides an opportunity for a corrective experience.

## **2.4 RESILIENCE AND RECOVERY**

As indicated by the foregoing review, there are many potentially deleterious effects associated with child sexual, physical, or emotional abuse. However, the abundance of research available on the effects of abuse may give an inaccurate impression that *all* abused individuals suffer negative consequences. As indicated by Runtz and Schallow (1997):

One unfortunate side-effect of the rapid expansion of research into the long-term sequelae of child maltreatment has been the apparent creation of an image of the former victim of child abuse as an individual who is invariably damaged both psychologically and socially. In actuality, there is a great deal of variability among former child abuse victims with regard to the type and extent of their subsequent difficulties in functioning. (p. 212)

Research on resilience, in contrast to the above review of the sequelae of child abuse, suggests that there is a subgroup of individuals who are not traumatized by their abusive experiences or who experience minimal deleterious consequences (Feinauer et al., 1996; Monaghan-Blout, 1996; Runtz & Schallow, 1997; Werner & Smith, 2001). For example, in a review presented by Kendall-Tackett et al. (1993) on the consequences of CSA, the researchers noted that approximately one-third of sexually abused children displayed no symptoms following the abuse and a significant number recovered quickly. Discovering the factors that assist individuals to overcome or avoid altogether the potentially negative effects of abuse may be important for prevention and for intervention

with abused children and adults. The following section reviews how resiliency has been conceptualized as well as some research describing factors associated with resiliency. This review highlights some factors which potentially play a role in recovery and provides a basis for differentiating the present study from previous research on resiliency.

One problem in research on resilience, as noted by several authors (Heller, Larrieu, D'Imperio, & Boris, 1999; Kinard, 1998; Lam and Grossman, 1997), is that there has been no standard definition and few standard means to measure resilience. In summarizing definitions of resilience provided by several researchers, Lam and Grossman concluded:

Protective factors and processes . . . are defined as the characteristics (involving biological, personal, life, family, or social circumstances) which buffer the negative effects of stress in a way that protect individuals from maladaptation. Resiliency, the related construct, is conceptualized as protective factors interacting with adversity such that successful adaptation is promoted. (p. 177)

Rutter (1985) indicated that resiliency involves “encountering stress at a time and in a way that allows self-confidence and social competence to increase through mastery and appropriate responsibility” (p. 608). Werner and Smith (2001) noted that resilience has been defined as a dynamic process which leads to positive adaptation within the context of significant adversity or risk. Based on the variety of definitions available, Liem, James, O'Toole, and Boudewyn (1997) concluded that resiliency is generally considered to be a relatively stable characteristic “equated to coping reasonably well in the face of known risk factors for developmental impairment” (p. 595). In contrast to this view, however, Cicchetti and Garmezy (1993) noted that resilience is *not* a static trait. The authors indicated that changes in vulnerabilities and strengths arise throughout developmental transitions as well as during periods of great stress. For this reason, following children

over time who are considered resilient would be important in highlighting the process (Cicchetti and Garmezy, 1993). In addition, Cicchetti and Garmezy noted that resilient individuals may maintain competent functioning in spite of emotional difficulties, suggesting that resilient children may also require emotional support and experience vulnerabilities throughout their lives.

An additional perspective described by Masten, Best, and Garmezy (1990) is that resilience is:

the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. Psychological resilience is concerned with behavioral adaptation, usually defined in terms of internal states of well-being or effective functioning in the environment or both. (p. 426)

According to Masten et al. (1990), the term 'resilience' has referred to three different types of phenomena. The first definition of resilience refers to the successful adaptation of individuals who are at high risk for adjustment difficulties. High risk factors include poverty, low socioeconomic status, low maternal education, family instability, low birth weight, and schizophrenia in the biological mother. These risk factors have been associated with lower work and academic achievement, as well as difficulties with the law. The second reference to resilience describes individuals who display competent functioning in spite of severely challenging circumstances. This form of resilience refers to effective coping and the ability to restore or maintain external and internal equilibrium while under significant threat. One example of an adverse situation that challenges one's equilibrium and developmental adjustment is parental divorce. Factors such as quality of care-giving, belief in one's self-efficacy, religious beliefs, and intellectual skills have been found to

contribute to resilience (Masten et al., 1990). Finally, the third way in which resilience has been defined refers to recovery from trauma. In this case, a traumatic event was identified as an experience which overwhelms coping resources. In terms of child maltreatment, the authors did not provide an explicit definition of the term ‘recovery’; however, they implicitly associated recovery for abused children with emotional and social adjustment and subsequent effectiveness in parenting. The point, here, is to note that the term ‘resilience’ has been defined in a variety of ways. As noted by Cicchetti and Garmezy (1993), “researchers must clearly operationalize their definition of resilience. At present, various researchers employ different definitions of resilience that can range from the absence of psychopathology in the child of a mentally ill parent to recovery of function in a brain-injured patient” (p. 49).

As a result of such diversity of definitions, different characterizations of competent adaptations emerge as well as disparate rates of resilience among risk groups. The degree of specificity or generality in using the term also can result in vastly different conclusions. The present study provides a clearer conceptualization of resilience by examining adults who engage in a process of self-recovery and by distinguishing them from resilient individuals who experience minimal deleterious consequences of abuse. Distinguishing adults who engage in self-recovery from those who experience minimal deleterious consequences should provide both a clearer understanding of self-recovery and a basis for comparison with the literature on resilience.

#### **2.4.1 Resilient Survivors of Abuse**

Resilience has been investigated in diverse contexts, including poverty, war

experiences and other adverse circumstances (Werner & Smith, 2001). Research on resilience from child maltreatment, to date, suggests that while there are undeniably deleterious effects of abuse, they are not universal (Monahan-Blout, 1996; Wilkes, 2002). For example, in a review of 45 studies of sexually abused children, Kendall-Tackett et al. (1993) found that 21% to 49% of sexually abused children were assessed as having no symptomatology. In a more recent study of 676 adults who were abused and neglected as children, 20% met the criteria for resilience, defined by level of functioning across eight domains (i.e., employment, homelessness, education, social activity, psychiatric disorder, substance abuse, and two dimensions of violence) (McGloin and Widom, 2001). There are some indications that severity of response to child abuse may depend upon specific factors such as the amount of personal threat (Davidson & Foa, 1991), the degree of predictability and controllability (Jones & Barlow, 1990), and the degree to which the individual inflicted trauma on others (Herman, 1997).

Research suggests, therefore, that there are some factors which serve to intensify the deleterious effects of abuse, while others serve to ameliorate such effects. For example, Lam and Grossman (1997) examined protective factors and their relation to adaptation in groups of women with or without child sexual abuse experiences. They indicated that protective factors and processes (such as internal locus of control, self-esteem, hope) interact with adversity in such a way that facilitates adaptation or resiliency. Lam and Grossman (1997) identified several protective factors, such as constitutional, personality, other psychological, familial and social support characteristics, which were predicted to be associated with greater adaptive outcome for 264 female undergraduate students, including

sexual abuse survivors and groups with no child sexual abuse experience. Results indicated that the women in both groups who possessed a greater number of protective factors, also experienced higher levels of functioning. In this case, level of functioning was identified by scores on three indexes: depression, symptom severity, and social adjustment.

Runtz and Schallow (1997) reported several factors described in the literature which mediate the impact of child abuse (sexual, physical abuse or neglect). Factors such as parental warmth, social support, family functioning, support and belief from the non-offending parent (in cases where the abuse originates in the family), may modify the impact of abuse. Additionally, Runtz and Schallow (1997) described how individual differences in cognitive processing, such as causal attributions, feelings of self-blame and stigma, and search for meaning of abusive experiences, play a role in adaptation. In their study, the authors examined how variables such as social support (identified by self-reports of perceived support from family and friends) and coping style (identified by self-reports of coping styles such as avoidance, anxiety, expressiveness, cognitive style, and self-destructive behaviour) mediated the relation between child maltreatment and adult adjustment for 191 female and 110 male undergraduate students. Results indicated the association between current psychological adjustment and child maltreatment (physical and sexual) is strongly mediated by coping strategies and social support. Participants who reported adaptive coping and a higher level of social support demonstrated a higher level of psychological adjustment, as measured by a psychological distress and self-esteem inventory. Another study carried out by Feinauer et al., (1996) also suggested that women with greater adjustment in intimate relationships experience less depression, regardless of

severity of sexual abuse.

Based on literature indicating the moderating effect of how individuals make meaning of abuse experiences, Feinauer and Stuart (1996) examined the relation of attribution of blame and recovery from child sexual abuse. Specifically, they examined the moderating effect of four attribution styles (blaming self, blaming fate, blaming self and fate, blaming the other) in the adjustment of 176 women who experienced child sexual abuse. Results indicated that individuals who blame self, fate, or both self and fate had higher levels of symptomatology, while those who blamed the perpetrator demonstrated the lowest level of symptomatology. Another study investigating cognitive styles and their relation to resilience indicated that, irrespective of abuse history, cognitive illusions (belief in personal ability to control events and belief that the events are more positive than negative) were positively related to adaptive functioning and psychological well-being in a sample of female college students (Himelein & McElrath, 1996).

Liem et al. (1997) identified individual and social factors that were associated with resilient outcomes for adults (male and female undergraduate students) with CSA histories. Using positive self-worth and an absence of depression as criteria for resilience, the researchers found that resilience was influenced by individual, environmental, and event characteristics. For example, resilient individuals were more likely to attribute desired outcomes to themselves (internal attribution style) than to an external factor (external attribution style). They were less self-destructive and experienced less stressful family environments during childhood. They were also less likely to blame themselves for the CSA and less likely to have sought help through psychotherapy.

In discussing resilience in maltreated children, Mrazek and Mrazek (1987) identified a number of personal characteristics and life circumstances that can foster resilience. For example, in terms of personal characteristics, they reported that resilient children tended to be precociously mature, seek information, form and utilize relationships for survival, believe in their worthiness to be loved, and cognitively restructure the painful experiences. Life circumstances that can foster resilience include having educated parents, a supportive family, additional caretakers, good health and access to education, and belonging to upper social class.

Qualitative research also has provided insight into factors associated with resilience. Henry (1999) studied a group of adopted adolescents who had experienced child maltreatment but who demonstrated adaptive coping. He found several factors descriptive of this resilient group, including loyalty towards parents, a tendency to normalize the abusive environment (giving a greater sense of control over the environment), the ability to create a sense of invisibility in the presence of the abuser during childhood, the establishment of self-value to overcome negative thoughts, and the ability to visualize the future. Another qualitative study carried out by Valentine and Feinauer (1993) identified themes of resilience for a group of 22 women who experienced child sexual abuse. Resiliency was based on self-reported level of functioning. All women were employed or living in the community; none had been institutionalized, in prison, or in shelters for the homeless or battered, and no women were using state or welfare assistance. The researchers interviewed the women in order to obtain information about their understanding of the abuse and to inquire about significant events that assisted them to



overcome the experience. Based on an analysis of themes, Valentine and Feinauer (1993) found five primary factors associated with resilience:

the ability to find emotional support outside the family; self-regard or ability to think well of oneself; religion or spirituality; external attributions for blame and cognitive style; and an inner directed locus of control which seemed to emanate from internal values rather than from expectations and directions of others. (p. 218)

Overall, the research on resiliency suggests that personality characteristics and environmental factors play a role in recovery for survivors of abuse. Personality characteristics, such as coping style, external versus internal attribution of blame, ability to restructure the experience, and self-regard, as well as environmental factors, such as level of familial stress, social support, and socioeconomic class, appear to be involved in resiliency.

One problem in the above research, however, is that the manner in which resiliency is operationalized may include two groups of individuals: those who have undergone minimal traumatization or negative effects from the experience of child abuse, given the personal and environmental resources present at the time of the abuse, and those who experienced the negative consequences of abuse into adulthood, but succeeded at overcoming its effects due to a conscious effort or shift in personal/environmental resources. Given that research primarily focusses on the current status of the individual to determine resiliency (e.g., current level of depression or functioning), it is less clear how the *process* of recovery or resiliency occurred. Did the participants experience personal suffering for an extended time following the abuse or did their resources at the time of the abuse enable them to cope in a way that limited the negative impact they would have

endured otherwise? Furthermore, rarely does resilience research report whether the individuals used psychological resources such as mental health professionals (e.g., psychologists, psychiatrists, counsellors, etc.) to overcome their experience of abuse. More recent research on resilience has included individuals who have been in therapy. In one recent study (Wilkes, 2002), participants considered resilient (identified as those who have not become abusive as parents) included individuals who had been in therapy for less than one year. Blum (1998) cited research that identified a man as resilient who reached a point in adulthood (mid-twenties) in which he was suicidal, wrote a suicide note, and put a gun to his head before deciding to change his life and pursue psychotherapy and recovery. Defining such individuals as “resilient” contributes to the confusion about what constitutes resilience. Differentiating individuals who have recovered through personal resources in adulthood (without the use of mental health services) from those who experienced minimal consequences due to immediate coping resources at the time of the abuse will help clarify how recovery experiences are understood. In this way, consequences of abuse for those undergoing recovery in adulthood are not minimized, while insight can be gained into the manner in which these individuals manage to overcome such deleterious consequences.

## **2.5 THE INFLUENCE OF CULTURE**

As described earlier, this study describes factors found helpful in recovery from child abuse within a cultural context. The overall climate of attitudes and beliefs within Canadian/American culture regarding the process of recovery from abuse are observed and integrated into an understanding of individual stories of recovery. This cultural focus is based on the assumption that individuals are influenced by the social and political

environment in which they live, in terms of understanding and responding to environmental messages.

The concept of culture has a long history in the human sciences, yet there is little consensus about its characterization (Misra & Gergen, 1993). However, one shared concept noted in the psychological literature suggests that:

culture is a historically situated, collective product, constituted by the *values, beliefs, perceptions, symbols*, and other *humanly created artifacts* which are transmitted across generations through language and other mediums. In this sense culture reflects the value-seeking process of human beings and implicates a particular worldview or design for living. Culture is simultaneously a product of human action as well as a determinant of future human action, a composite of meanings and associated traditions which define, inform, and constitute the range of our understandings and investments. (Misra & Gergen, p. 226)

According to the above definition, Misra and Gergen (1993) described culture as being “inescapably psychological in its composition” (p. 226). Weingarten (1995b) indicated that “cultures select versions of stories to legitimate and ones to deny, repress, trivialize, marginalise and obscure” (p. 9). Ratner (1997) indicated that cultural meanings and concepts, which are collectively created, enable people to communicate about experiences, and that they underlie psychological phenomena. For example, he described how people tend to feel angry at another’s harmful actions because of perceived intention to harm. “Deliberate intention to harm” is, according to Ratner, a social construct which is popularly accepted in Western society as a way to understand behaviour. Ratner (1997) contrasted this perspective with other societies who interpret harmful action as being an act of fate or God’s will. This latter interpretation does not elicit anger, and harmful action would not be perceived as the perpetrator’s fault. In terms of psychological dysfunctions, Ratner (1997)

stated that:

they are . . . organized by social concepts. Disorders depend on people's understanding of misfortune, their expectations about receiving support and about resolving the misfortune, their sense of self and body image, and their ideas about coping with stress. All these components of dysfunction are structured by social concepts. (p. 95)

Since child abuse has become recognized as a prevalent phenomenon with potentially detrimental consequences for the emotional and physical well-being of individuals, survivors have been given permission to tell their stories and to acknowledge and attribute many personal difficulties to such experiences. The extent to which personal struggles and difficulties can be exclusively attributed to abuse experiences cannot be easily determined. However, society endorses and accepts individual stories about its negative effects as well as the necessary steps to recovery. In part, this climate is created by mental health professionals who research and discuss abuse issues, but it is also created by personal stories of individuals and the popular media which are readily available to the public. In effect, one's relationship to abuse has become somewhat of a social phenomenon. Weingarten (1995a) stated that:

the terms by which we understand the world are a product of historically situated interchanges between people, not reflections of an objective reality outside of us that can be known through ever more accurate empirical investigations. . . . The degree to which a given understanding prevails is not fundamentally dependent on its objective validity, but on its use by a community of speakers, listeners, writers, and readers. . . . What we know and understand is shared with others and these negotiated meanings influence the actions we can take. (pp. 1-2)

In terms of child abuse, one's understanding or self-perception of being abused appears to be a culturally identified phenomenon. For example, one study demonstrating the impact of social or cultural climate was carried out by Etherington (1995). He

described how a group of abused males had difficulty defining their experience of abuse and were confused about whether their childhood experience was normal. Only through external information sources did they come to define themselves as having been abused, often during puberty, suggesting that social beliefs and attitudes toward such behaviour play an influential role in making meaning of experiences.

Scott (1990; cited in Weingarten, 1995b) described discourse as a “historically, socially, and institutionally specific structure of statements, terms, categories, and beliefs” which are present in texts, institutions, and social relationships (pp. 135-136). It was only 20 years ago that the discourse of sexual abuse was difficult to “hear” (Weingarten, 1995b). Today, this discourse is recognized as a legitimate concern, which is reflected by the substantial literature and research available.

In researching issues related to child abuse, therefore, it is important to recognize the cultural context in which it is being examined and understood. By acknowledging the cultural language and belief systems regarding abuse, misconceptions and taken-for-granted assumptions can be more readily evaluated. Assumptions regarding the definition of abuse, its detrimental effects, and the process required to overcome such experiences can be evaluated in light of this context so that alternative perspectives can be integrated into a more comprehensive understanding of the phenomenon. The following section includes a discussion of how culture (other than in a comparative sense) has been a neglected topic in mainstream psychology, how its inclusion in research may contribute to a greater understanding of human behaviour, and how culture and child abuse has been investigated to date.

### 2.5.1 The Study of Culture in Psychology

Recent literature suggests that the study of culture has occupied a secondary place in mainstream psychology (Betancourt & López, 1993; Gergen, Gulerce, Lock, & Misra, 1996; Misra & Gergen, 1993; Ratner, 2002). Historically, culture has nearly always been absent or perfunctory in undergraduate psychology textbooks; however, in the past few years writers have attempted to rectify this absence (Segall, Lonner, & Berry, 1998). In spite of this shift, psychologists note that there continues to be a widespread neglect of culture in the study of psychological processes.

Although culture was a domain of inquiry as early as 1888, the growth of psychology in the 20th century marginalised culture and rendered it invisible (Misra & Gergen, 1993). Psychology has used the laboratory as a site for investigation with the goal of understanding universal human functioning. The emphasis has been on studying human behaviour under controlled, artificial conditions with the search for generalizable and replicable knowledge. Misra and Gergen (1993) indicated that the prime concern of psychologists was to develop a psychological “science” which was identified as being objective, experimental, and universal. As a result, the conditions were set for a culturally decontextualized science of behaviour. Methodological considerations resulted in the neglect of investigations which were not within the realm of experimentation as well as the overuse of available methods (Misra & Gergen, 1993). Individuals were thus decontextualized, and “like machines . . . [who] were assumed to respond lawfully to the incoming stimuli administered by the experimenter” (Misra & Gergen, 1993, p. 227). This orientation to the study of psychology contributed to placing culture in the periphery.

According to Cole (1996), psychologists have had difficulty keeping culture in mind because the institutionalization of psychology as a social/behavioural science resulted in a variety of inquiries into the processes of the mind which were divided among several sciences. For example, social life inquiries were allocated to the domain of sociology, language to linguistics, and culture to anthropology. Cole (1996) also attributed the above difficulty to the tendency for psychologists to treat culture as an independent variable and mind as a dependent variable. As a result, the unity between culture and mind was fragmented and their association became temporally ordered with culture as the stimulus, and mind as the response. Cole (1996) described a similar situation for cross-cultural psychologists who struggle to reunite the fragmentation which results from the division of human sciences into the humanities and social sciences.

The emergence of cross-cultural psychology significantly influenced the growth of culture as a focus of investigation in psychological phenomenon (Misra & Gergen, 1993). Cross-cultural psychology began following World War II and it evolved particularly rapidly with the increased salience of international perspectives associated with the cold war (Segall et al., 1998). Cross-cultural psychology is primarily comparative in nature (both explicitly and implicitly) and seeks to identify the various cultural factors which influence development and behaviour. The primary strategy of cross-cultural psychology is to situate culture on a hypothesized dimension, typically psychologically oriented, in order to observe behavioural variation with a focus on the individual (Lonner & Adamopoulos, 1997). Although cross-cultural psychology has diverse theoretical orientations, ranging from absolutism (all human phenomenon are basically the same) to

relativism (cultural comparisons are ethnocentric and invalid), cross-cultural psychologists typically acknowledge the role of both biological factors and cultural factors as influences on human behaviour (Segall et al, 1998). Cross-cultural psychology, therefore, has played a valuable role not only in its acknowledgement of the important place of culture in human behaviour, but also in bringing to the forefront alternative approaches to investigating culture, which are discussed in the following section.

The growing focus on cultural significance in the study of psychology is reflected by the recent literature discussing and acknowledging the important role of culture in psychology (Cole, 1996; Ratner, 1997; Segall et al., 1998). The term *cultural psychology* has emerged which is distinct from mainstream psychology and cross-cultural psychology (Shweder, 1990). Shweder (1990) described cultural psychology as:

the study of the way cultural traditions and social practices regulate, express, transform, and permute the human psyche resulting less in psychic unity for humankind than in ethnic divergences in mind, self, emotion. Cultural psychology is the study of the ways subject and object, self and other, psyche and culture, person and context, figure and ground, practitioner and practice live together, require each other, and dynamically, dialectically, and jointly make each other up. (p. 2)

The fundamental idea of cultural psychology is that sociocultural environments cannot have an identity or exist independent of the manner in which individuals capture meanings and resources from them. In turn, the mental life and subjectivity of individuals are altered through such seized meanings and resources. Shweder (1990) defined a sociocultural environment as an intentional world in the sense of being real and factual as long as a community of individuals' beliefs, emotions, and other mental representations are directed at it: "Intentional things have no "natural" reality or identity separate from human



understanding and activities. Intentional worlds do not exist independent of intentional states (beliefs, desires, emotions, etc) directed at them and by them, by the persons who live in them” (p.3).

Cultural psychology, therefore, involves the study of intentional worlds and the personal functioning and interpersonal maintenance in particular and general intentional worlds. Cultural psychology also involves the investigation of divergent realities in which it is impossible to separate subject and object because of the interdependent nature of each.

According to Ratner (1997), cultural psychology is any discipline in which psychological phenomena are recognized as having cultural origins, characteristics, and functions. This includes disciplines such as cross-cultural psychology, psychological anthropology, history, and sociology, all of which attempt to investigate the effects of culture on emotions, personality, reasoning, perception, memory, and psychological disturbances. He indicated that one emphasis of cultural psychological methodology is to develop an understanding of people’s social structures, including division of labor, norms of behaviour within sectors, cultural values, and ideologies which affect behaviour. This form of cultural methodology is associated with external or “objectivist” methodology because of its concern with overt social facts. Ratner (1997) described this objective approach to cultural psychology as being inadequate in that it does not sufficiently portray the cultural character of psychological phenomena. Specifically, psychological phenomena such as perception, needs, emotions, personality, and cognitive processes cannot be read from social facts. While acknowledging the value of investigating social systems, Ratner

indicated that it does not foretell the specific ways in which psychological phenomenon reflect social practices, values, and conditions. In this sense, Ratner argued for the cultural psychologist to investigate subjective psychological phenomena. In particular, he advocated a qualitative paradigm in which to investigate individual subjectivity as a means to discover the cultural features embedded within it. Ratner (1997) stated that:

Qualitative cultural psychological methodology investigates individuals as the best way to elucidate the cultural character of psychological phenomena. Paradoxically, culture exists in the real activities of individuals, not in overt, normative behavior, conditions, or policies. . . . Recognizing that individual psychology may not perfectly mirror social conditions, ideologies, and norms does not mean that individuals are insulated from these social phenomena. It only means that the cultural character of psychology is a complex derivative from cultural activities and cannot be read off from them. A qualitative cultural psychological methodology is needed to discover the subtle, complex cultural facets of psychology that are not apparent in conditions, norms, policies, ideologies, and values (p. 2 and 3).

Although studying the subjective experience of an individual may highlight cultural features embedded within it, such experience may escape the individual's cognizance. In other words, the description of a subjective experience provided by an individual may not reflect his or her awareness of its cultural features. The observer (or researcher) who analyses the subjective experience attempts to detect and identify cultural features, relationships, and dynamics which may not be present in the individual's awareness.

Qualitative psychological methodology is in its infancy and, according to Ratner, there is a pressing need to systematize this methodology in such a way that is informed by a concrete knowledge of culture. According to Ratner (1997), the nature of psychological phenomena is complex and expressed only through extended responses which can be captured by qualitative methodology. A central and distinct concern of qualitative

methodology is to infer mental activity from extended responses. Interpretation requires skills such as sensitivity to psychological meaning, a capability to identify distinctive meanings in seemingly similar expressions, the ability to identify relationships in psychological phenomena, and the competence to observe coherent meanings across disparate expressions. With this qualitative approach to examining psychological experience, the collectively formed cultural meanings/concepts which underlie psychological phenomena can be identified (Ratner, 1997).

In the present study, I attempt to address the issues described above, including the necessity to evaluate psychological phenomena within a cultural context. By using a qualitative approach to examine psychological experience, the collectively formed cultural meanings that underlie the descriptions of recovery can be identified. The following section provides a discussion of Western and Canadian/American socio-cultural values, their noted similarities, and differences. As indicated earlier, this discussion highlights the context within which individuals in this study respond to and understand their experiences of abuse and recovery.

### **2.5.2 Research on Western and Canadian/American Cultural Values**

Much of the psychological research on cultural diversity in beliefs and values has investigated differences between groups of countries, distinguishing Western countries (e.g., the United States and Western Europe) from other countries such as China and Japan along dimensions of collectivism and individualism (Markus, & Kitayama, 1991). In this research, countries are viewed as the equivalent of culture, and cultures are distinguished according to language, time, and place (Triandis, 1995). Researching the

constructs *individualism* (IND) and *collectivism* (COL) has primarily involved a multimethod assessment of members of specific countries, with Likert-type ratings of values and attitudes being the most prevalent method (Oyserman, Coon, & Kemmelmeier, 2002). In studying differences along dimensions of individualism and collectivism, Canada and the United States have been included among the countries considered to be individualistic (Hofstede, 1995; cited in Triandis, 1995). The following provides an overview of literature examining these constructs as they relate to Western values and other more collectivist cultures. Although the United States has been the primary target of comparison in understanding individualistic orientations (Oyserman et al., 2002), the following review of both IND and COL provides a snapshot of cultural values which may shape the way survivors of abuse in both Canada and the United States come to understand their past experiences. This discussion is followed by a brief review of values focussing on differences found in social values between Canada and the United States.

According to Triandis (1995), the terms 'IND' and 'COL' have been used since the 18th and 19th centuries, during which time IND was associated with liberalism and included ideas about freedom of the individual, while COL was associated with authoritarianism. In defining collectivism and individualism, Triandis (1995) stated that collectivism refers to:

a social pattern consisting of closely linked individuals who see themselves as parts of one or more collectives (family, co-workers, tribe, nation); are primarily motivated by the norms of, and duties imposed by, those collectives; are willing to give priority to the goals of these collectives over their own personal goals; and emphasize their connectedness to members of these collectives. (p. 2)

Individualism, on the other hand, is defined as:

a social pattern that consists of loosely linked individuals who view themselves as independent of collectives; are primarily motivated by their own preferences, needs, rights, and the contracts they have established with others; give priority to their personal goals over the goals of others; and emphasize rational analyses of the advantages and disadvantages of associating with others. (p. 3)

Triandis (1995) specified that while these constructs characterize general orientations of members within a culture, such characterizations do not negate the presence of individual variation on these dimensions within a culture. He identified several defining attributes related to the COL-IND dimensions. He described people with individualistic orientations as autonomous. They are more likely to think of themselves independently of collectives, such as “I am Mr. John Smith” and not “a father,” or “a member of X religion.” Collectivists, on the other hand, identify themselves according to the groups to which they belong. They are more concerned with the goals of collectives and individuals and are more likely to do what the collective expects, asks, or demands. Collectivists are more likely to meet the expectations of the ingroup norms, while individualists tend to do what is enjoyable, using contracts to facilitate its pursuit. They have a tendency to fulfil their obligations when the advantages have been identified as outweighing the disadvantages of engaging in obligatory activities. Individualists pursue pleasure and tend to place an emphasis on high self-esteem. Interpersonal relationships between IND-COL cultures also have been shown to differ. In individualistic cultures, people tend to rationally analyse the disadvantages and advantages of maintaining and fostering relationships, while collectivists tend to maintain established relationships although it may not be in their best interest to do so (Triandis, 1995).

Markus and Kitayama (1991) used additional terms to define and differentiate

features of individualistic and collectivist cultures. They discussed IND and COL in terms of *independent* and *interdependent construals of self*, respectively. They indicated that differences in construals of self and others can influence, if not determine, the nature of individual experience, including cognition, motivation and emotion. Markus and Kitayama (1991) noted that in Western cultures, “the normative imperative of . . . culture is to become independent from others and to discover and express one’s unique attributes” (p. 226). In this respect, individuals organize their behaviour by referring to their internal repertoire of thoughts, feelings, and action, rather than by thinking of the thoughts, feelings, and actions of others. This stance contributes to beliefs in processes such as “self-actualization,” “realizing oneself,” and “developing one’s distinct potential” (p. 226). Other terms Markus and Kitayama (1991) associated with independent construals of self include egocentric, separate, and autonomous. The independent self, according to the authors, is, nevertheless, responsive to the social environment. However, it derives from the need to assert one’s internal attributes. Other individuals are important as standards of appraisal that can verify and affirm the inner core of the self. The normative for interdependent construals of self, however, is to maintain connectedness to others. To do so entails seeing oneself as part of a social relationship in which behaviour is determined and contingent on what the individual perceives to be the thoughts, feelings, and actions of others in relationship: “The view of the self and the relationship between the self and others features the person not as separate from the social context but as more connected and less differentiated from others” (Markus & Kitayama, 1991, p. 227). Although the interdependent self possesses and expresses internal attributes (e.g., abilities, opinions,

judgements), these attributes are unlikely to assume an influential role in regulating behaviour if they implicate significant others. They are, in other words, assigned as secondary roles which must be controlled and regulated to the primary task of interdependence.

Given the diverse terminology used in studying both constructs, Oyserman et al. (2002) conducted a thorough review and content analysis of scales used in this area in order to clarify the meaning of COL-IND constructs. They found the following seven domains related to IND: 1) Independence, reflecting values of freedom, self-sufficiency, and control over one's life; 2) Goals, including striving for one's own goals, desires, and achievements; 3) Competition, involving personal competition and winning; 4) Uniqueness, focussing on one's unique, idiosyncratic qualities; 5) Privacy, emphasizing thoughts and actions that are private from that of others; 6) Self-knowing, involving knowing oneself and having a strong identity; and 7) Direct communication, involving the articulation of one's needs and wants. On the COL dimension, the authors identified the following eight domains: 1) Relatedness, viewing significant others as an integral part of self; 2) Belonging, desiring to belong and be part of in-groups; 3) Duty, entailing sacrifices and duties for being part of a group; 4) Harmony, concerning getting along with groups; 5) Advice, turning to others for help with decisions; 6) Context, involving a self that changes in accordance with the context or situation; 7) Hierarchy, involving an emphasis on hierarchy and status; and 8) Group, involving a preference for group work.

The differences noted between beliefs and values on IND-COL dimensions have primarily been contrasted between "the West" and "the rest" (Triandis, 1995). As

indicated earlier, cultures in this research are differentiated by geography, language, and time. As a result, the cultural differences would be expected to be more visible when comparing, for example, the United States to countries such as Japan than comparing countries such as Canada and the United States, whose language and historical origins vary considerably from that of Eastern countries. Although the above research on IND-COL illustrates values representative of Western cultures, it does not clarify the extent to which Canadian and American values differ or are the same. Although America has been noted as playing an influential force in Canadian culture, research collected over a decade, according to Adams (2003), reveals that distinct values do exist. Adams based his conclusions on a comprehensive assessment of over 100 social values in representative samples of Canadian and American individuals. These social values covered a vast number of domains, including beliefs about gender, family, violence, personal expression, work ethic, and civic engagement.

In Adams's research, a primary difference noted between the years 1992, 1996 and 2000 is that Canada is becoming more idealistic and autonomous while America is becoming more socially disconnected, apathetic, and hedonistic. (Note that data were collected prior to September 11, 2001 and values may have shifted since). Canadians appear to be moving toward self-reliance and beliefs of having control their own destiny. In their careers and pursuits, Canadians are more concerned with quality of life and they are more likely to pursue personal fulfilment, rather than be driven to impress others. They are introspective and empathic, willing to consider others' feelings and points of view, whether they are co-workers, friends, or citizens from other countries. They also



possess global consciousness, or a tendency to believe that all the environmental phenomena on earth are interrelated. Americans, on the other hand, are more likely to possess generalized hostility to and alienation from the world. They experience a void in meaning with respect to life and are not interested in the political or democratic process. They are concerned with success and survival as reflected by external sources, including gaining material rewards, being admired by others, and developing exclusive social groups. Americans are more likely to flaunt their success and crave constant attention, excitement and distraction and tend to take risks or challenges for thrills or personal gain (Adams, 2003).

Both Canada and the United States, however, are moving toward values of individualism, reflecting a tendency to avoid deference to authority and to possess flexibility in beliefs (Adams, 2003). Both tend to reject out-dated norms and institutions and have flexible views of family life (e.g., composition of family, homosexual relationships). Traditional forms of authority as in religious, political, and patriarchal systems are not compelling for either Canadians or Americans. These findings suggest that both Canadians and Americans are more open to change, informality, and experimentation. For example, they are less likely to defer to elders in all matters, are open to accepting non-traditional definitions of family, and possess more flexible beliefs regarding gender identity (i.e., the belief that one has both a feminine and masculine side).

In spite of these noted similarities, recent trends in Canada suggest that Canadians are presently more committed to moving beyond Americans in their liberal values, as evidenced by recent proposals to decriminalize marijuana and to recognize the legality of

marriages between gays and between lesbians. While the trend for both Canadians and Americans suggests that both countries are individualistic in their stance, recent trends also noted by Adams (2003) are that Canadians are moving further away than Americans from their involvement with organized religion and traditional patriarchal values regarding the family. Therefore, while both countries possess individualistic beliefs and values, Canadians appear to be becoming more liberal in their values than Americans. Also, as indicated above, Canadians' and Americans' individualistic orientations appear to be driven by different forces. Americans' individualistic pursuits are driven by a desire for pleasure, success, and sensation seeking for its own sake, while Canadians' pursuits appear to be driven by a need to find personal fulfilment and quality of life.

While Adams's (2003) research suggests overall shifts in trends for both Americans and Canadians in the last decade, there continue to be groups of individuals who demonstrate alternative values within both countries. For example, while the growing trend for Canadians and Americans reflects a movement away from traditional authority, there continue to be groups of individuals (e.g., individuals over 60 years of age) who cling to traditional norms, standards of behaviour, and are more prone towards conformity (Adams, 2003). Therefore, the trends noted above do not reflect all American and Canadian individuals, but rather are recent overall shifts. Nonetheless, the above research, including investigations of individualism and collectivism (Triandis, 1995), suggests an overall trend toward individualism for both Americans and Canadians. However, it also suggests there are differences in the ways in which such individualistic orientations are manifested, with Americans being more orientated toward sensation

seeking, competition, and pursuit of success, and Canadians toward seeking quality of life and fulfilment.

Although this research provides an overview of Canadian/American values that might influence the way in which people respond to personal experiences, it does not elucidate the extent to which psychology, academic or popular, may have influenced the specific manner in which individuals respond to personal experiences of child abuse. Given the proliferation of the self-help industry and the presence of psychological knowledge in both countries (Ward, 2002), these aspects of culture need to be considered in understanding the context within which recovery from child abuse is understood. As indicated in chapter 1, the present study examines the beliefs and values relayed by popular culture and the psychology industry regarding recovery from child abuse. Both Canada and the United States have witnessed and shared the growth of the profession of psychology and the outgrowth of the self-help movement, including popular self-help literature, organizations, and television programs (e.g., talk shows). These similar aspects of both cultures are assumed to have played a mutually influential role on the beliefs and values of both Canadians and Americans regarding child abuse and recovery. The following section provides an overview of the culture of psychology, therapy, and self-help, in order to elucidate how these specific cultural domains play a contributing role to an individual's response to experiences of child abuse.

### **2.5.3 The Culture of Psychology, Therapy, and Self-Help**

In the last century, psychological knowledge has had an impact on the everyday life of individuals (Ward, 2002). In his book, Modernizing the Mind, Ward (2002)

provided a detailed account of how the discipline of psychology has established itself as “an important institutional authority on the individual, self, mind, and their dysfunctions in the twentieth and twenty-first centuries” (p. 5). He described how psychological knowledge has shifted from early disciplinary isolation in universities and laboratories to organizations and groups throughout society. According to Ward (2002), psychological knowledge “trickles down” from truth-making institutions (e.g., universities, research institutes, bureaucratic agencies, through lower-echelon professionals) to the general public. In presenting his argument for the dissemination of psychological knowledge in culture, Ward stated:

Once hard knowledge has been disseminated to lower-echelon professionals, it can be spread through direct contact to certain segments of the public. This second-order dissemination and reproduction of knowledge occurs in doctors’ offices, in counseling groups, at corporate training centers, in classrooms, at seminars, over local-television air waves and at countless other sites. Patients listen to doctors telling them of ‘chronic fatigue syndrome,’ clients listen to counselors describing a ‘dependent personality disorder,’ office workers listen to managers lauding ‘total quality management,’ . . . In turn, these listeners return to their homes, offices or classrooms and further spread the word. (p. 22)

In other words, psychological knowledge develops as a result of a discourse originating from “truth-making institutions,” which is transferred to the public, contributing to the development of a common language embedded with psychological concepts and terminology.

Psychological knowledge is also drawn from popular sources such as the media (films and television), self-help literature, and magazines, all of which target mass audiences. Although concerns have been expressed regarding the popularization of psychology and the movement away from empirically-based research (Rosen, 1987),

popular psychology and the development of “unofficial” forms of psychotherapy continued to flourish (Ward, 2002). Psychological material has emerged in films, television and more recently, the internet (Ward, 2002). Television talks shows such as Phil Donahue, Oprah Winfrey and Sally Jessie Raphael have often used psychologists as expert guests, and have come to resemble a confessional or therapy session for participants (Priest, 1996). In addition to contributing to psychological knowledge, Rapping (1996) described such television shows as contributing to a popular discourse about recovery. In addition, she described how television talk shows have contributed to the popularity of self-help literature, given that the material selected for shows is frequently based on recent selling books.

Self-help literature has become particularly widespread and popular with the public (Ogles, Lambert, & Craig, 1991; Starker, 1988). It has become highly visible in bookstores and supermarkets, where potential readers are presented with a vast array of psychological and spiritual ‘guidance’ and advice (Starker, 1989; Lichterman, 1992; Zimmerman, Holm, Starrels, 2001). Although there are few studies on the readership of self-help psychology books, research suggests that self-help books are readily consumed by the public (Wilson & Cash, 2000). For example, in a discussion of self-help readership, Wilson and Cash (2000) cited research which revealed that 65% of telephone survey respondents read self-help literature specifically focussed on personal growth and spiritual books, with women being the primary consumers (Starker, 1990; cited in Wilson & Cash, 2000). There is a vast array of material on self-help accessed by consumers, including advice on how to be happy, achieve goals, gain self-esteem, improve interpersonal

relationships, and recover from addictions or abuse. Self-help material is regarded as a cost-effective and readily available resource for emotional relief for consumers, who are able to pursue “self-improvement” independent of the psychotherapist (Ogles et al., 1991; Starker, 1990; cited in Wilson & Cash, 2000).

This research suggests that psychology, including the less conventional forms of ‘pop’ psychology and self-help movements, permeates the everyday lives of people in Canadian and American cultures, ultimately influencing the manner in which people come to understand and respond to their own personal experiences. As indicated by Ward (2002), the psychological colonization of everyday life has influenced modern vocabulary of self and the mind, with a vast array of psychologically derived concepts and terms such as “developmentally delayed,” “learning disabled,” “positive reinforcement,” “codependency”, and “paranoid.” It has influenced the way people experience, conceptualize, and represent their lives. Psychological knowledge, therefore, drawn from multiple sources, professional or otherwise, has become a taken-for-granted presence and has become part of one’s daily discourse.

Another influence on cultural experience involves the advent of the ‘mind cure’ or psychotherapy which has currently become a widely accepted form of intervention for a variety of conditions. Following World War II, a demand for clinical and counselling psychologists surfaced (Ward, 2002) and a variety of approaches to psychotherapy have since emerged. Over time, the nature of psychotherapy has shifted and practices have been extended from a focus on neurotic and disturbed functioning to focussing on “normal” and “well-adjusted” lives. Ward (2002) concluded that this shift contributed to

therapy as a “lifestyle” issue wherein it has become a vehicle which enables people to live up to their potential. Psychotherapeutic practice also has become an accepted form of intervention for governmental and insurance agencies, as reflected in the implementation of mandatory counselling for specific populations, such as rehabilitation, psychiatric, and forensic clients. Additional indicators of the wide acceptance of psychotherapeutic practice are the inclusion of psychotherapy interventions in business health insurance policies for employees in distress and free psychotherapeutic services for lower income populations provided by government community mental health services. In addition, non-profit crisis agencies serve those who are in immediate need for psychological support, and crisis intervention and critical incident stress debriefing has emerged to facilitate adjustment for those who experience trauma (Ward, 2002). Psychological practices, including psychotherapeutic interventions, have become, then, an integral part of our culture. Acceptance of such practices illustrates the belief that turning to “experts” is important for overcoming emotional difficulties and that professionals have the knowledge and skills to create the necessary change for clients.

Given the ubiquitous presence of psychological information and practices in popular culture, theorists have evaluated their impact on individuals’ conception of self (McNamee, 1996; Ward, 2002). According to McNamee (1996) the media, including television and the radio, and the growing accumulation of self-help literature which is “geared toward improving one’s relationships, self-esteem, business know-how, parenting abilities, or social competencies [are all] attentive to our consuming interest in who we are, in our *identity*” (p. 142). She described how this century has generated a self-

consciousness about identity, stating that “we are surrounded by illustrations of [preoccupation with the self]: advertisements for, movies and television programs about, and call-in radio programming all devoted to self-understanding, self-improvement, and self-celebration (p. 143). Starker (1989) described popular psychology as contributing to a “Me” generation which extolls a supremacy of the “self.” This trend, labeled “selfist psychology,” reflects a pursuit towards individualism, autonomy and freedom of choice. Thomson (2000) described how a recurrent theme of self-help literature is that individuals should not yield to conformist pressures to be like others. The recovery and self-help movement is described as reflecting beliefs that there is no civic or social obligation beyond the self, although the emphasis on an entirely autonomous self appears to be on the decline (Thomson, 2000).

Self-help literature also has been examined in terms of the messages it conveys about emotions (Ryan et al., 1994). In reviewing 15 therapeutic self-help books, Ryan et al. (1994) concluded that there is an emphasis on the power of emotions, their hidden origins, and their need for controlled expression. This view is consistent with the emphasis on the self in that individuals are required to look inward to identify their personal idiosyncratic feelings and find a healthy form of expression. Alternatively, in describing the impact of the psychotherapeutic practice, Ward (2002) described the “mind” as being given primacy in defining oneself. He described the practice of therapy as contributing to a “subjectivization of experience” in which “thoughts and feelings come to be defined solely and exclusively to minds” (Ward, 2002, p. 211). Mind, according to Ward (2002) is conceived of as an independent entity that houses the ability to self-



actualize. Subjectivization of experience creates taken-for-granted truths, including the notion that the self is “deep down,” a place where the true person resides, waiting to be released through confession, cognitive recognition, and therapy.

The general theme illustrated in psychological self-help literature and in much of psychotherapeutic practice is that there continues to be an emphasis on the self, including identifying one’s needs and wants, (Thomson, 2000). In reviewing a popular self-help book, Bellah, Madsen, Sullivan, Swidler, and Tipton (1985) agreed with Thomson (2000) in viewing contemporary psychological thinking as limiting possibilities to conceive of any obligations beyond the self. Psychological self-help material is reflective of individualistic cultures in that they direct people on how to change their lives mainly through individual efforts (Lichterman, 1992). Similarly, the practice of seeking psychotherapy, according to Triandis (1995), reflects individualistic orientations. He stated that collectivists tend to turn to informal third-party mediators such as work supervisors and relatives for advice concerning relational crises, whereas individualists turn to the help of professionals. One possible explanation for this difference is that in collectivist cultures, individuals have a greater desire to belong to in-groups and seek harmony with others. Involvement in psychotherapy may threaten one’s harmonious relations with in-groups, given that therapeutic interventions typically focus on the personal well-being of the individual. In individualistic nations, however, individuals strive to pursue personal goals and identify unique, idiosyncratic needs and wants, although it may disrupt harmony in the clients’ relationship with significant others.

The foregoing illustrates the manner in which psychological knowledge,

psychotherapy, and self-help sources have become an integral part of Canadian and American culture. It highlights avenues in which survivors of child abuse may have acquired information about their abuse experiences and recovery, as well as some of the values and beliefs reflected by such sources. The following section includes a discussion of how child abuse has been examined in a cultural context. It highlights how there are few investigations available that examine the dominant Canadian/American cultural values and beliefs as reflected in current practices and discourses related to child abuse.

#### **2.5.4 Culture and Child Abuse**

While the relationship between culture and child maltreatment has been discussed for more than 20 years, a need for further development in this area exists (Korbin, 2002). The importance of studying child abuse in the context of culture has been noted by several authors (Cohen, Deblinger, Mannarino, A de Arellano, 2001; Fontes, Cruz, & Tabachnick, 2001; Korbin, 2002). Shonkoff and Phillips (2000, cited in Korbin, 2002) stated that “culture influences every aspect of human development and is reflected in childrearing beliefs and practices designed to promote healthy adaptation” (p. 2).

A majority of contemporary texts on child development include sections on culture and the concept of cultural competence. This concept refers to the practice of being knowledgeable and skillful in working with diverse cultural groups. In these texts, cultural research on child maltreatment is primarily cross-cultural, directed at identifying differences and similarities between diverse cultural/ethnic communities’ beliefs, practices, and interventions regarding child maltreatment. For example, Fontes et al. (2001) carried out an exploratory study investigating the knowledge and ideas about child sexual abuse among

African Americans and Latinos living in Pennsylvania. They found that participants were knowledgeable about child abuse, including awareness of the power differential between the offender and child and the strategies used to gain the child's compliance. The participants were familiar with the term 'child sexual abuse' through hearing about it in the mass media and less frequently through stories of abuse discussed with family and friends. While there were some differences between African Americans and Latinos in their conversational styles while discussing abuse (as well as some differences by gender), the presence of similar beliefs regarding sexual abuse suggests that the influence of American culture, as communicated through mass media, played a contributing role in shaping their discourse of sexual abuse.

In another study by Ferrari (2002), the impact of culture on child rearing practices and views of child maltreatment were examined in Hispanic, African American, and European Americans. In this case, cultural variables such as familism (valuing dependence and reliance on others), machismo, and valuing of children were examined in relation to their impact on parenting. These variables were found to predict physical punishment in fathers, but not mothers. Specifically, fathers who endorsed machismo or valuing of children were more likely to use physical or verbal punishment to discipline their children, respectively. For fathers who held familism in low regard, there also was a greater tendency to use physical punishment. Ferrari (2002) also examined the role that ethnicity played in predicting behaviours and attitudes, with results indicating variations in parenting styles depending on ethnicity. Although the cultural variables examined in this study were considered independent of ethnicity, their selection was intended to target variables

considered important to the ethnic groups selected for study. For example, familism has been found to be an important value in Hispanic and African American culture (Ferrari, 2002). In other words, the selection of these variables was intended to capture values considered relevant to specific ethnic groups within American culture, rather than American cultural values of parenting and abuse.

Views of child maltreatment and parenting or child rearing values and styles have also been examined in Pacific-Island communities (Collier, McClure, Collier, Otto, & Polloi, 1999), in Russian and American cultures (Tudge, Hogan, Snezhkova, Kulakova, and Etz, 2000), and Asian and black communities (Kapitanoff, Lutzker, & Bigelow, 2000). For example, Collier et al., (1999) examined beliefs about child maltreatment in a group of elementary school teachers living the Republic of Palau. The authors found that teachers were relatively comfortable with the use of physical punishment, but not when there was no intent to discipline the child (e.g., parents taking out their own frustrations on the child) or when it resulted in severe physical injuries. Teachers were less likely to consider pursuing interventions for physical punishment, except in cases where physical punishment was severe. Sexual abuse, however, was a serious concern for Palauans and outside interventions were highly recommended by teachers when situations were seen as severely abusive. Situations involving neglect tended to be rated as less severe and teachers were much less likely to consider outside interventions, even in situations where neglect was rated as moderately severe. They speculated that teachers were less likely to view neglect as severe because of Palauans' belief that the community, rather than parents alone, take responsibility for the welfare of children. Collier and colleagues (1999)

attributed cultural values as influencing hesitancy to seek outside interventions, including respect for traditional family hierarchies, saving face, and familial piety.

Kapitanoff et al. (2000) described cultural variations of black, Latino, Asian, and Native American families' parenting values and how they might influence attitudes towards children with illness or disabilities. The authors described black families as ones who view children as needing love, protection, and discipline, stating that they are less likely to perceive strict physical discipline as abusive. In Latino families, children are encouraged to respect authority, follow conventions, and identify with the family. Family cooperativeness is stressed in these families and discipline may take various forms, including shaming and threats, as well as promises for good behavior. For Asian families, cooperation is also stressed and such families tend to expect loyalty, obligation, and reciprocity. As children begin schooling, "there is a period of increased discipline and expectations for the development of responsibility for one's behavior" (p. 233). Finally, with Native American families, Kapitanoff and colleagues (2000) described them as ones who depend on large extended families for child rearing, where cooperation is emphasized and individual achievement is downplayed. The authors did not discuss the disciplining styles of Native American families, however, although they noted children tend to be encouraged to be self-reliant at an earlier age than non-Native American children. Kapitanoff et al. (2000) also emphasized the importance of considering cultural variations in attitudes towards children with illness or disability, arguing that child rearing practices, as well as spiritual beliefs of such cultures need to be considered when providing interventions for such families.

This cross-cultural research suggests that values and beliefs regarding child abuse and parenting are influenced by ones' ethnic background. Kapitanoff et al. (2000) stated that:

in an increasingly multicultural society, one must recognize that there exist a variety of views of childrearing and discipline. What may appear abusive in one society may be considered appropriate in another society. Parenting and discipline practices vary widely across cultures making general definitions difficult. . . . While cultural differences in parenting behaviors may be more easily understood in the context of societies that differ markedly from the United States, examining, understanding, and accepting the styles of various subcultures within the United States appears to be more difficult. Acculturation processes may lead to a blend of behaviors, some reflecting an ancestral point of view and others reflecting the influences of the dominant American culture. This mix of behaviors may be neither completely traditional nor completely mainstream American, making the definition of abusive behaviors even more difficult. Identifying abusive behaviors then requires some understanding of one's ancestral culture as well as the individual's style of adjusting to the American culture. As more cultures enter this mix, the number and combinations of specific child rearing and discipline practices of which to be mindful becomes large. (p. 230)

In this respect, understanding the roles that Canadian/American values play in shaping attitudes and beliefs towards parenting and child abuse is complicated by the diverse ethnic groups living within Canada and the United States. Although considering the variations of ethnic/cultural beliefs and attitudes within Canadian/American culture is important, particularly as it pertains to identification of and intervention in child abuse cases, there needs to be an examination of the dominant Canadian/American cultural values and beliefs as reflected in current practices and discourse related to child abuse. In this respect, minimal, if any, research has focussed specifically on beliefs and meanings associated with child abuse as reflected by dominant Canadian/American perspectives and practices. Given the proliferation of educational and popular material on the subject of child abuse and the

heightened public awareness of this topic through the media (e.g., news and television), the discourse of child abuse is becoming a greater part of the public domain and playing a role in shaping our beliefs about abuse. The present study provides an opportunity to examine the discourse pertaining to recovery from abuse within a broader cultural perspective.

### **CHAPTER THREE: APPROACH TO RESEARCH**

As indicated in the introduction, the purpose of the present investigation is to understand the experience of recovery both from the subjective perspective of individuals who experienced abuse as children (sexual, physical, emotional) and from within a cultural context, as reflected by Canadian/American popular literature on abuse and recovery. The present study is qualitative in nature and conducted within the framework of an ethnographic inquiry. As described by Creswell, an ethnography involves a detailed description and analysis of a culture-sharing group by themes or perspectives (Creswell, 1998). Wolcott (1987) indicated that the primary feature of ethnographic research that distinguishes it from other approaches is that it is oriented to cultural interpretation. He added that ethnographic accounts promise to:

help understand how particular social systems work by providing detailed descriptive information, coupled with interpretation, and relating that working to implicit patterns and meanings which members of that society (or one of its subgroups) hold more or less in common. (p. 52)

According to Goodenough (1976), the task of an ethnographer is to *attribute* culture to the studied group:

The culture of any society is made up of the concepts, beliefs, and principles of action and organization that an ethnographer has found could be attributed successfully to the members of that society in the context of his dealings with them. (p. 5)

Within this cultural perspective, I describe popular cultural themes regarding beliefs



about the process of recovery from child abuse using cultural material (study 1) and personal stories of survivors who have undergone their own recovery (study 2). As indicated by Creswell (1998), ethnographers gather “artifacts and physical trace evidence; finds stories, rituals, and myths; and/or [uncover] cultural themes” (p. 59).

For the present study, cultural “artifacts” consisted of cultural materials which are accessible to the public (e.g., through libraries, book stores, the internet) and provide explicit or implicit messages about recovery. I used popular books focussing on recovery from abuse of any type. Personal stories of recovery were obtained from individual interviews with survivors. The end product was a portrait of the themes and beliefs about child abuse and recovery within a context of Canadian and American popular culture.

Data analysis occurred concurrently with data collection. I analysed data from each source as it was collected. Using this procedure, I was able to refine the analysis or interpretation of subsequent material in light of the previous analyses. As indicated by Agar (1980):

In ethnography . . . you learn something (“collect some data”), then you try to make sense out of it (“analysis”), then you go back and see if the interpretation makes sense in light of new experience (“collect more data”), then you refine your interpretation (“more analysis”), and so on. The process is dialectic, not linear. (p. 9)

The “constant comparative method” of analysis was used to identify themes or categories depicted by the cultural materials and interviews (Glaser & Strauss, 1967). This method involved separating information from transcripts into categories which represented common themes. I then re-evaluated each theme in light of new information

obtained from subsequent data collected. I noted similarities and differences within and across themes and identified grouping rules or properties which fit under each category. The analysis was carried out in the same manner for both studies and is described in more detail as I present each study.

As an aid to the analysis, I used the Ethnograph computer program. As indicated by Creswell (1998), computer programs have the following advantages over manual analysis of documents: (1) Material can be quickly and easily located because the program organizes storage files, storing them in one place; (2) The program searches for outputs of ideas, statements, phrases, or words. The cutting and pasting of material onto file cards, sorting and resorting cards into themes, and colour coding of text related to themes is no longer necessary; and (3) Computer programs require that the researcher examine the database line by line, thinking about the meaning of each idea or sentence. With the manual approach, on the other hand, the researcher may casually read through the files and become less careful in the analysis of ideas. Tesch (1989) noted that computer-aided analysis is beneficial for reducing analysis time, minimizing drudgery, contributing to more systematic and explicit procedures, ensuring completeness and refinement, and permitting flexibility and revision of analysis procedures. An additional advantage in using computer programs is that it avoids the potential errors of selective recall of material (availability heuristic) when searching for specific data, in that computer programs search the entire document for all instances of the topic, phrase or category. Creswell (1998) also described some disadvantages of using computer programs for qualitative data analysis, including potential risk to over-rely on the program to manage and analyse categories and the

requirement to be familiar with the running of such programs.

Considering the substantial amount of material (cultural documents and transcripts) that required coding and analysis in the present study, the benefits of using a computer program outweighed the disadvantages. Using the Ethnograph not only facilitated the management of the material and enhanced time effectiveness, it avoided the potential errors which could have occurred with a manual approach. A sample of the specific features of the Ethnograph which facilitated analysis of data included: (1) copying and pasting documents from any word processing program; (2) automatic formatting of document; (3) easy coding of material into themes and subsequently into categories (or code families); (4) easy revisions of coding; (5) enhanced search capabilities for specific codes, words, or phrases; (6) memo capabilities so that the researcher's thoughts, reactions, or questions can be recorded along with selected text; (7) ability to selectively display and print text; and (8) ability to search output as segments, frequencies or summary reports.

For the present study, familiarity with the program was obtained through attending a workshop on Ethnograph qualitative analysis software and practicing with sample data before beginning the analysis of the actual transcripts. Although I relied on the qualitative analysis program to develop the primary analysis of themes, reading the transcripts and listening to audiotapes before carrying out the analysis provided me with an opportunity to evaluate the resulting themes in light of my familiarity with interviewee responses. When examining resulting themes, I frequently reviewed the context in which themes emerged and the information surrounding existing themes, instead of relying solely on the list of

themes identified by the program. For example, the theme “forgiveness” emerged for participants in different contexts, such as through spiritual experiences, or through reading psychologically oriented material. Understanding the relationship between themes was important and required familiarity with the data as well as less reliance on the computer program.

The analyses for study 1 (review of cultural artifacts) and study 2 (interviews with survivors) were carried out separately and an integration of both sets of analyses is presented in the discussion. This step permitted an evaluation of the extent to which personal stories or themes of recovery concur with cultural messages of recovery.

### **3.1 CRITERIA FOR VERIFICATION**

The following criteria, described by Creswell (1998), for verifying or establishing trustworthiness were employed:

1. Clarifying Researcher Bias- My views or biases on recovery were described in the introduction. Although I approached data analysis with an open mind and sought to minimize the imposition of my perspectives on my interpretation of the data, my past experience researching and working with survivors of abuse has likely influenced my approach to this study. The description of my biases provided readers with information regarding the lens through which I received, described, and interpreted the material I gathered and analysed for this study.
2. Rich, Thick Description- A detailed description of the participants, liberal use of verbatim transcriptions from audio-tape, and inclusion of relevant process notes reflecting my experience while collecting data are provided so that the reader can assess

transferability. In other words, providing a thick description of this study should enable readers to determine whether the findings can be transferred to other settings because of shared characteristics (Geertz, 1973).

3. Audit Record- Lincoln and Guba (1985) indicated that dependability (or reliability) will be enhanced by providing an audit of the research process. This record involves provision of a detailed description of the methodological steps and the process of inquiry I used. I include listings of dates, summaries of meetings, personal notes, and other verbal and written communication.

### 3.2 INSTRUMENTATION

In this study, the primary instrument of analysis was the researcher. Lincoln and Guba (1985) described several advantages to using the human as instrument within a naturalistic design. First, the human as instrument can demonstrate *responsiveness* to all personal and environmental cues that exist. In effect, the human instrument can interact with the environment and make its dimensions explicit. Second, the human is *adaptable* and can collect information on factors of interest on many levels simultaneously. He or she can grasp a *holistic* emphasis in an environment with a confusion of multiple stimuli. In addition, the human instrument is able to incorporate *tacit knowledge* into his or her inquiry or insight gained by factors which are sometimes inexpressible or nonverbal. The human can *process immediately* information which is made available and which can contribute to hypothesis formulation, and he or she can obtain *clarification and summarization* from participants regarding their responses. Finally, the human instrument has the ability to *explore atypical or idiosyncratic responses*. These features provide an opportunity to test

the validity of responses and gain a greater understanding of the information obtained.

As a human instrument, I was able to examine my biases (Kvale, 1988; Lincoln & Guba, 1985) and take them into account in my perceptions of cultural materials and participants' accounts. Having researched and conducted therapy with adult survivors of child abuse, I had specific theories and beliefs regarding the effects of child abuse and approaches to facilitating recovery. These theories and beliefs likely influenced the manner in which I received and interpreted information. Precautions to minimize this bias included debriefing with my supervisor, consulting with peers (doctoral students in training), and reviewing my journal entries for bias.

Alternatively, my experience as a therapist may have some beneficial effects. Through having worked with abused clients and having learned the recommended approaches to treatment, I have gained a firsthand look into the conceptions of recovery within the context of Canadian/American culture. Furthermore, my experience may have helped participants feel at ease in sharing their experience and building rapport. In chapter 1, I provided an account of my biases based on my personal, academic and clinical experience so that the reader can keep them in mind when reviewing the analysis and the conclusions that I draw.

**CHAPTER FOUR:  
STUDY 1: POPULAR CULTURE AND  
RECOVERY FROM CHILD ABUSE**

**4.1 SAMPLING**

As indicated earlier, popular self-help books, focussing on recovery from child abuse, were selected as the cultural material for analysis. The selection of popular cultural material for this study was based on the following criteria: (1) The material had to be accessible to the public domain. Accessibility refers to material that is available to the public and can be accessed with relative ease (e.g., through libraries, bookstores). Selecting such material increased the chances that the public or, in particular, the participants in study 2, may have been influenced by or, at the very least, exposed to the cultural messages depicted in the material. The material selected for this investigation was also that which was most accessible to the researcher. This selection criterion was based on the assumption that easily accessible material for the researcher would also be most accessible to the public. (2) The material contained direct and indirect messages of the process of recovery from trauma related to child abuse. Direct messages refer to explicit suggestions for recovering from the effects of abuse. The indirect messages I originally intended to use were those depicted by case examples of recovery presented in cultural material. However, after reviewing material and reflecting on it, I recognized that this approach was too ambitious for this study given the numerous cases presented, and that it

duplicated the individual stories presented in study 2. For the purpose of this study, then, indirect messages included those embedded within educational segments of cultural material. These sections typically provided information about the nature and impact of abuse, without explicit suggestions on working toward recovery. Direct messages, on the other hand, refer to messages which are communicated with the explicit intention to educate or provide information regarding the process of recovery and the factors which facilitate it. (3) The cultural material selected had to be published within the past 16 years. I originally sought materials which were more recent (published in the last 5 years), but several of the most popular and classic books were published before this time. My modification of this criterion was based on interest in material that is *currently* being accessed, given that some of the most recent books published were not necessarily the most popular. I selected 16 years as a criterion because, after an initial investigation of local and online bookstores, I observed that the most popular books were published within this time period. Therefore, I sought to obtain most recent *and* popular books. The term “popular” has been defined differently by theorists. For the purpose of this study, “popular,” refers to “objects or practices that are well liked by a lot of people” (Harrington & Bielby, 2001, p. 2).

There were numerous popular books on the process of recovery. The issue became one of selecting the most popular books available. I visited a number of bookstores, including Coles, Mary Scorer Books, Wisdom Books, McNally Robinson, Spirit Works, Rainbow Book Store, and the University of Saskatchewan bookstore. I reviewed numerous online catalogues, and visited the Saskatoon Public Library. I enquired with



store vendors about ways to determine the sales for books and whether there were any means to identify the typical population purchasing such books. Although I was able to obtain information regarding the number of sales made in a year, I determined very quickly that targeting bookstores for such information would be an unproductive task given that they typically carried small quantities of books, ordering them when needed. Using such information would have limitations with respect to representativeness of sales across Canada and the United States. Furthermore, there were no means to determine the population purchasing such books given that this information is not obtained upon purchase (or borrowing).

After visiting numerous local bookstores and libraries, I searched through the online bookstores such as Chapters, Barnes and Nobles, and Amazon. In this search, I found that Amazon.com provided easily accessible information regarding sales and popularity of material. Here I identified the sales rank of a particular book and based my selection on the criterion that the rank fell between 1-20,000, with 1 representing the highest Amazon sale (for all book genres) within the preceding 24 hours. The rankings provided by Amazon are based on sales and are updated daily, with rankings ranging anywhere from 1-100,000. In selecting books, my primary goal was to select books with higher sales rankings (above 20,000), while attempting to obtain relatively recent material. Amazon.com appeared to be an appropriate resource for accessing books given that it is available to a wide audience across Canada and the United States.

For collection of popular cultural material, I used purposive sampling recommended by Lincoln and Guba (1985). This procedure involves selecting material to

provide the widest range of differences in sample membership. This approach to sampling increased the likelihood of capturing the domain of messages about recovery from abuse. Accordingly, I selected books that covered a range of abuse issues, including recovery from sexual, emotional, and physical abuse, as well as books targeting different populations (i.e., men and/or women). However, books focussing on physical or emotional abuse were less prevalent than books on sexual abuse. The predominance of popular books on child sexual abuse also reflects the trend in maltreatment research in which there is a predominance of research focussing on child sexual abuse, followed by physical abuse, with even less on emotional abuse and neglect (Behl et al., 2003). For emotional abuse in particular, there were minimal publications on this topic, possibly due to the difficulty in defining this form of abuse (Behl et al., 2003). For this reason, I selected some books that focussed on recovery from all forms of abuse, including emotional. I also selected books that focussed on general trauma and that targeted readers who were victims of any kind of child abuse.

Based on the above considerations, I selected eight popular books on recovery from an available sample of 13. As indicated earlier, I sought to obtain a representative sample of books targeting different forms of child abuse. Given that the majority of books in the available selection focussed on sexual abuse, the five books not selected were those that focussed on this type of abuse. The books selected are listed in Table 4.1 along with a summary of the focus of the book and its ranking. To ensure that the books I selected were visible to interested readers, I checked local book stores to see if the books were available in Saskatoon. All but one book selected through Amazon.com, Healing the

Scars of Emotional Abuse by Gregory Jantz (1995), were found across several local book stores. I chose to use Jantz's book despite the fact that it was not found in local book stores because of its relatively high rank at Amazon.com and because I did not find any appropriate books focussing on emotional abuse in the stores. In the resulting sample of books in Table 4.1, six books targeted both men and women, while two focussed specifically on men or women. In addition, 4 books focussed on abuse of all kinds, 3 on sexual abuse, and 1 on emotional abuse.

As is described below, cultural material was examined in order to construct a sample of the domain of cultural messages available to individuals in Canada and the United States. The decision to terminate sampling of cultural material occurred when saturation of themes was encountered, that is, when new themes or categories were no longer encountered.

Table 4.1: Popular Book Titles, Authors, Rankings with Associated Dates, and Focus

Book Title	Authors	Amazon Rank and Associated Date	Focus of Book
Victims no Longer: Men Recovering from Incest and other Sexual Child Abuse	Mike Lew	8,134 Jan 6, 2000	Male survivors of child sexual abuse
The Right to Innocence: Healing the Trauma of Childhood Sexual Abuse	Beverly Engel	16,002 Feb 16, 2002	Male and female survivors of sexual abuse
Outgrowing the Pain: A Book for and About Adults Abused as Children	Eliana Gil	5,801 Feb 16, 2002	Male and female survivors of emotional, physical, and sexual abuse
Life After Trauma: A Workbook for Healing	Dena Rosenbloom & Mary Beth Williams	18,634 March 2, 2002	Male and female survivors of any type of trauma
I Can't Get Over It: A Handbook For Trauma Survivors	Aphrodite Matsakis	3,605 Aug 30, 1999	Male and female survivors of any type of trauma
Healing the Scars of Emotional Abuse	Gregory Jantz	5,858 March 10, 2002	Male and female survivors of emotional abuse
The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse	Ellen Bass & Laura Davis	2,489 Aug 30, 1999	Women survivors of sexual abuse
Adult Children of Abusive Parents	Steven Farmer	14,762 Aug 30, 1999	Male and female survivors of any type of abuse, emotional, physical, sexual

## 4.2 DATA ANALYSIS

As indicated earlier, the analysis was carried out simultaneously with data collection. I initially familiarized myself with the material. As I selected each book, I reviewed chapter titles and subtitles, and examined the content of each. I then reviewed the material in more detail and recorded units of information regarding beliefs about the process of recovery from child abuse.

In selecting information to include for my analysis, I used the chapter titles and subtitles as an index of primary themes of recovery, although I also took note of themes which may have been less obvious or not captured by primary chapter titles but which nonetheless arose repeatedly across books. This process required me to be familiar with the content provided in each book.

In recording notes of themes and accompanying text, I initially sought to focus on the prescriptive “how to recover” portions of the books. However, I recognized that substantial portions of the books were also dedicated to providing educational information about recovery (e.g., characteristics of abusive families, effects of abuse, etc.), with few suggestions of how recovery takes place in these sections. Given the amount of text dedicated to psycho-education, I decided that this material would be important to include in my analysis, assuming that provision of such information was also intended to facilitate recovery for interested readers.

Another issue in recording themes from books was how much detail to provide. In many cases, chapters were dense with vast amounts of information. Suggestions for recovery were embedded within each section. Narrowing themes down to distinct units of

information with such detail would have resulted in an endless list of themes, and likely a loss of the primary objective of this study: to capture relevant primary themes of recovery. For this reason, I selected chapter titles and subtitles as indicators of themes and I recorded details relevant to each section in order to clarify and elucidate the nature of the theme.

The information obtained from books was separated into categories which represented common themes. This step involved noting similarities and differences of each theme and identifying grouping rules or properties which fit under each category. For example, one superordinate category, called inner process, contained several sub-themes depicting messages related to addressing inner process or inner experience, such as feelings or beliefs about oneself. The process of categorizing involved a considerable amount of reassignment of data among categories in such a way that new categories or subcategories emerged (Hammersley & Atkinson, 1995). This method of analysis is compatible with the ethnographic approach to research (Hammersley & Atkinson, 1995) in that emerging categories are examined within a cultural context. In other words, as categories emerged from the data, I evaluated and commented on them in the context of beliefs and ideas shared in Canadian/American culture. Reassignment of data among categories occurred throughout the process of analysis. As new material was reviewed, I reconsidered each theme in light of new emerging themes, sometimes needing to merge themes which described a similar process but had been labelled differently. Evaluating whether I captured the appropriate themes, distinguished them too readily, or missed potentially important themes was constantly done throughout the analysis. In some cases,

where a theme I identified was minor and arose only once or twice, I still identified the theme but took note of its minor role in conceptualizing recovery.

The process of distinguishing themes, finding similarities, and classifying themes under superordinate categories required thoughtful decision making because there was overlap between themes and because, in some cases, common themes were described with different labels. For example, some books recommended reconnecting to and identifying disowned vulnerable feelings associated with childhood, otherwise called “inner child” work. This theme overlapped considerably with the theme of getting in touch with feelings, with the only difference being how accessing unacknowledged feelings and attending to vulnerable feelings that were present when the survivor was a child were conceptualized. In this case, for instance, after considerable thought, I decided to distinguish the themes “reconnect to the vulnerable self” and “address feelings” while placing both themes under the same superordinate category (i.e., inner process). In this way, I retained the conceptual distinction while recognizing the similarities.

Another issue in analysis was recognizing that, by identifying and separating themes into discrete units, certain aspects of understanding the process of recovery, as suggested by the authors, were lost. Specifically, in instances where books described stages or steps of recovery, the interconnection between the stages or steps was lost when they were broken down into distinct and separate themes. In the present study, only three books that identified stages or steps to recovery were analysed. There was considerable overlap between them and the progression of stages tended to mirror the overall order of presentation of chapters/themes in the majority of books. I attempt to reflect the

progression of stages by the order in which I present the themes in section 4.3.

In the following description of themes, I provide examples of exercises to facilitate the recovery processes as suggested by the authors. However, it is important to note that all books provided a variety of exercises for each process. Although I provide some representative samples of suggested exercises, many have not been included.

### 4.3 RECOVERY THEMES

For ease of identifying and describing books and their associated themes, I use the following code words to identify each book according to title unless referring to the book by author. Below each book listed is a description of the author's background, in order to illustrate the context of the author's life when writing the books. Most of this information on authors was drawn from the book itself, and additional information, when available, was drawn from biographical information available on the internet.

Adult Children: Adult Children of Abusive Parents: A Healing Program for Those Who Have Been Physically, Sexually, or Emotionally Abused by Farmer, 1989.

Steven Farmer, also a survivor of child abuse, is the director of the Center for Adult Children of Abusive Parents in Newport Beach, California. He has experience conducting psychotherapy with a variety of client issues, including depression, anxiety, relationships, and child abuse survivors.

Courage: The Courage to Heal: A Guide for Women Survivors of Sexual Abuse by Bass and Davis, 1994.

Ellen Bass is a counsellor, lecturer, and professional trainer. She has worked with survivors of child abuse for over 15 years.

Laura Davis is a nationally recognized workshop leader who specializes in recovery from child sexual abuse. She is author of three books for survivors of sexual abuse and she leads workshops on recovery from sexual abuse. Both authors live and work in Santa



Cruz, California.

Emotion: Healing the Scars of Emotional Abuse by Jantz, 1995.

Gregory Jantz (Ph.D) is the executive director of The Center for Counseling and Health Resources, Inc. (a mental health and chemical dependency treatment agency), and of the Pacific Addictions Recovery Center in Edmonds, Washington. He hosts a daily radio call-in talk show in the Seattle, Washington area and he is a regular guest on radio, news and television talk shows across the United States. He covers topics ranging from leadership to communication, and problem solving (Dr. Gregory Jantz, 2003, para. 1-2).

Innocent: The Right to Innocence: Healing the Trauma of Childhood Sexual Abuse: A Therapeutic 7-Step Self-Help Program for Men and Women, including How to Choose a Therapist by Engel, 1989.

Beverly Engel, also a survivor of sexual abuse, is a therapist in California with extensive experience working with victims of sexual abuse. She has participated in television shows such as CNN, Oprah, Sally Jesse Raphael, and Ricki Lake. She leads workshops at conferences throughout the United States and Canada. She is the best selling author of 14 self-help books (Beverly Engel, 2003, para 1).

Outgrow: Outgrowing the Pain: A Book For And About Adults Abused as Children by Gil, 1983.

Eliana Gil (Ph.D) is marriage, family, and child psychologist. Her practice is based in California and she specializes in working with child and adult victims of abuse. She also is a lecturer and a frequent guest on radio and televisions shows. She has published several books on recovery from child abuse. (Biography, 2003, para 1-2).

Trauma: I Can't Get Over It: A Handbook for Trauma Survivors by Matsakis, 1996.

Aphrodite Matsakis (Ph.D) is a clinical coordinator for the Vietnam Veterans' Outreach Center in Silver Springs, Maryland. She also is involved in private psychotherapy practice and has published several books on trauma.

Victims: Victims No Longer: Men Recovering From Incest and Other Sexual Child Abuse by Lew, 1990.

Mike Lew (M.Ed.) is Co-Director of The Next Step Counseling and Training Center in Newton Centre, Massachusetts. As a psychotherapist, a major focus of his work has been working with survivors of child abuse, particularly men.

Life After: Life After Trauma: A Workbook for Healing by Rosenbloom & Williams, 1999.

Dena Rosenbloom (Ph.D) is a clinical psychologist in private practice in Glastonbury, Connecticut. Her specialty is working with people trying to cope with traumatic experiences. She also is a trainer and leads workshops for a wide range of audiences.

Mary Beth Williams (Ph.D) works in private practice in Warrenton, Virginia and she works as a social worker in Falls Church, Virginia. She also is President of the Association of Traumatic Stress Specialists and has written several books on trauma.

As is evident in this information, each of the authors has clinical experience working with survivors of child abuse and trauma, with a number of them possessing academic training in psychology or related fields. Each lives in the United States, and several have published other popular self-help books. A couple of authors have had exposure to the media, such as being guests on television talks shows, or hosting a radio show, and one author, Beverly Engel, has led workshops at conferences in both Canada and the United States. Although the authors' backgrounds might suggest an American bias in representing beliefs of recovery, the presence of their messages in the popular media and in bookstores in Canada suggests that consumers in Canada have access to the information relayed by these American authors. Finally, the authors represent a combination of perspectives from both men and women, with 3 of the 8 authors being male.

Five primary themes emerged from my analysis: Education/Information, Addressing the Abuse, Inner Processing, Relationships, and Self-Care. These themes, along with sub-themes, are listed in Table 4.2, together with the number of times the themes were discussed across books. Frequencies are presented in order to provide an index of how many authors endorsed specific themes. Whenever appropriate, I provide quotations reflecting beliefs about recovery endorsed by authors. Few quotations are provided, however, when discussing the theme of education/information, given that the information is self-explanatory. I use the term “survivors” or “readers” when referring to those who experienced abuse and who are the intended audience of the books. This chapter concludes with definitions or perspectives on recovery described by authors of the popular books in order to provide a basis for comparing them with definitions and perspectives given by participants in study 2.

Table 4.2: Frequencies of Recovery Themes and Sub-themes in Popular Books

Themes	Frequency
Education/Information	8
Characteristics of Abusive Families	7
Effects of Abuse	8
Resources for Recovery	7
Male Stereotypes	1
For Families	2
Empowerment	4
Addressing the Abuse	8
Facing the Truth	4
Remembering the Abuse	4
Telling One's Story	4
Inner Process	8
Address Feelings	7
Reconnect to the Vulnerable Self	4
Beliefs about Self	8
Spirituality	4
Relationships	8
Resolution	8
Support and Intimacy	8
Self-Care	8
Body Care	8
Safety	2
Boundaries	4
Coping with Stress and Feelings	6

Note: Frequencies listed represent rate of occurrence across books.

### **4.3.1 Education/Information**

All books provided substantial psycho-educational material regarding the nature of trauma and abuse, types of abuse, the effects of abuse, and resources. Depending on the focus of the book (emotional, sexual, physical, or all combined), each provided some definition of abuse. The amount of detail in the definitions varied and, as evidenced below, emotional neglect (which was rarely discussed in books) was subsumed under the term 'emotional abuse'. However, there was a general consensus about the following:

**Physical abuse:** Involves non-accidental physical injury, including that which results in bruises, welts, broken bones, scars, or serious internal injuries.

**Sexual abuse:** Refers to any exploitation of a child in which he or she is forced, tricked, threatened, or coerced to have any kind of sexual contact.

**Emotional abuse:** Includes unreasonable demands put on a child that are beyond her or his capabilities and may include persistent teasing, belittling, or verbal attacks, as well as neglect to provide basic necessities such as clothing, shelter, or medical attention.

#### **4.3.1.1 Characteristics of Abusive Families/Individuals**

Several books provided information on characteristics of abusive families (*Adult Children, Emotion, Innocent, Victims, and Trauma*). In *Adult Children* (Farmer, 1989) such families were described in detail. Here different portraits of abusive families were presented, including such families' tendencies toward denial, inconsistency and unpredictability, difficulty with empathy or clarity of boundaries, role-reversal, being closed to the outside world, incongruent communication (words and actions mismatching), and extremes in conflict (too much or too little conflict). Jantz (1995;

Emotion) also described different familial interpersonal styles associated with abuse, including criticism, guilt-induction, unpredictability in moods, role-reversal, and the absent parent. Families where abuse was present were also described as ones with multiple patterns of dysfunction, with many families having difficulties with addictions, criminal and/or suicidal behaviour, depression, and psychiatric illness (Lew, 1990; Victims). Information associated with the abusers themselves was also described in Innocence. For example, Engel (1989) indicated that the majority of abusers are relatives; they are responsible for their actions, although emotionally disturbed; they often engage in sexually exploitive behaviour more than once; and there is little hope for change unless the perpetrator takes responsibility for his actions.

The provision of information about abusive families appears to serve the purpose of helping survivors identify with such families, validate their experience, and help them feel less alone. It likely helps them label their childhood experiences and identify “unhealthy” patterns of behaviour, as reflected in Canadian/American cultural views of family dysfunction. The underlying message communicated by describing such familial characteristics is that they are unhealthy and undesirable. For example, families characterized by inconsistency and unpredictability or difficulty with empathy or clarity of boundaries would be considered dysfunctional. These values tend to be more frequently associated with middle class perspectives of families in Canadian/American cultures. Specifically, research suggests that, compared to individuals from lower-class families, middle class individuals are more likely to endorse autonomy, self-direction, provision of freedom for children to explore environments, and they are less likely to believe in firm

discipline or conformity in children, as would be expected in lower class environments (Tudge et al, 2000, Xiao, 2000).

The above illustration of family values also reflects characteristics endorsed by those who live in individualistic societies, such as beliefs that standards of “healthy” interaction take precedence over loyalty toward the family. As indicated by Hofstede (2001), in collectivist societies such as China, the family does not exist to support the individual. Instead, the individual exists to continue the family. “The in-group is the major source of one’s identity . . . Therefore one owes lifelong loyalty to one’s in-group and breaking this loyalty is one of the worst things a person can do” (p. 226). In contrast, by describing characteristics of families which are undesirable, the underlying message communicated is that there are exceptions to maintaining loyalty and that the well-being of the individual is paramount in determining whether the family or “in-group” is serving the needs of the individual. Loyalty, in other words, is exempted as a standard of behaviour when the family has been identified as “unhealthy” or “dysfunctional.”

#### **4.3.1.2 Effects of Abuse**

All books provided information on the effects of abuse. Again, each focussed on different dimensions of the impact of abuse. For example, effects were noted with respect to coping, cognitions, emotions, and relationships, and exercises were provided to help readers to identify the effects the abuse had on their lives. Several coping strategies used by survivors for managing emotions were presented in *Adult Children*, including the tendency to make oneself invisible to others, engage in self-harm and develop a high need for control. Emotional effects described included helplessness, shame, low self-esteem,

and the tendency to avoid feelings. In the cognitive domain, survivors were described as engaging in cognitive distortions such as all-or-nothing thinking, self-blame for the abuse, and believing oneself to be “not normal.” All described the impact of abuse on relationships such as difficulties with trust and intimacy. Other effects pertained specifically to the target population (e.g., sexual abuse survivors). For example, the impact of sexual abuse on sexuality and intimacy was provided in three books (Victims, Courage, and Innocent), including descriptions of how survivors have difficulty being sexually intimate and experience confusion about their sexuality.

This information appeared to provide an opportunity for survivors to relate the effects of their own abuse to those of others, likely helping to validate and normalize the residual effects of their abuse. It suggests that abusive behaviours within the family, as defined within Canadian/American culture, have deleterious consequences on individuals, possibly leading to self-destructive behaviour, difficulties in interpersonal relationships, and low self-esteem. In this respect, there is a direct link made between childhood experiences of abuse and emotional and behavioural difficulties experienced in adulthood. In addition, information on effects of abuse alludes to cultural beliefs that individuals who have been abused are, in some respects, disabled or ill, and in need of change and healing. It sets the stage for the claim that survivors need to pursue recovery in order to heal the ailments resulting from abuse. Providing information on the effects of abuse also validates the notion that relationships should benefit the individual, rather than the family system, or in-group, as a whole, and that individuals in Canadian/American culture should resist such negative influences, even if doing so counters the family or in-group norms that have been



established.

#### 4.3.1.3 Resources for Recovery

A majority of the texts (7 books) provided resources for finding a therapist (for individual or group treatment) and included suggested readings and names of recovery organizations. The provision of this information highlights the belief that recovery does not end with reading the books, and that additional support in working through recovery may be required. Furthermore, although the survivor has been provided with the groundwork for healing through readings, the provision of such resources implies that “experts” are the ideal source to turn to for ongoing recovery and that professionals have the knowledge and wisdom to appropriately guide survivors through their healing (where non-professionals would be less equipped). This stance is somewhat analogous to the practice in certain cultures and communities of having ascribed healers to whom individuals turn for spiritual or emotional healing, e.g., as would be the case with an elder or priest in aboriginal or Christian communities. Commenting on the parallels between varying cultural resources for healing, Marsella (1982) stated:

all systems of psychotherapy and healing share some common elements regardless of the cultural context in which they occur. It is clear, however, that certain elements may be more utilized than others, depending upon the specific cultural orientation. Basically, the different systems can be grouped around four orientations including those which are (1) *physiologically based* (e.g., rest therapy, massage therapy, exercise therapy, acupuncture); (2) *psychologically based* (e.g., meditation, imagery, problem solving); (3) *socially based* (e.g., family or group involvement); and (4) *supernaturally based* (e.g., exorcism, prayer rituals, divination, possession states). (p. 378).

The endorsement of psychotherapy in the books considered here reflects a psychologically-based orientation in Canadian/American culture for recovering from

childhood trauma. It also mirrors the individualistic orientation described by Triandis (1995) in that there is a greater tendency to turn to a psychotherapist for support, whereas in more collectivist cultures, individuals turn to relatives or informal third party mediators (e.g., supervisors). Given that in individualistic societies there is a greater emphasis on the self and identifying and expressing one's unique attributes, psychotherapy becomes an avenue in which a survivor of abuse can search "deep down" and find the place where one's "true self" resides (Ward, 2002). As stated by Ward (2002), the endorsement of psychotherapy reflects beliefs that:

people are expected to probe continuously their lives for repressed memories, neuroses, unhappy childhoods or 'unresolved grief,' because in these factors is said to reside both the truth about the self and the material needed for recovery and healing. (p. 212).

The insights gained from psychotherapeutic interventions may influence changes in survivors' beliefs and values which may then come into conflict with the beliefs and values of friends and family or the "in-group." Primacy is given, however, to the wisdom imparted by the therapist even if his or her influence changes or disrupts the client's relationship with in-groups. Such changes are assumed to benefit the individual and are given primacy over conforming to in-group norms (Markus & Kitayama, 1991).

An additional factor which may contribute to the tendency to endorse psychotherapy is that in individualistic societies, people's ties to parents and relatives are not as close as in collectivist societies (Hofstede, 2001). Hofstede (2001) stated that in collectivist cultures, "people stay in close contact with their parents, grandparents, and other elders as long as [they] are alive and they can expect their own offspring and other juniors to maintain close contact with them" (p. 228). In individualist societies, however,

less contact is maintained with grandparents and other relatives, and most people are born into nuclear families with an increasing number growing up in one-parent families, resulting in a smaller network of support to draw from during difficult times.

Psychotherapists, therefore, may serve not only as a resource of knowledge and guidance, but a source of social support to survivors in recovery.

#### **4.3.1.4 Distinctive Education/Information Themes**

Some information was unique to specific books. In *Victims*, Lew (1990) provided information on stereotypes of men within North American and Western European culture (e.g., the idealization of men who are heterosexual, physically strong, powerful, and self-reliant) and described how sexual abuse perpetrated by men can affect the male victim's own sense of masculinity and sense of control in life. Lew (1990), likely provided this information to address the fact that sexually abused males tend to experience confusion about their sexual identity and masculinity following sexual abuse, particularly when the abuse is perpetrated by men (Romano & De Luca, 1999). The male stereotype identified by Lew (1990) apparently is not unique to individualistic cultures. According to Hofstede (2001), the masculine stereotype is not distinguished by collectivist or individualist orientations. Instead, he claimed that:

there is a common trend among the vast majority of societies, both traditional and modern, as to the distribution of gender roles. . . . Men must be more concerned with economic and other achievements and women must be more concerned with taking care of people in general and children in particular. (p. 280).

Hofstede (2001) acknowledged that standards of behaviour exist for men which encourage male assertiveness, competitiveness, and inner strength, although their relative emphasis

may differ between countries. Child abuse may, therefore, influence a male survivor to question his masculinity, sense of power and inner strength, as well as his sexuality regardless of the culture in which he resides.

A second distinct educational theme, provided in *Courage and Innocent*, included information targeting the family of survivors. Specifically, the information in *Courage* contained suggestions that family or friends understand and support survivors, along with strategies to cope with the survivor's difficulties. Sample suggestions for family members included validating the damage of abuse to survivors, clarifying that it is not the survivor's fault, and being compassionate with the survivors. Suggestions for coping with survivors' difficulties included taking care of one's own needs and not taking the survivor's behaviour personally. This material implies that the effect of abuse touches not only the survivors, but loved ones as well. These suggestions for families also acknowledge that the family system is important and valued, and that it can play an important role in recovery for a survivor.

Four books, *Adult Children*, *Innocent*, *Life After*, *Courage*, and *Trauma*, relayed information related to the empowerment of the survivor, including information about lobbying, seeking legal compensation, pressing charges against the perpetrators of abuse, volunteering and survivor rights (e.g., to have a voice, to ask for what one wants, to make decisions, etc). As indicated by the effects of abuse noted above, survivors reportedly experience helplessness, depression, and difficulties with boundaries as a result of the child abuse. By engaging in the above activities, a survivor is thought to regain the sense of personal control over his or her life that had supposedly been lost or absent as a result of

the abuse. The suggestions to seek legal compensation or press charges bring the issue of abuse into the public domain, with the assumption that such public acknowledgment of wrong-doing can bring added closure to the abuse experience.

Suggestions to seek legal compensation or press charges counter more collectivist orientations which value the avoidance of conflict, particularly with in-groups. Furthermore, when the abuse originates in the family, bringing experiences of abusive behaviour into the public domain has the potential to bring shame to the family as a whole (Markus, Kitayama, & Heiman, 1996). Hofstede (2001) described the experience of losing face in collectivist cultures. He quoted Ho (1967) who stated that “face is lost when the individual, either through his action or that of people closely related to him, fails to meet essential requirements placed upon him by virtue of the social position he occupies” (p. 867). Therefore, in collectivist cultures, publicizing abusive behaviour within one’s family has the potential to bring shame and loss of face to the family as a whole. By endorsing activities which bring potential conflict to a survivor’s in-group, the authors of popular books are subscribing to more individualistic values in that the survivor’s identity is distinguished from that of the “abusive” environment from which he or she came. From a collectivist perspective, on the other hand, engaging in public and adversarial approaches to addressing abuse would have the potential to bring shame not only to the family or in-group, but also to the survivor whose identity is linked to the in-group.

#### **4.3.2 Addressing the Abuse**

All but one book, *Life After*, noted the importance of addressing the abuse and

facing certain aspects of it as a way to shift away from denial and to deal with the feelings associated with the abuse. Based on the assumption that denying, minimizing, and avoiding memories of the abuse perpetuate symptoms, addressing the past abuse, including facing the truth of the abuse, remembering the abuse, and telling one's story, were considered integral to recovering from abuse (Farmer, 1989; Gil, 1983; Lew, 1990).

#### **4.3.2.1 Facing the Truth**

Several books, namely *Adult Children*, *Courage, Emotion and Innocent*, recommended facing the truth about the abuse. Facing the truth involves acknowledging, rather than minimizing or denying, the fact that the abuse has occurred, and recognizing its impact. In *Adult Children*, facing the truth about the abuse was recommended as being important for accepting one's past: "To truly *live* rather than just exist, you begin when you start accepting and dealing with the fact that you were abused, when you realize that you can free yourself from the chains of the past, that you can forgive yourself for any imagined 'badness' or wrongdoing as a child" (p. 14). Similarly, in *Courage*, Bass and Davis (1994) state that "coming to believe that the abuse really happened and that it really hurt you is a vital part of the healing process" (p. 64). Related to the issue of believing the abuse occurred, these authors described the role of denial and how it protects oneself from pain. They recommended learning about what happened in childhood in order to face the associated feelings. Gregory Jantz (1995), in *Emotion*, emphasized how denying the truth of the abuse interferes with recovery:

Faced with it, you can either run and hide, denying it, or you can face your truth and accept it. Truth doesn't stop being truth because we refuse to look at it. It simply remains an unacknowledged truth that hangs around our necks like an

albatross. Far too many of us go through life trying numerous destructive ways to deny our truth. Now is the time to stop. Now is the time to face your truth. (p. 125)

In *Innocent*, a similar point was made:

To free yourself from the past, first you must face the truth about what really happened. Some victims don't even remember what happened to them; their unconscious has been shielding them from the truth. Other victims do indeed remember, but have never fully faced the truth and allowed themselves to feel their pain. Aware or not, the abuse will continue to run your life until you come to terms with it. Only then can the pain be overcome and the victim emerge a freer human being. (p. 68)

As indicated by these excerpts, cultural beliefs regarding recovery assume that denial serves to prevent one from moving forward in life, that one who chooses to put the experience in the past and minimize its occurrence will continue to feel "chained" to the past and its effects. In other words, one is doomed to be tormented by the past and associated feelings should one not acknowledge the fact that abuse has occurred.

#### **4.3.2.2 Remembering the Abuse**

Related to addressing issues of abuse, several books described the value of remembering the abuse. In *Adult Children*, Farmer (1989) provided exercises, such as journaling and using relaxation, to facilitate the process of remembering. Bass and Davis (1994), in *Courage*, also recommended remembering the abuse, although they noted it as optional, recognizing that remembering can throw one into "turmoil." They provided information about remembering, such as why survivors forget abuse and noted how memory of the abuse can develop over time.

Remembering the trauma was also emphasized as a recovery process in *Trauma*. Survivors "will need to remember your trauma in order to heal from it" (p. 71).

Extensive detail and exercises on how to remember the trauma were provided, such as using photographs, visualizing the trauma, and revisiting the scene. In *Innocent*, Engel (1989) stated that “allowing yourself to remember is a way of confirming in your own mind that you didn’t just imagine it. . . . In order to acknowledge to yourself that it really was that bad, you need to remember as much detail as possible” (p. 91). As with the other books, Engel provided information on how to remember, why it is difficult to remember the abuse, and stressed that the past

will *not* go away, no matter what you try, and your attempts to deny it or forget it just prolong the pain. Instead of trying to forget, try to remember. If you spend the same amount of time remembering as you have spent trying to sweep it under the carpet, you will be a lot closer to recovery. (p. 98)

Related to the theme of facing the truth of the abuse, the above suggests that a survivor who does not take the time to remember the abuse will be thwarted from the possibility of recovery. This position is based on the view that abuse cannot be subverted by trying to forget it. It is as if the effects of past abuse experiences have a life of their own, from which the only escape is to face them directly and attend to them in some detail. The suggestion is that such memories and associated feelings can be extinguished only through a painful process of remembering.

My experience of working with the survivor mirrors the above beliefs in that a significant portion of recovery work was spent facilitating clients’ recollection of their experiences. Clients who avoided talking about such experiences were considered “avoidant” and less likely to overcome the effects. Alternative routes to healing, such as engaging in enjoyable activities, pursuing desired goals, and problem solving, were



emphasized less in the beginning stages of healing and were considered a less effective route to recovery. This belief is based on the notion that, as indicated above, without having directly dealt with painful abuse memories, such activities may serve as attempts to temporarily distract one from the painful memories of abuse. It also mirrors the prevalent notion in the clinical field that attempts to repress painful memories will ultimately be channeled into less adaptive strategies for coping, such as engaging in self-destructive behaviour or abusing alcohol or drugs (e.g., Herman, 1997). As indicated earlier, the authors of the popular books analysed in the present study possess varying levels of academic and clinical experience in understanding and working with survivors of abuse. Knowledge gained from their experiences is relayed to the public through their writings. In turn, the public, adopts a discourse which mirrors beliefs reflected by such popular writings, or more specifically, beliefs that “facing the truth” and “remembering the abuse” contain the information necessary to discover the truth about oneself and the material needed for healing (Ward, 2002).

#### **4.3.2.3 Telling One’s Story**

Another aspect of addressing the abuse which was noted in several books was the theme of telling one’s story of the abuse to others. In *Courage*, Bass and Davis (1994) stated that “Telling another human being about what happened to you is a powerful healing force that can dispel the shame of being a victim (p.64).” They provided additional details regarding how survivors are silenced, who to tell, and recommended “weeding” out individuals who demonstrate a negative reaction to such a disclosure.

In *Innocent*, Engel (1989) recommended:

As part of accepting your desire to recovery, it is important that you tell your story in all its painful detail. It will help you to remember things you have forgotten or blocked out, to break through your denial and force you to admit it really happened. Telling your story will make it more real. There is relief in knowing that you did not make it up, that you are not crazy. (p. 58)

As with other texts, these authors cautioned that readers should be selective in deciding to whom to disclose the abuse in order to ensure that such a revelation will be responded to in a nurturing fashion. Likewise, in *Outgrow*, Gil (1983) stated that “many adults abused as children have felt alone in their suffering for years. They learned to keep their thoughts and memories to themselves. . . . It is as if energy, previously spent on keeping a secret, is suddenly freed up to apply elsewhere and to pursue more positive changes” (p. 29). Finally, Lew (1990), author of *Victims*, recommended that survivors tell their story “again and again.” He described several reasons for doing so, including ending the isolation, confronting associated feelings, and helping others to tell their story.

The above recommendations regarding telling one’s story reflect beliefs that there is curative value in self-disclosing personal, painful experiences, through decreasing feelings of isolation and shame. The trend toward self-disclosing of personal experiences, traumatic or otherwise, is reflected in the growing presence of television and radio talk shows and personal biographies (e.g., Kaminer, 1992; Priest, 1996; Rapping, 1996). Increasingly, individuals within Canadian/American societies are publically disclosing personal experiences ranging from trauma to interpersonal difficulties and marital crises. In this respect, the boundaries between what is to remain personal and private and what can be shared publicly become blurred. According to Oyserman et al. (2002), however, a content analysis of individualist/collectivist scales revealed that individualists tend to value

privacy. While maintaining privacy may be important in individualist cultures, there is also an emphasis on self-expression, being unique, and direct communication (Markus & Kitayama, 1991). In some respects, both privacy and self-expression are practices that allow individuals to assert their individual rights, given that the focus is on what benefits the individual, as opposed to the needs of the in-group. Alternatively, the practice of “telling one’s story” also serves both to create closer connections with other individuals ready to listen and, as indicated above, to end the survivor’s sense of isolation. Telling one’s story, therefore, may contribute to the creation of new “in-groups” (e.g., other abuse survivors), while possibly disrupting others, particularly when the perpetrators of abuse exist within the family.

### **4.3.3 Inner Process**

“Inner process” was a dominant theme endorsed by all the books reviewed. This category refers to the recommendation that survivors become familiar with their internal experience, including feelings and beliefs, in order to recover from the effects of child abuse. Different aspects of attending to internal experience were highlighted, including attending to feelings, connecting to the inner-child, evaluating beliefs about self, and spirituality.

#### **4.3.3.1 Address Feelings**

The majority of books contained recommendations to attend to and release/express emotions associated with the child abuse experiences. Attending to feelings such as anger and sadness was conceptualized as a way to grieve the losses of the past and to let go, thus opening the door to living in the present.

Most authors suggested that anger is an important emotion to address. Farmer (1989), author of *Adult Children*, emphasized the importance of expressing anger:

If you do feel angry and you must let it out, you can do so by kneeling at the edge of the bed and hitting the mattress as you shout, 'I'm angry!' . . . By recognizing your angry feelings and releasing them, you also begin to feel hurt and sadness. This paves the way for releasing your sorrow and accepting the loss. (p. 96-97)

In *Innocent*, Engel (1989) suggested that once the survivor acknowledges that he or she experienced abuse, anger will emerge:

Once you have faced the truth [of the abuse], you will become more aware of the tremendous amount of anger you feel toward the perpetrator and those who did not protect you. . . . You will learn to release this anger in constructive ways that will not add to your difficulties but will instead give you more strength and vitality. (p. 69)

Bass and Davis (1994), authors of *Courage*, stated that "Anger is a powerful and liberating force. Whether you need to get in touch with it or have always had plenty to spare, directing your rage squarely at your abuser, and at those who didn't protect you, is pivotal to healing" (p. 65) They also provided information about unhealthy and healthy expressions of anger, the latter of which they described as the backbone of healing. Healthy forms of anger expression related to recovery included writing letters about one's anger, speaking out, taking a martial arts class, or imagining punching and kicking the abuser when doing aerobics. The authors warned that by not releasing such anger in productive ways, it will be expressed indirectly or be expressed in self-destructive tendencies such as through addictions.

Sadness and grief were also cited as important emotions to attend to for recovery. Farmer (1989), author of *Adult Children*, suggested that hurt and sadness surface once the

survivor has connected to anger: “When you truly feel your sorrow, you permit the release of your Hurting Child’s agony. By doing so, you also begin to free yourself from the anger and blame” (p. 97). In *Courage*, Bass and Davis (1994) stated that in order to release painful feelings and to move forward in life, “it is necessary, paradoxically, to go back and to relive the experiences you had as a child--to grieve” (p. 130). The authors suggested that survivors who do not let themselves grieve will find that the grief festers, limiting one’s vitality and decreasing one’s capacity for love. In *Trauma*, Matsakis (1996) emphasized the importance of grief in working through trauma symptoms: “Grieving may be one of the most difficult challenges of your life, yet it may well be worth the struggle and the pain. . . . The benefits of grieving will include not only a lessening of your. . . symptoms but ultimately a sense of freedom” (p. 202).

Grief is also discussed in the context of grieving the loss of the parents one never had. In *Outgrow*, Gil (1983) suggested that “as long as [survivors] continue to pine for what never was, and never can be, [they] are stuck in the past. . . . When you give up the wish for the parents you hoped for, you make room for the real people in your life” (p. 76). In *Adult Children*, a process of grieving was described in which the survivor passes through denial, anger, sadness, and finally, the stage of acceptance emerges:

Reaching acceptance is somewhat like finding a clearing in the jungle after you have been hacking away at a dense thicket of denial, anger, and sadness. . . . Remember, grieving is a *process*, and the different stages will occur at different times. Acceptance, even more than the other stages, may be one that you will visit many times on the road to recovery (p. 98).

In most cases, recommendations to attend to feelings were provided along with exercises to facilitate the connection to and expression of feelings. For example,

journaling one's feelings was recommended as an avenue to learn to identify what one is experiencing. For those survivors having difficulty identifying feelings, there were recommendations to attend to bodily sensations as a first step to learning to attend internally. Farmer (1989), author of *Adult Children*, stated: "To learn to acknowledge your feelings, you must pause from time to time and pay attention to what your body is experiencing. Be aware of any areas of tension. . . . By practicing paying attention to your emotional state, you will begin to notice sensations and emotions" (p. 122).

In sum, anger, sadness, and grief were described as the primary emotions considered important to recovering from the effects of child abuse. By connecting to these feelings, expressing and exploring their significance and meaning, it is assumed that survivors are better able to let go of the past, resolve residual feelings and symptoms, and move forward in their life. In other words, the unpleasant feelings reportedly associated with abuse are not viewed, from a cultural standpoint, as feelings to be extinguished by ignoring or simply replacing them with other positive emotions. Such unpleasant feelings are assumed to have curative elements that can only be transformed by facing and expressing them in an "appropriate" and non-destructive way. At the heart of this position is the belief that ignoring such emotions will inevitably result in their being channeled into less adaptive behaviours.

In discussing codes of conduct introduced by psychology, Ward (2002) indicated that there has been an emergence of "institutionalized psychological scripts" or "feeling rules." He stated: "These scripts pay homage to the underlying emotional state of the person by elaborately attending to his or her 'feelings' and inherent 'emotional needs'"

(Ward, 2002, p. 185). The prescription endorsing that survivors attend to emotions mirrors the value placed by the profession of psychology on looking inward and attending to emotions. The message of the importance of attending to emotions is transmitted from the professional clinical community into the public sphere through the popular books on abuse and recovery. This message is also relayed in general self-help material, as illustrated in research carried out by Ryan et al (1994) discussed in chapter 2. In their review of self-help books, the authors described how there is an emphasis placed on the power of emotions and their need for controlled expression. In individualist cultures, the emphasis on attending to emotions serves to clarify one's unique self and attributes (Markus & Kitayama, 1991) from that of others. The encouragement that survivors look inward and learn to identify and express feelings, therefore, mirrors the individualist orientation embedded within dominant Canadian/American culture.

#### **4.3.3.2 Reconnect to the Vulnerable Self**

“Reconnect to the vulnerable self” is similar to the theme “address feelings;” however, I distinguished these two themes because there is a qualitative difference in their conceptualization. As discussed earlier, several books (namely, *Adult Children*, *Courage*, *Innocent*, *Victims*), labeled the process of reconnecting to disowned vulnerable feelings as “inner child” work. This term refers to attending to emotional aspects of self which existed within the survivor as a child, such as the hurting and vulnerable inner self. In essence, the focus on attending inwardly and acknowledging feelings which may have been suppressed is encompassed in the term. Bass and Davis (1994), authors of *Courage*, stated that “getting in touch with the child within can help you feel compassion for yourself, more

anger at your abuse, and greater intimacy with others” (p. 65). In *Innocent* the following recommendation was provided regarding the inner child:

In order to reconnect with emotions you long ago cut off, it will be necessary for you to reach inside yourself to reconnect with your inner child. Most of us forget the small child that is a part of us, the child we were, with her fears, insecurities, and desperate need to be loved. But within all of us, this inner child still exists.

In order to heal the wounds of our past we must love, comfort, and nurture the little child within us. Get to know your inner child. Learn to treat her as a good parent would a cherished son or daughter. Listen to her needs. Your inner child needs to learn to trust that *you* (the *adult* part of you) will not be neglectful and abusive like the other adults in her life have been. (pp. 64-65)

Bass and Davis (1994) also provided exercises intended to help one connect to one’s inner child, such as writing a letter to the child within or visualizing oneself as a vulnerable child needing love. By connecting to this aspect of oneself, Bass and Davis suggested that the survivor is able to develop self-nurturing capacities, otherwise called parenting self, as a person would one’s own child.

In *Adult Children*, Farmer (1989) also described the inner child, stating that it “contains the memories, images, and feelings of . . . childhood” (p. 54). Farmer further differentiated the concept of the inner child into three components: (1) the hurting child, or the “abused, traumatized, deprived” part of oneself; (2) the natural child, or the spontaneous, honest and expressive side of self; and (3) the controlling child, or the part of self trying to protect oneself from harm by hiding the other two aspects of the inner child listed above (p. 54). By “burying” the hurting child and natural child as a means to cope with the abuse, Farmer suggested that the survivor is left in an “emotional and spiritual” deprivation. For healing, reconnecting to the former two aspects of self (the hurting and natural child) reportedly awakens these integral and important aspects of oneself.



Connecting to the child within is thought to enable the survivor to connect to the vulnerable feelings, feelings of anger, and the needs of being a child. Doing so is thought to facilitate self-nurturing and parenting of the self.

Although “inner child” is associated with the theme “address feelings,” a conceptual shift occurs by labeling emotional states with the former term. My first exposure to the concept of inner child was while watching a television program, approximately 10 years ago, on John Bradshaw, an author and speaker on co-dependency, addictions, and recovery. I have since heard the term used in many social circles and have been exposed to it in clinical practice. It is a popular term used particularly within the self-help movement in Canada and the United States. By using such a label, there is a reification of inner emotional states. Inner child suggests that there exists, within each individual, a compartmentalized side of self from which one dissociates or “buries” and which is in need of re-awakening in order to facilitate self-nurturing and parenting of oneself. The image elicited is that of a small child in need of caring and love, and the message is that disconnection from this side of self precludes the possibility of caring for oneself and attending to one’s needs. The term “inner child” also creates, at a conceptual level, an artificial relationship of inner emotional states with varying levels of maturity. In other words, vulnerabilities, fears, insecurities, and needs which exist within the adult have been relegated to the domain of childhood experiences, while the adult self is relegated to the role of nurturer and parent. In spite of the fact that such vulnerabilities and fears are lived experiences within adults, the use of the term “inner child” implies that such characteristics are less mature or less developed. It is likely that this conceptualization was formed in

order to facilitate nurturing behaviour, given that survivors of abuse have difficulty with self-nurturing; what is less clear is how or whether survivors resonate with this notion.

According to Kaminer (1992), inner child theory grew out of co-dependency theories and “is an equally eclectic blend of Jung, New Age mysticism, holy child mythology, pop psychology, and psychoanalytic theories about narcissism and the creation of a false self that wears emotions without experiencing them” (p. 17). Kaminer described how the goal for recovering is to heal the “inner child” or “the wounded child who took refuge from deprivation and abuse in some recess of your soul” (p. 17). She noted how the inner child is always depicted as good, innocent and pure, implying that people are essentially good. In describing the popular knowledge of addictions and related terms, Kaminer indicated that when audiences hear about “inner child” and grief work, few questions are raised as to their meaning. People readily identify themselves as victims of a troubled childhood with an “inner child” in need of healing which, according to Kaminer, has been promoted and popularized through the presence of self-help literature, self-help groups (e.g., Alcoholics Anonymous.), and the media (e.g., television talk shows).

#### **4.3.3.3 Beliefs About Self**

In all books, other aspects of attending to internal process were discussed, including attending to beliefs which may have formed as a result of the abuse. These aspects included attending to maladaptive beliefs that one is alone in the experience of abuse and is to blame for the abuse. In *Courage*, the reader was reassured that he or she is not alone in the experience of having been abused: “If you have been sexually abused, you are not alone. One out of three girls and one out of seven boys, are sexually abused by the time they reach the age of eighteen” (p. 24). Lew (1990), the author of *Victims*, suggested that

talking about the abuse with others will help one realize that one is not alone. Similarly, in *Innocent*, readers were reminded that they are not alone: “There is hope for the thousands of people across the country who are beginning to admit that they were sexually abused and are still suffering from the damage brought on by it” (p. 18).

Shame and self-blame for being abused as a child were noted as common responses on the part of survivors. A majority of books (i.e., *Victims*, *Life After*, *Trauma*, *Outgrow*, *Innocence*, *Adult Children*) stated that survivors are not to blame and that self-forgiveness is critical to recovery. In *Victims*, this point was emphasized:

As long as you continue to accept blame for what happened to you--as long as you buy any part of the lies that you have been told--the abuse is continuing. Although having been abused does not call for forgiveness of others, it is necessary for you to ‘forgive yourself’. You need to excuse yourself for all the wasted time, withdrawal, depression and failures of your life. . . . As you continue to let go of blaming yourself, you are standing up to the abuse. Self-forgiveness is an important aspect of recovering your self-respect. (p. 258)

In *Trauma*, Matsakis (1996) described survivors’ tendency to blame the self as myths: “Guilt and shame is based on two myths: abused persons often feel that they deserved the abuse, and that they should have been able to prevent it” (p. 295). She reassured readers that: “It is the abuser, not you, who uses force. . . . It is not your personal inadequacies and failures that cause the abuse, but the abuse that creates feelings of inferiority and exacerbates any pre-existing sense of inadequacy or failure” (296) and the reader is reminded: “If you were abused as a child, you had no choice but to stay with your parent or caretaker--you were too emotionally and financially dependent to consider other options” (p. 297). Exercises are also provided to help identify and overcome the tendency toward self-blame. For example, readers are asked to evaluate how their family may have conveyed that they (the survivors) were somehow responsible for the abuse, and

they are provided with information about how victims are rendered powerless (or trapped) in abusive situations. In *Courage*, Bass and Davis (1994) described in depth some of the cognitive distortions survivors possess which perpetuate the belief of being responsible for the abuse, including children's desire for closeness, their enjoyment of sexual stimulation, their age. Again, survivors were reassured that they are not to blame. Suggested strategies to help alleviate the feeling of being alone and blaming oneself for the abuse included joining a survivors' group, speaking out in public, and identifying with the vulnerability of children.

Engel (1989), author of *Innocent*, discussed survivors' feelings of guilt and provided exercises to address self-blame (e.g., completing sentences "I am not responsible for..." and "I forgive myself for..."). She suggested that survivors of sexual abuse forgive themselves: "Part of forgiving yourself requires that you also forgive your body for responding and for any pleasure it may have felt during the abuse. . . . Now it is time to forgive your body for participating" (p. 209). Forgiving self was also noted as important in *Victims* and in *Courage*. In both books, forgiving oneself, as opposed to the abusers, was considered the most important aspect of recovery. As stated by Bass and Davis (1994):

The only forgiveness that is essential is for yourself. You must forgive yourself for having needs, for having been small. You must forgive yourself for coping the best you could. . . . you must forgive yourself for the limitations you've lived with as an adult. (p 165)

All books provided suggestions to enhance self-esteem given that a primary effect of abuse is its damage of an individual's ability to value oneself. In *Life After*, self-esteem was defined as the feeling that "on the whole, you feel your value outweighs your

shortcomings” (p. 239). The reader is asked to identify aspects of self that he or she does not like and to evaluate whether one has control over these components. In *Courage*, beliefs about self were framed as internalized messages adopted from significant individuals in childhood, with the goal being to modify such messages:

When you were abused, it’s likely that you were told, directly or indirectly, that the abuse was your fault. . . . Even if you weren’t given such messages directly, the very fact that you were abused taught you that you were powerless, alone, not worthy of protection or love. . . . When our own worth is negated often enough, we begin to believe there’s something wrong with us. . . . This self-destructiveness often is at war with the positive, sustaining self-concept you are trying to build. (p. 189)

Each book addressed esteem in the form of self-talk and exercises were provided to help the reader in this respect. In *Adult Children*, Farmer (1989) provided extensive cognitive approaches to shifting the survivor’s self-talk. The author stated:

You can dramatically increase your control over your feelings by working on your thinking. It may seem to you that events determine how you feel. . . . If you look deeper, however, you will see that it is your *beliefs* about events, and not the events themselves, that make you feel the way you do. . . . Extreme anger, hurt, or depression result from irrational thoughts (p. 158).

He then provided detail about specific irrational thoughts such as the expectation to have “everyone’s love and approval,” the expectation to “do everything absolutely perfectly,” and the expectation that “life should be fair and should go according to my plan” (pp. 162-165). Numerous writing exercises to counteract such thoughts were provided. In *Life After*, extensive cognitive exercises were suggested to help the reader shift maladaptive beliefs about self, with recommendations that survivors identify problematic beliefs, evaluate the pros and cons of such beliefs, imagine alternative meanings, and evaluate evidence to support such beliefs. Similar exercises were provided in *Innocent*, including writing exercises provided to help survivors identify negative messages that have

been internalized and to counteract them with more positive messages. Readers were recommended to praise and compliment themselves, take credit for accomplishments, and encourage themselves when troubled, sad or afraid. In *Life After*, Rosenbloom and Williams (1999) noted that “affirmations can help you restore a sense of safety, security, and calm. Repeated saying of affirmations can also counteract the effects of negative thoughts that go through your mind, sometimes automatically” (p. 11). As with the other books, suggestions for writing exercises were provided.

The message here is that survivors of abuse are afflicted with troubling or maladaptive beliefs about oneself that are in need of changing in order for recovery to take place. From a Canadian/American cultural perspective, the view endorsed is that one needs to identify beliefs, which have somehow become buried or unconscious, and that uncovering such beliefs about oneself will make them amenable to change. According to this perspective, thoughts or beliefs about oneself have the power to shape one’s experience and reaction to an event and, if they are not attended to, one will continue to be afflicted by them and by accompanying emotions. Furthermore, by acknowledging and evaluating “irrational” and “maladaptive” beliefs, it is believed that one has the potential to change them and replace them with more adaptive beliefs, whether through affirmations or writing exercises, or other strategies noted above. In this sense, rational thought is considered more adaptive, and thoughts considered to be irrational (e.g., “life should be fair,” “I should do everything perfectly”) are viewed as maladaptive. As well, implied in this belief is the idea that one should not give validity to the negative emotional responses associated with such thoughts. Through an evaluation of whether

such thoughts reflect reality, it is believed that an individual will uncover more “adaptive” ways of thinking, feeling, and responding to events. This view is visible in popular self-help books, the media, and the profession of psychology (Kaminer, 1992).

Kaminer (1992) described how psychological theories and popular psychology have contributed to popular beliefs in the power of thought and positive thinking. According to her, the optimistic belief in the capacity of personal growth and value of positive thinking is an outgrowth of humanistic psychology popularized by Maslow, Gordon Allport, and Carl Rogers. Cognitive theories of functioning, with their emphasis on identifying and disputing irrational thought, also have likely contributed to this trend. Popular psychological literature, Kaminer noted, has devised guidelines and techniques for achieving self-actualization, often in the form of how-to books with specific guidelines for enhancing people’s views of themselves. She stated that most self-help authors talk about mastering one’s fate by mastering one’s mind: “You have to stop yourself from thinking bad thoughts” (p. 54).

Although the popular books analysed for the present study focussed on recovery from child abuse, their messages regarding evaluating and rebuilding beliefs about self as a consequence of abuse are reminiscent of more generic self-help books that emphasize the building of self-esteem through positive self-talk (Kaminer, 1992). According to Ward (2002), the concept of self-esteem has been very influential in popular self-help literature. Ward (2002) cited how, in 1987, a task force was established in the United States to promote self-esteem and personal and social responsibility. According to a report produced by Vasconcellos, the person responsible for establishing the task force, “persons

with low levels of self-esteem were described as victims, traumatized and deprived of self-potential” (1989; cited in Ward, 2002, p. 104). Ward (2002) described how most self-esteem literature relays the belief that, “if an individual is to overcome adversity in life, he or she must first come to appreciate and respect his or herself” (p. 102) and that problems ranging from anxiety to depression can be traced to the problem of poor self-esteem. In this sense, self-help literature on recovery from abuse reflects an integration of psychological theory and popular conceptions of strategies for self-enhancement.

The notion of deriving self-esteem through identifying positive attributes about the self is reflective of more individualistic societies such as Canada and the United States. Markus et al. (1996) described how in such societies, self-concept is derived from creating a positive sense of self, feeling good about oneself and one’s unique personal attitudes and opinions. They stated that “the central imperative of an independent culture is to identify positively valued internal attributes of self. . . . [An independent] form of self-esteem is likely to be based primarily on the affirmation that positive features are present in the self” (p.888). In contrast, in more collectivist societies, the central imperative is to fit in and adjust oneself to social relationships. In this respect, the suggestions that survivors develop more positive self-concepts through self-enhancing statements are indicative of more individualistic notions of well-being.

#### **4.3.3.4 Spirituality**

Another aspect of inner process which was addressed, although less prominently, was the theme of spirituality. I considered this theme an inner process in that spirituality is



conceived of as a very personal inner experience defined uniquely by each individual, typically involving a connection with a personally defined higher power or with feelings such as love for others. Spirituality may or may not be visible to others, and may involve little behavioural manifestation. When considered in this way, spirituality involved addressing inner processes, such as love, meditating, and looking to a higher power for comfort. In *Courage*, Bass and Davis (1994) stated:

Having a sense of a power greater than yourself can be a real asset in the healing process. Spirituality is a uniquely personal experience. . . . Finding the spiritual part of yourself can be an important aspect of your healing process. . . . It is a passion for life, a feeling of connection, of being a part of the life around you. (p. 166-167)

The authors indicated that “a spiritual connection can be a way to connect to a deep source of love” (p. 168). However, they cautioned not to use spirituality as an escape, that the stages of recovery are critical. Bass and Davis (1994) suggested: “You have to trust your capacity to heal yourself” and to have faith even when it is less visible (p. 168). They noted that tapping into “love comes from a feeling of belonging, a sense of safety, and a deeper experience of faith in your capacity to heal. . . . It’s based on a relationship within yourself that no one can take away.” (p. 169)

Jantz (1995), author of *Emotion*, stated the following with respect to spirituality:

Don’t forget your spiritual nature. This an important aspect of your whole person. Your relationship with God can help you define who you are, why you are here, and where you are going. If you have a tendency to view God as a stern, unforgiving super parent, the relationship you have with him will be nothing more than an enlarged copy of your relationship with the parent who abused you. Your spiritual relationship should offer you comfort, peace, and security, not a supernaturally motivated repeat of anger, fear and guilt. (p. 138)

In *Trauma*, spirituality was recommended as an optional resource which could be

pursued through connecting to a clergyman, priest, rabbi, or other spiritual advisor (p. 143). Finally, in *Adult Children*, Farmer (1989) provided specific suggestions regarding connecting to one's spirituality. Recognizing the possibility that recovery can lead to a deepening sense of connectedness with others and a higher power, Farmer (1989) focussed on three aspects of spirituality: stillness, living in the present moment, and love (p. 166). Regarding the first, he suggested that meditation, pursued on a daily basis, is a means to connect to a state of stillness. The second aspect of spiritual regeneration, i.e., living in the moment, involves appreciating each moment as special, focussing on the here and now. Farmer suggested a breathing and sensory awareness exercise to achieve this state. Finally, with respect to love, Farmer stated:

As you have progressed with your recovery and released many of the remnants of your abusive past, you may have increasing periods of openness, peacefulness, and a more expansive experience of love. . . . The more you give your love away, the more it returns to you. . . . You can express your love in many different ways--do a kind deed. . . . As you make these expressions a more consistent part of your life, you will find that not only are people usually responsive, you are in turn receiving more love. (p. 171-172)

According to Farmer (1989), connecting to feelings of love can be facilitated by recalling moments in which one experienced "all-inclusive love" (p. 172). He defined this love as a quiet kind of joy which can arise when one is alone or with others, as one might feel with their children, in nature, or with a friend.

According to the authors, therefore, spirituality involves a personal connection to one's own love and faith, a deeper connection to others, as well as one's ability to be in the present moment. Developing one's spirituality is thought to move the survivor above and beyond addressing solely the effects of abuse, and to enable him or her to connect to a

higher sense of personal meaning.

As evidenced by the suggestions regarding spirituality, the authors provide rather broad definitions of spirituality, using terms such as higher power, love, and connection. Such descriptors suggest a move away from traditional doctrines of specific religions. Such a broad portrayal may have been presented with the intention of permitting readers latitude in incorporating their own spiritual orientation with the suggestions provided. In fact, where references to God, as a Christian-based perspective, have emerged in recovery groups such as Alcoholics Anonymous, there have been complaints that it violates religious freedom (Kaminer, 1992). However, the authors' broad reference to spirituality may also reflect the fact that experts in the recovery movement tend to criticize authoritarianism in the church (Kaminer, 1992) and have moved away from traditional practices. According to Ward (2002), the large-scale expansion of clinical and counselling psychology has contributed to secularization of society. The emphasis of training in clinical and counselling psychology focusses less on spiritual healing than healing through the introspection and so-called mind cures and this emphasis may also have influenced the authors' rather broad description of spirituality.

#### **4.3.4 Relationships**

In all books, relationships were discussed, as well as the role they can play in recovery. Different aspects of relationships were presented in the popular books, including strategies for resolving unresolved feelings towards abusers and strategies for developing healthy and intimate relationships.

##### **4.3.4.1 Resolution**

The majority of books (all but *Life After*) addressed strategies for resolving residual (maladaptive and unhealthy) feelings associated with the abuser(s). Areas related to resolution that were discussed included confronting, separating or “divorcing,” and reconciling and forgiving. In *Courage*, Bass and Davis (1994) discussed the importance of addressing unresolved feelings toward abusers:

Resolving relationships with the people who abused you. . . . is essential to moving on. You come to your own sense of clarity in what you think and feel about each of these people. . . . when you come to a place of resolution with your family or your abuser. . . . your identification with the abuse and its effects is greatly diminished and you are freed to enjoy a new and much more satisfying relationship with yourself and with the world. (p. 174)

In most instances, the decision about how to resolve unresolved feelings toward the abusers (e.g., confront or reconcile) was left up to the survivor. In *Innocent*, Engel (1989) suggested several options, with the primary goal being that of pursuing healthier relationships:

Your recovery process is going to change you, your relationships, and how you view those relationships. Once you have faced the truth and begun releasing your anger, you will be able to look at your relationships more objectively. You may choose to temporarily separate from, divorce from, or reconcile with significant people from your past. You will learn to determine which relationships are healthy and which are unhealthy. At this point you will be strong enough to disconnect

from those relationships that are unhealthy, abusive, or that hold no promise of improvement. (p. 69)

With respect to confronting abusers, Bass and Davis (1994), authors of *Courage*, suggested that confronting abusers is optional. They stated:

Even without a direct confrontation, you can experience the satisfaction and catharsis of a confrontation. There are many symbolic ways to face your abuse or sever your ties. You can write him a letter and not mail it. . . . you can write a poem or draw a picture. (pp. 154-155)

However, they described the decision to confront as potentially being a “dramatic, cleansing tool” (p. 65). Bass and Davis (1994) provided a step-by-step process intended to prepare the survivor to confront, including suggestions to confront by letter or in person. Potential reactions of the abusers and survivors also were described, along with strategies for coping.

In *Victims*, Lew (1990) suggested that “you must give a great deal of thought to the question of why you want to [confront]--and whether confrontation is in the survivor’s best interest” (p. 228). He noted as well that confrontation is a highly individual and personal decision. He added:

When I speak of confrontation, I am not necessarily referring to a direct encounter with the abuser. The real meaning of confrontation is standing up to the abuse. It indicates that you are giving voice to the reality that you are no longer willing to submit to victimization in any form. It is a statement of self-respect and self-determination. Confrontation, in this sense, is a major aspect of recovery. (p. 229)

As in *Courage*, information to help prepare and cope with potential reactions to confrontation was provided, along with suggestions for confrontation, including symbolic confrontation, mailing a letter, taking legal action, and confronting non-perpetrators.

In *Adult Children*, Farmer (1989) provided guidelines for addressing the abuser(s) face-to-face:

When you are ready to talk with them, you need not think of it as a confrontation. . . . Ask them about themselves, about your childhood. Tell them how you have been affected by the abuse. If you feel angry, hurt, or afraid, let them know. Let them know who you are at any given moment by stating honestly how you feel and what you think. The main thing to keep in mind when you are talking to your parents is *do not expect anything from them*. . . . You should talk to them with the objective of simply letting your presence as a human being and as an adult son or daughter be known. . . . Talk with them as frequently as needed to further your own healing program. If your parents are deceased, do this as a closed-eye, imaginary process. (p. 106)

As with other books, *Adult Children* also provided suggestions to write a letter to the abusers, with the option of mailing it or using it to prepare for direct confrontation.

Gil (1983), author of *Outgrow*, stated some cautions regarding confronting abusers:

If you are going to confront your parents about the abuse, make sure that you have no specific outcomes in mind since you may be setting yourself up for deep disappointment. Some formerly abused children long for their parent's "confession" (admission of responsibility and their plea for forgiveness). Do not expect this. It is frequently beyond the reach of parents who may have struggled all their lives to deny or cover-up the abuse. . . . An already strained, weak relationship with parents may totally break down as a result of confrontation (p. 77).

In *Innocent*, Engel (1989) suggested the following with respect to confrontation:

In order to regain your personal power so that you will not continue to be a victim, you will need to confront the important people in your life—parents, the perpetrator, and other members of your family—either directly or indirectly. By confronting with facts and feelings you will pave the way for a possible reconciliation with those who have hurt, neglected, and abused you. At the very least, confronting will bring closure to those relationships that plague you the most (p. 69).

The other possible route to resolution and recovery suggested by the texts was to create distance or to separate from the abuser(s). In *Innocent*, Engel (1989) explored the option of "divorcing" the abusers from the past, stating that "the decision to 'divorce' your parents may be your only alternative when the relationship is so destructive that you must choose between your health and them. . . . One cautionary note: Don't stop seeing your parents in order to punish them" (p. 162). She went on to discuss how doing so might be difficult and provided suggestions for practicing how to end the relationships, such as talking to an empty chair or getting help from a therapist. An alternative option provided was to create distance from the abusers:

If your progress toward recovery is thwarted each time you see your parents, if you revert to being a subservient or fearful child, then you may need to stop seeing them for a while. Most important, you may need time to develop your own separate self, since it may be impossible for you to maintain a sense of individuality when you are around them (p. 158).

Similarly, Bass and Davis (1994), authors of *Courage*, suggested the possibility of separating from childhood abusers: “Separations can be a part of developing healthier relationships....Separating from someone in your family should be based on your need to heal in a controlled environment, rather than on hope for a particular outcome” (p. 313-314):

Another aspect of resolution described by the majority of the books involved suggestions regarding the possibility of forgiving the abusers. However, in most cases (all but *Emotion*), forgiveness was presented as optional. In *Innocent*, Engel (1989) discussed forgiveness as an option and encouraged readers to evaluate their decision. She suggested:

Sometimes choosing *not* to forgive can actually help in the recovery process. If you want to forgive, ask yourself what your reasons are for doing so. You may be sacrificing yourself once again, or setting yourself up to be revictimized. True forgiveness comes as a by-product of recovery. . . . You can recover and resolve your relationships without forgiving others (pp. 172-173).

In *Victims*, Lew (1990) indicated that “it is not necessary for you to forgive the person who abused you!...The choice to forgive or not to forgive is entirely yours.... It requires time and careful thinking before even deciding whether the concept of forgiveness is relevant to your situation” (p. 255). Lew also provided additional suggestions to help the survivor decide whether or not to forgive, providing cautionary reasons for seeking to forgive, such as survivors wanting to take care of the perpetrator (1990, pp. 255-256).

In *Adult Children*, Farmer (1989) noted that understanding the abuser(s) facilitates forgiveness. Along with visualization exercises in which the survivor imagines forgiving the offender, Farmer recommended that time be taken to consider forgiveness as an option. Although recognized as potentially beneficial, forgiveness was stressed as not being essential to healing in *Courage*. Bass and Davis (1994) stated: “giving up the anger and pardoning the abuser, restoring a relationship of trust—is not necessary in order to heal from the trauma of being sexually abused as a child. You are not more moral or courageous if you forgive” (p. 161).

Forgiveness was also discussed in *Emotion* (Jantz, 1995). However, in this case, it was not presented as an option, and there was little discussion about preparation for potential reactions. The focus was primarily on the benefits of confronting, including heightening one’s sense of control and validating the fact that there is something to be forgiven (p. 145).

In sum, the popular literature suggests that survivors of abuse are left with “unresolved” feelings directed toward the abusers which need to be “resolved” or fixed in order for healing to occur. The feelings are presumed to be a source of distress for survivors and in need of being transformed. By confronting, creating distance, “divorcing,” or forgiving the abusive others, it is believed that survivors can release unresolved feelings and pursue healing. The implication is that abusive individuals from the past will continue to have a hold on survivors unless the relationships with these individuals are dealt with in some fashion, and that forgiveness or confrontation, for example, have the power to release the survivor from the chains of the past, thereby



allowing him or her to move forward in life. In essence, active decision-making is prescribed, even if the ultimate decision is to decide not to confront or forgive.

In the above recommendations regarding resolution of relationships, the authors emphasized the need for survivors to evaluate the benefits and costs of maintaining such relationships. This position mirrors more individualistic perspectives as depicted in Canadian and American culture. As indicated by Oyserman et al. (2002), theorists have proposed that individualism “leads to ambivalence concerning close relationships and fosters a willingness to leave relationships that are not beneficial to the person” (p. 36). Markus et al. (1996) described how in individualistic societies conflict with others can be “self-defining or identity promoting. It brings into sharp relief one’s own desires, preferences, and goals and provides the opportunity to verify them and express them” (p. 895). Although the authors of the popular books leave the decision to confront, distance, or forgive up to the survivor, they emphasize the benefits that can be derived for the individual by choosing such courses of action. This emphasis reflects a more utilitarian approach to relationships in which their maintenance is determined by the needs of the survivor, instead of the needs of the family or in-group. Even in the case where the abuse did not originate in the family and where there is less emotional attachment to the perpetrator of the abuse, the decision to confront is nonetheless an assertion and expression of oneself determined by the need of the survivor and intended for the purpose of self-enhancement.

#### **4.3.4.2 Support and Intimacy**

All books recommended finding and developing supportive, “healthy,” and intimate

relationships as a means to cope with stress, to take care of oneself, and to help with recovery. Support refers to developing relationships based on healthy communication and respect, where the survivor feels accepted and able to discuss some of the issues arising through the process of recovery. Intimacy, according to Rosenbloom and Williams (1999), in *Life After*, was defined as:

emotional warmth, closeness, caring, and support from and with other people. An intimate relationship is, almost by definition, a safe and trusting relationship in which each person values and cares about the other. . . . The essence of what you need from intimacy is to be known and accepted for who you really are--your real self with all its quirks and imperfections. . . . Intimacy is most often earned and strengthened gradually through a mutual interaction with another person (p. 270).

With respect to support from family members, Bass and Davis (1994), in *Courage*, suggested that survivors make the most of allies within the family (p. 300). They provided guidelines for survivors to assess the ability of family members to provide support and guidelines regarding maintaining contact (pp. 301-306). They emphasized that it is difficult to heal from child sexual abuse in isolation, stating that “it is essential that you have at least one other person with whom you can share your pain and your healing. That person may be another survivor, a member of a support group, or a counselor” (p. 26). In *Life After*, Rosenbloom and Williams (1999) reiterated the importance of having support:

Much of the work of healing is best done with one or more supportive persons. Trauma is isolating and can leave you feeling disconnected and different from others. Sharing your experiences and feelings, although scary, can help. We encourage you along your way to seek support from friends, family, a therapist, and/or a support group (p. 8).

The benefits of accepting and needing help from others were described in *Victims* as normal and important in preventing the emergence of posttraumatic stress symptoms

(Lew, 1990, p. 89-90).

All books stressed the importance of establishing healthy intimate relationships. Strategies for seeking the appropriate kind of support were described in *Outgrow*, with Gil (1983) recommending to “seek out people who treat you well, who respect and support you. Develop those friendships. Let them help you by telling them what you need. Take small risks at first. Don’t rush yourself” (p. 64). In *Courage*, Bass and Davis (1994) presented questions to help survivors reflect on the quality of their relationships, such as whether there is mutual respect and give and take (p. 234). They provided suggestions for establishing relationships, such as taking calculated risks, learning to trust, strategies for recognizing bad relationships, as well as strategies for dealing with conflict (pp. 233-248). In *Emotion*, Jantz (1995) similarly supplied information for survivors on how to develop a healthy relationship. He stated:

If you want to maintain a healthy relationship, you must first find one. A healthy relationship is one where each individual experiences positive, uplifting consequences from the relationship, where individual opinions and personalities are respected, and where trust is the cornerstone upon which the relationship is built. If you have had trouble in the past finding someone who desired that kind of relationship, don’t give up! (p. 154)

A number of aspects of intimacy were presented in *Life After*. For instance, Rosenbloom and Williams (1999) presented information regarding the importance of knowing oneself in developing relationships so that one can set boundaries, determine when and how to trust, and know what one can accept about a relationship (p. 271). The authors cautioned that intimacy develops slowly and requires being able to know and trust someone well. They also described how to balance intimacy with other needs, how to

evaluate the nature of a relationship, and how to identify needs associated with relationships, including the need for trust and control (pp. 236-309).

As indicated earlier, difficulty trusting others was noted as an effect of abuse and was discussed in reference to recovery and establishing intimate relationships. In *Life After*, an extensive section focussed on trust-related issues with the intention of helping survivors of abuse re-establish trust in relationships. Along with providing information about the effects of abuse on trust, a number of exercises were suggested to help survivors think through the advantages and disadvantages of not trusting others and to evaluate their beliefs about trust. They also recommended the importance of developing trust in self as a means to better evaluate whether others are trustworthy (pp.141-178). *Courage* provided a similar message regarding self-trust, along with suggestions for establishing trust in others (pp. 233-248).

As a means to establishing intimacy and friendships, the books on recovery also supplied information intended to help survivors develop social skills. In *Adult Children*, Farmer (1989) made suggestions on how to recognize, develop and maintain healthy friendships. He stated that “to develop friendships, you must learn how to be a friend” (p. 126). Exercises were provided on communication skills, including how to listen actively, paraphrase, share oneself, set boundaries and socialize (pp. 126-138)

In *Emotion*, Jantz (1995) also presented suggestions regarding healthy communication and strategies for coping, should someone be hurtful. Sample suggestions included: “Don’t be afraid to seek the truth; Allow the other person to make his or her own decisions; Seek to inspire trust by extending understanding to the other person and by

responding honestly to what is said” (p. 156). Strategies for dealing with hurtful behaviour included: “Resist the tendency to defend your position; Give up the need to be right; Recognize and apologize for anything you might have done to contribute to the situation; Respond vs. react--learn to be proactive; Create your personal limits” (p. 153). Finally, Jantz (1995) described strategies for coping with conflict so that survivors learn to resolve conflict successfully through, for example, facing the issue, resisting the temptation to act with vengeance, and allowing others to make mistakes (p. 158).

Gil (1983), author of *Outgrow*, stressed the importance of developing tools for “problem solving, resolving conflict, setting limits, and communicating effectively” (p. 64), and made suggestions on how to respond to difficulties with others, other than simply reacting. She presented tips on how to approach and engage in conversation with others, such as pacing with self-disclosure, asking questions and encouraging survivors to start with conversing about interests and pursuits. Considering the effect of abuse on one’s self esteem, Gil (1983) also suggested that the survivor try to present oneself “in such a way that others are not as aware of your vulnerable, sensitive areas” and she suggested exercises to role-play speaking to others in front of a mirror (p. 71).

A final area related to intimacy and relationships discussed in the books was that of sexuality. This topic was presented primarily in books targeting sexual abuse survivors for whom difficulties with sexuality arise. A significant portion of *Courage* is devoted to discussing the impact of sexual abuse on sexuality, as well as presenting strategies for coping with sexuality (pp. 249-277). The authors provided a number of suggestions such as taking time out from sex, learning to please oneself, pacing sexual involvement with

partners, as well as several strategies for coping with negative emotional residuals associated with sex, such as coping with fear or flashbacks.

Similarly, Victims provided information about sexuality (pp. 185-189), with the following suggestion:

In order to lead a satisfying life you have to figure out what to do about sexual feelings. You must break down the barriers that keep sexuality separate from the other parts of your life. The process is one of acceptance and integration. . . . Just as with breaking the silence about abuse, you begin to deal [with] you sexual feelings by talking about them. As long as sexual feelings and activities remain hidden, they become shameful secrets (p. 187).

In *Adult Children*, Farmer (1989) emphasized the importance of learning to increase comfort with non-sexual and sexual touching (138-145). He stated:

For a sexually abused person, boundaries between sexual touching and nonsexual touching are understandably confused. . . . Part of growing up again is learning to feel comfort and pleasure in touching and being touched, both in nonsexual and sexual ways. The first priority, however, is to feel relaxed and comfortable with nonsexual touching. . . . Once you have gained some mastery with nonsexual touch, it will become easier to enjoy sexual touch and pleasure. (p. 139)

Suggested exercises included practice touching objects, animals, children, self, and others.

Farmer (1989) additionally recommended that survivors pace their practice according to their level of readiness (pp. 141-145).

The values espoused by the suggestions regarding relationships is that having supportive, validating relationships is desirable and healing. Based on the effects of abuse described in section 2.1.5, survivors reportedly have difficulties with trust, intimacy, and setting boundaries. The prescriptions intended to remedy these difficulties illustrate cultural beliefs about ideal relationships, i.e., that they are characterized by safety, trust, respect for boundaries, and acceptance of who one “really is.” Furthermore, the specific

suggestions provided for dealing with conflict and sexuality imply that survivors are impaired in these areas, and that there are specific tools or strategies they require for managing conflict and coping with sexuality.

In the above suggestions regarding relationships, what is emphasized is the development of relationships characterized by an equal exchange, mutual respect, and giving and taking. This orientation is reflective of individualistic orientations in which interpersonal relations tend to be organized by “equality matching,” (where resources are equally divided), although there are variations in this tendency depending on the context (Fiske, 1992; cited in Markus et al., 1996, p. 894). For collectivist cultures, on the other hand, relationships tend to be organized by communal sharing (things owned by everyone and shared as needed) or “authority ranking” (status importance and resources divided by rank). The emphasis on having the survivor *choose* his or her relationships reflects individualistic orientations in that the most important relationships tend to be those individually chosen, rather than those that are obligatory (Markus et al., 1996). In this respect, the survivor is given authority in deciding whether the relationship is suitable, depending on the benefits derived.

With respect to friendships, Bellah et al. (1985) noted that the traditional idea of friendship contains three essential components, including the importance of enjoying the company of the other, being useful to one another, and sharing a common commitment to the good. Regarding these three components, the authors noted: “In a culture dominated by expressive and utilitarian individualism, it is easy for us to understand the components of pleasure and usefulness, but we have difficulty seeing the point of considering

friendship in terms of common moral commitments” (p. 113). This description of friendships in individualistic societies mirrors the pleasure and utilitarian components of friendship described by the authors of the popular books, in that they emphasized finding relationships that are pleasurable and that meet the survivors’ needs.

With respect to love relationships, Bellah et al. (1985) also noted that in individualistic cultures the emphasis is on expression of individuality and freedom, as well as mutuality and sharing: “To be a person worth loving, one must assert one’s individuality. . . . Having an independent self is a necessary precondition to joining fully in a relationship” (p. 93). This view is similar to Markus and Kitayama’s (1991) descriptions of relationships in individualistic cultures in which there is an emphasis on expressing one’s unique needs and asserting internal attributes of oneself. These aspects of relationships were also emphasized by the authors of popular books. For example, in *Life After* (Rosenbloom & Williams, 1999), the authors recommended finding people “who [accept you] for who you really are” (p. 270). Jantz (1995), author of *Emotion*, suggested that survivors find people who respect individual opinions, and in *Courage*, Bass and Davis (1994) encourage relationships in which the survivor’s pain can be shared. These examples illustrate the emphasis on individual expression of one’s uniqueness in relationships. In contrast, in more collectivist cultures, internal attributes, opinions and personality are unlikely to play as significant a role in regulating interactional behaviour, particularly if they impinge upon significant others (Markus & Kitayama, 1991). Opinions and personal characteristics are assigned a secondary role and must be regulated and controlled in order to meet the primary task of interdependence.



### **4.3.5 Self-Care**

Some aspect of self-care was described in all the popular books, ranging from caring for one's body to creating safety, setting boundaries, and coping with stress and feelings.

#### **4.3.5.1 Body-Care**

All books provided suggestions for how to care for one's body, whether it related to addictions or other aspects of physical self-care. In the physical domain, *Courage* provided information about the effects of sexual abuse on loving and caring for one's body, in order to shift a survivor's attitude from hating to loving one's body (pp. 218-224). In this case, Bass and Davis (1994) recommended that survivors pay attention to the body as a means to ensure physical health. They covered domains such as exercise, physical health, addiction, sleeping and eating difficulties. The need to address addictions was described in several books, including *Adult Children*, *Victims*, *Courage*, *Trauma* and *Innocent*. The suggestion to take time out to relax and/or the provision of relaxation strategies was also part of several books (*Adult Children*, *Trauma*, *Life After*, *Courage*, *Victims*).

This theme illustrates assumptions about the difficulty survivors have in caring for their bodies. In literature on the effects of abuse, survivors are often characterized as people who are self-destructive and who cope in ways which contribute to their difficulties. This theme also draws attention to a holistic view of recovery, in which recovery is pursued from multiple directions, and covers not only emotions and beliefs thought to be associated with abuse, but personal relationships and physical self-care as

well. Such a view implies that the effects of abuse pervade a survivor's life.

In the area of physical health, people in individualist societies have been found to experience more problems, such as having higher rates of heart attacks than in more collectivist cultures such as Japan (Triandis, 1995). Triandis et al. (1988; cited in Triandis, 1995) theorized that the social support and cohesiveness present in collectivist societies may play a role in helping people cope with stress, buffering against the negative physiological effects of stress. In the area of mental health, social support has been associated with good mental health (psychological well-being) for individuals who presented with more collectivist attitudes in their relationships (Sinha & Verma, 1990; cited in Triandis, 1995). Given the finding that survivors have difficulty establishing trust and intimacy in relationships, their isolation may play a role in determining their coping and difficulties with self-care. The authors of the popular books likely recognized the potential for such difficulties, and thereby endorsed specific attention to this area.

#### **4.3.5.2 Safety**

The issue of exercising self-care through creating both interpersonal and environmental safety was noted in all books; however, two books, *Trauma* and *Life After*, provided an extensive and explicit focus in this area. In *Trauma*, by Matsakis (1996), the issue of safety was discussed in the context of empowerment. Matsakis stated that “empowerment begins with safety and taking care of yourself physically and emotionally” (p. 222).

In *Life After*, Rosenbloom and Williams (1999) stated that “everyone needs to feel safe, secure, and relatively invulnerable to harm. . . . Traumatic experiences may rob you

of your sense of safety and security in the world”(p. 97). They added:

Safety is not absolute. There are degrees of safety just as there are degrees of danger. The meaning of “safe” can change from one person or situation to another....What feels safe or unsafe for you will be connected to what you believe about the other needs that trauma can affect--self-esteem, trust, intimacy, and control (p. 99-100).

The authors covered three domains of safety: safety with self, established by identifying coping strategies which help comfort the individual; safety with others; and being safe in the world. Strategies for protecting oneself emotionally included developing a self-care plan for crisis, such as talking to a friend or holding a comforting object (p. 114).

Strategies for protecting oneself on the outside included planning ahead, avoiding impulsive changes and talking to others who had similar experiences (p. 115). Ways to assess the effect that safety concerns and beliefs might have on the individual’s life and level of functioning also were discussed (pp. 119-137).

This theme suggests that survivors’ past experiences of abuse have rendered them helpless in identifying ways to manage crises and to assess safety, implying that they are more vulnerable to re-victimization. It also implies that the responsibility to ensure safety and self-care in crisis is left up to the survivor. Although some books provided strategies for family and friends to support survivors (section 4.3.1.1), the survivor is ultimately responsible for self-care, self-protection, and recovery. Based on the assumption that survivors are impaired in the area of assessing safety and managing crises, the authors of the popular books convey messages which emphasize that survivors be self-reliant and self-efficacious. Survivors are encouraged to rely on themselves, instead of looking to others for the provision of safety.

#### 4.3.5.3 Boundaries

Another dimension of self-care and safety is that of creating boundaries. Again, all books covered limit- and boundary-setting in different contexts. However, it was noted in detail in several books, including *Adult Children*, *Life After*, *Emotion*, and *Courage*.

Farmer (1989) recommended that for setting boundaries, survivors “Just say no!” (p. 133).

He stated:

An absolutely critical issue for you in growing up again is learning to set boundaries. You grew up in a family where the psychological and physical boundaries were enmeshed and confused and where protection was lacking. . . . By establishing your boundaries more clearly, you stop yourself from feeling victimized by others and give yourself much greater freedom, choice, and personal power (p. 133).

He provided questions to help the survivor explore fears about setting boundaries, as well as strategies for setting boundaries and dealing with pushy people:

Sometimes others will not respect your boundaries. In this case, you can use a tool called Broken Record. With Broken Record, you repeat your refusal over and over again, no matter what type of pressure or manipulation the other person throws at you. You may respond to what the other person is saying, but you do not get distracted from your main objective, which is to say no. If the other person is manipulative enough, he will try to get you to feel stupid or guilty in hopes that you will give up and say yes. (p. 137)

In *Courage*, Bass and Davis (1994) emphasized the importance of being able to set boundaries:

The capacity to set limits is essential to feeling good about yourself. Many survivors have not known how to define their own time, to protect their bodies, to put themselves first, to say no. . . . Although it’s sometimes scary to say no, the rewards are worth it. You feel safer because you are protecting yourself from situations you don’t want to be in (p. 192-194).

As a way to develop comfort in setting limits, they suggested that survivors practice exercises in saying no and in imagining how one might react in such situations.

In *Innocent*, learning to say ‘no’ was also emphasized. The author stated:

Another aspect of learning to take care of yourself is learning to say no. Do you believe you have a *right* to say no? Learning to say no is very difficult for those who have been victimized. . . . Now you must give *yourself* permission. Start by practicing saying no whenever you are alone in your house or car. Say it softly at first, until you can shout it out. Start by saying no to people who want something from you, beginning with the least threatening person. . . . Learning to say no is basic to getting rid of a victim mentality. If you have not taken an assertiveness-training class, by all means do so. . . . (Engel, 1989, p. 195).

In *Emotion*, the importance of saying no was provided in the context of helping the survivors reclaim personal power:

You have worth and value. You have rights and power that should never have been taken from you. You have the right not to be verbally abused. You have the power to say “No!” if someone else tries to hurt you. . . . Reclaiming your personal power will mean learning to say yes to yourself when needed and say no to others when warranted (Jantz, 1995, p. 147).

Finally, in *Life After*, Rosenbloom and Williams (1999) discussed boundaries in the context of preventing revictimization: “You have power over your own actions but not over the actions of others. . . . Having a clear sense of your own personal boundaries helps protect you from feeling victimized in your casual and close relationships” (p. 192).

Associated with the theme of “safety,” the idea of boundaries implies that survivors are responsible for protecting themselves and that individuals whom the survivor encounters may attempt to cross such invisible boundaries. The concept of boundaries is in keeping with an individualistic perspective in which individuals are afforded the right to subjectively define their own boundaries and place their well-being above that of others. By setting boundaries, the survivor is able to assert his or her rights, needs, and wants, although it may run counter to the opinion of others. This perspective contrasts with more collectivist cultural perspectives which endorse mutual responsibility and where the

well-being of the group supercedes that of the individual (Triandis, 1996).

Although the authors of the popular books encourage boundary setting, such recommendations could give rise to interpersonal conflict. The authors of the popular books minimize the potential impact that boundary setting could have on others and primarily focus on the needs of the survivor. They also associate the capacity to set boundaries with positive self-esteem, as illustrated by Bass and Davis (1994), who stated: “The capacity to set limits is essential to feeling good about yourself” (p. 192). In other words, the process of setting boundaries is intended to be self-enhancing. As indicated earlier, conflict in individualistic societies need not be altogether undesirable in that it can help sharpen knowledge of one’s own desires, preferences, and goals (Markus et al., 1996). In the case of survivors of abuse, the ability to set limits ensures that survivors attend primarily to their own needs, and give less importance to the needs of others. In this way, the process of setting limits is self-promoting and self-defining, unlike in more collectivist societies, where conflict tends to be anticipated, avoided, and managed so as to enable a person to remain part of the in-group (Markus et al., 1996).

#### **4.3.5.4 Coping with Stress and Feelings**

Coping with stress and feelings was another aspect of self-care that emerged in the cultural texts. Although this theme was embedded throughout all texts, an explicit focus on coping was provided in *Life After*, *Trauma*, *Adult Children*, *Outgrow*, *Victims*, and *Courage*.

In *Life After*, Rosenbloom and Williams (1999) described coping as “any effort that makes a hardship easier to bear. People can cope by withdrawing, reaching out, blaming

themselves or others, getting information, etc...(p. 33). They stated:

The more coping skills you have, the better prepared you are to respond to different situations. . . . When a person tends to rely on the same strategies for a range of different situations, this becomes a pattern of coping. . . . These patterns of coping, also called *coping styles*, can be vastly different for different people. Yet for each person, there is often a typical pattern. Approaching problems directly is one kind of pattern, whereas avoiding difficult issues for as long as possible is another. . . . Coping can become even more difficult after a trauma when one need, such as the need for safety, gets in the way of meeting other needs (pp. 34-35).

Another aspect of self-care is that of coping with emerging feelings associated with the past trauma. Coping with these feelings was discussed explicitly in several books (*Life After, Outgrow, Trauma, Victims, Courage*) and strategies for coping with panic, shame, fear, anger, grief were provided. In *Trauma*, Matsakis (1996) provided extensive information on how to cope with emotional triggers. She stated: “Due to the way traumatic memories are stored, when something arises in the present that reminds you of a past event, you may feel the feelings associated with that past event” (p. 112). She provided information about triggers, including circumstances in which they may arise, as well as exercises for identifying triggers (pp. 114-126). The importance of addressing triggers for overall functioning was noted: “As a result of all these fears [of triggers], you may find yourself organizing your life to avoid triggers and trigger situations. However, those avoidance behaviours can create problems at home, at work, even within yourself” (p. 123). Strategies for coping with such triggers included relaxation techniques, exercise, and positive self-talk (pp. 129-136).

In *Life After*, Rosenbloom and Williams (1999) suggested specific strategies for coping with stress, such as planning ahead, avoiding impulsive changes, paying attention

to feelings, talking to other survivors, pacing self, and seeking support (p. 43). Strategies for comforting oneself emotionally, including drawing, exercising, experiencing nature, receiving hugs, were also provided (p. 44).

Taking time out for relaxation and fun, or finding time for leisure, was also suggested as a means for coping with stress. In *Outgrow*, Gil (1983) suggested the following regarding learning to play and have fun:

Many adults abused as children missed part of their childhood. Now is the time to recapture some of it by doing fun *childish* things. . . . Make a list of things you wonder about, and start trying them out. Allow yourself to enjoy yourself. With this kind of exploration, you can begin to make connections with the world. This sense of connectedness will help you gain your balance and feel like part of life (p. 68).

In *Adult Children*, Farmer (1989) also recommended that survivors learn to play. He suggested exercises such as watching children play, playing with toys, playing with children, and playing with adults (pp. 117-121). He recommended that the survivors engage in enjoyable activities for coping with stress, such as hobbies, music, or humor (p. 199).

This theme mirrors the ones described above in terms of placing responsibility for self-care on the survivor. The idea of coping with triggers associated with the abuse is reminiscent of the notion that, unless confronted and addressed, the abuse experience and associated feelings somehow live on within the survivor, ready to surface given the right environmental circumstances. The belief endorsed here, likely influenced by literature on trauma (e.g., Herman, 1997), is that avoiding triggers is not conducive to healing and that one must learn to confront and cope with such feelings in order to extinguish them. The



inclusion of other strategies for coping, including taking time for fun and enjoyable activities, suggests that this aspect of the survivor's life has somehow been cut off.

Although these recommendations are provided to enhance coping, many of the activities suggested primarily involved solitary ones. The survivor is requested to play with toys, draw, and experience nature. Although seeking the support of others has also been suggested in the popular books, the emphasis on engaging in solitary activities for pleasure highlights the importance given to being independent and efficacious in managing one's own feelings and enjoying one's own company, rather than seeking relaxation and pleasure through the company of others, as would be expected in more collectivist societies. For the authors of popular books in the present study, suggesting primarily solitary activities may be based on the fact that the abuse occurred in an interpersonal context, and that survivors are less likely to find "relaxation" in such social contexts given their experiences. Alternatively, it may reflect the individualist orientation of the authors, in which self-care, self-efficacy, and independence are stressed, idealized, and encouraged.

#### **4.3.6 Definition/Descriptions of Recovery**

In the process of analysis, I sought to identify how authors define recovery or aspects of the recovery process. Given that study 2 included a question on how the participants define recovery, I wanted to be able to evaluate how recovery is conceptualized in popular literature and by survivors of abuse. However, in some instances, recovery was not defined explicitly in the books. Instead, the definition of recovery was implicitly communicated by the processes and steps outlined to overcome the effects of abuse.

In *Innocent*, Engel (1989) provided the following indications that recovery has taken place:

Your recovery really began when you first addressed the issue of your sexual abuse. If you then made a commitment to recover, if you faced the truth about your abuse, if you have begun to release your anger, and if you started resolving your relationship with your parents, you have already completed much work. . . . Recovery results from an accumulation of small transformations, rather than one great, sudden change. (p. 217)

Engel (1989) also defined recovery according to the changes the survivor wanted to make, when initially embarking on the recovery process recommended in the book. She asked survivors to identify changes made since addressing the abuse, which were assumed to reflect recovery. Engel also noted that recovery does not entail an end to pain, stating that the “hurt will resurface periodically; the anger was so intense that it will re-erupt from time to time,” as will fear and anxiety (p. 224). However, according to Engel (1989), survivors will be better equipped to respond to “life’s ups and downs” and regain composure after a crisis. Other benefits of recovery suggested by Engel include emotional peace of mind, a greater sense of freedom to make choices based on the welfare of the survivor, greater trust in oneself and others, higher self-esteem, improved relationships, improved sexuality, increased control over life, increased ability to understand and release emotions, relief from physical symptoms, self-discovery, development of healthier defenses, and shedding of negative behaviours, beliefs, and defenses (pp. 226-227).

Finally, Engel conceptualized recovery as a process, stating:

You will not suddenly wake up one morning to find that it’s all better, all solved, all symptoms miraculously disappeared. Recovery is a *process*, and as such, evidence of your having changed will come gradually and slowly. . . . The recovery process is full of ups and downs. . . . Remember that feelings often come in layers. Once a

layer of anger has been released you will be confronted with the pain that is just underneath. At these times you may feel like you are backsliding. You aren't. You are getting better. . . . Your destination will continually change; as soon as you have arrived at one, you will become anxious to set out for the next (pp. 72-73).

Matsakis (1996), author of *Trauma*, suggested that recovery not be thought of in terms of outcome, "but in terms of having made your best effort." An indication that recovery is taking place is that the survivor is better able to be involved in the present. Other indications that recovery has taken place are that the survivor has: developed a more rational and clearer perspective of the trauma; spent time grieving, raging, and experiencing other trauma-related feelings; forgiven himself or herself for behaviour during the trauma; acquired skills to take back control over life; and mastered effective stress-reduction skills (p. 149). Similar to Engel (1989), Matsakis reminded survivors that "healing from trauma does not mean that you will never again remember the traumatic event or never again experience any symptoms" (1996, p. 147). In *Trauma*, Matsakis (1996) provided the following promises of healing: "reduced frequency of symptoms; reduced fear of the symptoms; reduced fear of insanity; re-channeling of the anger and grief in positive directions; change from victim to survivor status; change from rigidity to flexibility and spontaneity; increased appreciation of life; a sense of humor; a profound empathy for others who suffer" (pp. 242-243).

In *Victims*, Lew (1990) suggested that survivors he has worked with have grown and changed, "creating better, healthier, more satisfying lives" (p. 149). In addition, a transition indicating recovery described in *Victims* is that of shifting from "surviving to *living* and *thriving*" (p. 141). He stated:

Once you have moved through the various stages of recovery, you will find that your feelings about yourself and the world have changed. You will feel. . . more in charge of your life. You'll find that you have more confidence about daily activities and greater energy with which to carry them out. . . . Although the abuse will never be forgotten, it has been put into perspective. (p. 267)

Although not using the term “recovery,” Bass and Davis (1994), authors of *Courage*, discussed recovery in terms of resolution, stating that “resolution comes when your feelings and perspectives begin to stabilize. The emotional roller coaster evens out. You no longer doubt what happened to you. You see that your life is more than just a reaction to the abuse” (p. 173).

Rosenbloom and Williams (1999), authors of *Life After*, conceptualized recovery in terms of the five basic needs: (1) to be safe; (2) to trust; (3) to feel some control over one's life; (4) to feel of value; and (5) to feel close to others (p. 313). They stated that the purpose of their book is to help the survivor “recover a sense of safety, trust, control, self-worth, or intimacy—whichever of these key areas. . . is affected by the trauma” (p. 4).

In *Outgrow* (Gil, 1983), *Emotion* (Jantz, 1995), and *Adult Children* (Farmer, 1989), explicit focus on the concept of recovery was not provided. Indications of recovery were implied from the effects of abuse and suggestions for overcoming difficulties. For example, in *Emotion*, Jantz (1995) noted how “getting on with your life means putting those feelings of anger, fear, and guilt into perspective”(p. 142). He added:

getting over emotional abuse and living for the future is not a one-time revelation. Instead, it will be a healing process. . . . The most any of us can ask for as we go through life is to grow toward being better people. Not perfect people, but better people—better towards ourselves, better toward our families, better toward the people we come into contact with each day (p. 159).

Although not explicit, this passage alludes to the idea that recovery involves a progressive

decrease in symptoms associated with the abuse, but that some difficulties associated with the abuse continue to be present. In *Adult Children*, Farmer (1989) suggested that survivors move beyond survival, stating:

you have the opportunity to move beyond survival into a fuller, richer life—to truly *live* rather than just exist. You begin when you start accepting and dealing with the fact that you were abused, when you realize that you can free yourself from the chains of the past, that you can forgive yourself for any imagined “badness” or wrongdoing s a child. Then you can recover that sense of innocence, vulnerability, and realness that is an important part of being a child and let the child live on inside you as an adult. (p. 14)

The message communicated here is that recovery involves both reconnecting with aspects of self that have been subverted (the innocent and vulnerable side of self) as a result of the abuse and letting go of the past. Finally, in *Outgrow*, Gil (1983) noted how survivors benefit from breaking patterns and habits resulting from child abuse and adopting more positive ways to view themselves and others.

As with psychotherapy research, the authors of the popular books primarily defined recovery in terms of changes in symptoms. While psychotherapy research focusses on objective measures as indexes of change (Lambert & Hill, 1994), the popular books primarily relied on the subjective experiences of readers to identify change or healing. Three aspects of the descriptions of recovery are of interest. First, several authors suggest that recovery can be ongoing, or that survivors can expect to experience residual effects of abuse. Although this position may provide some reassurance to readers, it conveys the message that recovery will never be complete and that, in some respects, they will continue to be victims of their past. Kaminer (1992) described how, with the recovery movement in popular culture and the outgrowth of codependency theories, a

culture of victimhood has emerged. She described how, in popular culture, victimhood has become pervasive, to the extent that everyone can, in one way or another, declare themselves the victim of some adversity. Kaminer stated that there is now a “dysfunctional society of victims, where everyone has a legacy of abuse, and every abuser was once a victim” (p. 156). In the case of popular books analysed for the present study, the ongoing nature of recovery places survivors in the role of victim in that symptoms which re-emerge throughout their lives will consistently be defined in terms of their past experiences. It contributes to a discourse in which the abuse experience becomes a self-defining aspect of the survivor.

The second point of interest illustrated by the descriptions of recovery is that they allude to ideals of self-control. The authors noted possible anticipated outcomes such as “feeling more control” over one’s life or “feeling more in charge” and being able to bounce back from crises with more facility. Given that in individualistic cultures, independence, achievement and personal abilities are a source of self-esteem (Markus & Kitayama, 1991), the idea of being in control would likely be appealing to members of such cultures. It implies less reliance on others and a greater ability to manage one’s life and difficulties independently.

Finally, the authors of the self-help books make several references to recovery contributing to self-esteem, stating that survivors will learn to feel good about themselves, view themselves in a more positive light, and become “better people.” According to Ward (2002), the concept of self-esteem emerged from “humanistic” psychology and the “human potential movement,” as well as from the self-help movement. Rapping (1996) and

Kaminer (1992) also argued that in the self-help industry, the concept of self-esteem is pervasive. As with Ward (2002), Kaminer (1992) referred to the influence of humanistic psychology, and how it fed the belief in the capacity of people to grow in the right direction. She stated that “humanistic psychology offered a hopeful view of natural, individual potential [in which]. . . there’s no place else to turn but inward, to the self, as the locus of values” (p. 57). The authors of popular books examined in the present study echo the beliefs generally present in a majority of self-help books, communicating the belief that survivors have the capacity to grow and change into “better” people, more actualized, with a greater sense of self-worth and self-valuing.

#### **4.4 SUMMARY**

The prescriptions for recovery noted above reflect a comprehensive approach to healing from the affects of abuse, covering multiple domains, including inner thoughts and feelings, relationships, coping, and self-care (physical and emotional). In some respects, the array of suggestions for recovery implies that child abuse impairs survivors on multiple levels. The suggestions address many of the effects of abuse noted in chapter 2, such as substance abuse, low self-esteem, relationship difficulties, etc. The presentation of the multiple domains for recovery may simply be intended to accommodate the needs of many survivors with a variety of presenting issues. Nonetheless, the implication is that survivors of abuse would benefit from improving their level of functioning in the sense of developing greater internal resources for self-care, managing symptoms, and enhancing self-control. Although the importance of relationships and mutual support is noted, a majority of the suggestions emphasize that survivors should rely on themselves for recovery, look inward,

and develop strategies to manage their symptoms. There is less of an emphasis on turning to others (e.g., family and friends) for guidance and seeking fulfilment through relationships and the responsibility for recovery is primarily left up to the survivor, as would be expected in more individualist societies. In addition, the suggestion that survivors continue to pursue healing through accessing mental health resources suggest that “experts” hold the key to ongoing recovery and that survivors should use such resources for successfully healing from the effects of the past.

The process of looking inward and examining feelings and beliefs permits survivors to develop more self-enhancing attitudes and sharpen their understanding of their unique configuration of needs and wants, ultimately enabling them to assert these needs to others. This stance is consistent with individualistic orientations in that the recommendations encourage the “normative imperative . . . to become independent from others and to discover and express one’s unique attributes” (Markus & Kitayama, 1991). As indicated by Markus and Kitayma (1991):

Achieving the cultural goal of independence requires constructing oneself as an individual whose behavior is organized and made meaningful primarily by reference to one’s own internal repertoire of thoughts, feelings, and actions, rather than by reference to the thoughts, feelings, and actions of others (p. 226).

The underlying message communicated throughout the themes is that troublesome thoughts and feelings associated with the child abuse cannot be submerged or ignored and that one who attempts to do so will find himself or herself consuming valuable resources in trying to leave memories and associated feelings in the past. Denying or minimizing the past is considered to result in maladaptive coping and ongoing trouble with relationships



and overall functioning. Therefore, the ideal route to recovery is to acknowledge, remember, and confront memories, emotions, and thoughts associated with the abuse. Only then can “dysfunctional” emotions and thoughts be challenged and transformed. Feelings such as anger and sadness are encouraged and considered adaptive strategies for empowerment and letting go. The belief that remembering and confronting memories and emotions related to the abuse is helpful for recovery is likely drawn from the clinical expertise and training of the authors. This belief also reflects the general attitudes present in the self-help industry. As indicated by Ryan et al.(1994), self-help books reflect a “predominance of a folk-psychoanalytic model emphasizing the power of emotions, their hidden origins, and the need for their controlled expression (p. 252).

In terms of addressing unresolved feelings toward the abusers or related individuals, the authors provide suggestions such as confrontation, creating distance, or forgiving. The suggestion to confront abusers encourages the survivor to clarify and assert his or her own rights, needs, and boundaries, even if doing so contributes to interpersonal difficulties. Although perhaps less of a concern in instances where the abuse occurred outside of the family, the suggestion to set boundaries and/or confront abusers and potentially to contribute to disharmony within the in-group or family suggests an individualistic orientation to recovery. As indicated by Oyserman et al. (2002), individualists tend to possess greater ambivalence concerning close relationships and are more willing to cut off relations when they are no longer deemed beneficial to the individual. In collectivist societies, on the other hand, there is a greater sense of loyalty and desire to avoid and prevent potentially conflictual situations. The authors of the

popular books tended to downplay the potential effects confrontation may have on the interpersonal relationships with the abusers by presenting the idea that confrontation can be liberating and empowering. Again, the emphasis is placed on self-expression, making one's needs known, and asserting one's rights, all serving to enhance the self-worth of the individual.

**CHAPTER FIVE:  
STUDY 2: PERSONAL EXPERIENCES OF  
RECOVERY FROM CHILD ABUSE**

**5.1 SAMPLING**

Similar to the procedure in study 1, I used purposive sampling for selecting my participants (Miles and Huberman, 1994). In particular, I used criterion sampling which involves selecting participants from a sample that meets specific criteria. Selected participants were those who had undergone recovery from child abuse. In order to ensure participants were motivated to disclose their experience of recovery, they were solicited through one local newspaper advertisement. It was assumed that participants who initiated contact to participate in this study were acting on their accord and would be willing to share their story of recovery.

As indicated earlier, solicited participants were those who had *not* sought the services of mental health professionals to aid them in recovering from the effects of child abuse. The majority of research emphasizes the effects and process of treatment or psychotherapy with abuse survivors. Understanding the process of recovery for those who have not sought out psychological interventions should serve to rectify this imbalance in research.

Criteria for participation in the study included:

(1) having lived a significant portion of one's life in North America. *Significant* meant

that one had lived in North America during the time of the abuse, as well as subsequent to the abuse. This criterion made it probable that participants had been exposed to, and possibly had integrated, the cultural messages of Canadian/American society regarding abuse and the process of recovery; (2) being 19 years of age and over; (3) having had no current or past participation in any formal psychological intervention involving direct or indirect focus on abuse/trauma issues, including participation in substance abuse programs or contact with a therapist, counsellor (including counselling by ministers or priests), psychologist or psychiatrist. Participants who sought out information related to recovery (e.g., pamphlets, books, or other relevant material) through accessing self-help organizations were accepted, given that the purpose of this study was to evaluate how cultural and social attitudes play a role in forming their understanding of abuse and recovery; (4) the presence of no major psychiatric disorder (determined by prospective participant self-reports); (5) an occurrence of abuse before 19 years of age and while the participant was living in Canada or the United States; (6) the presence of a vivid recollection of the abuse from the day of its occurrence (as opposed to memory flashbacks or emergence following a period of no recollection of the abuse). This criterion decreased the possibility that participants constructed false memories of abuse as adults (i.e., False Memory Syndrome; Pope & Brown, 1996); (7) some recognition on the part of the participant of the deleterious effects associated with the abuse from which she/he needed to recover; and (8) an ability to articulate the experience of recovery.

As indicated earlier, the term 'child abuse' is defined broadly in that it encompasses emotional, physical, and sexual abuse. No objective criterion was used to

identify abused individuals. Instead, abuse was defined subjectively by each participant. Given that the participants were members of Canadian/American culture, self-definitions of abuse were thought to be influenced by the cultural context in which participants lived, including the people with whom participants came into contact and discussed the abuse, and the popular discourse of recovery relayed through self-help culture (e.g., books, television, organizations). As described earlier, an individual's understanding of the world and his or her experience is based less on an objective reality than it is on shared understandings and meanings which are communicated by the speakers, writers, readers and listeners of a community, in this case, Canadian/American culture (Weingarten, 1995a). The frequency, duration, and severity of abuse were not used as criteria for accepting participants, given that the effects of abusive experiences appear to vary according to personal and environmental resources (Valentine and Feinauer, 1993). As indicated in the review of resilience research, personal and environmental resources (e.g., dispositional attributes, secure family relationships, extrafamilial support) serve to protect individuals from the negative effects of abusive experiences (Valentine & Feinauer, 1993, Heller et al., 1999), contributing to variations in the way people respond to such experiences. Furthermore, research comparing objective and subjective definitions of physical abuse suggests that individuals who subjectively define themselves as abused are also identified as abused using objective measures (Carlin et al., 1994). Although speculative, this correspondence in definitions may also apply to other forms of abuse, such as emotional and sexual. As the present study examined the experience of recovery, the critical factor in selecting participants was that they perceived themselves as having

suffered or experienced deleterious effects as a result of the abuse. Participants, therefore, had experienced a process of having overcome, or recovered, from the “damaging effects” of the abuse and they were cognizant of this process of recovery.

## 5.2 RECRUITING PARTICIPANTS

Although there are no firm standards for determining the number of participants for a study of this nature, a generally accepted guideline is that 8-10 participants is appropriate (McCracken, 1988). McCracken (1988) noted that in qualitative research, “it is more important to work longer, and with greater care, with a few people than more superficially with many of them” (p. 17). As indicated by Miles and Huberman (1994), multiple-case analysis in qualitative research enhances confidence in the findings by permitting comparisons of a range of similar and contrasting cases. Selecting 10 participants allowed me to comment, with more confidence, on possible cultural beliefs about recovery from abuse, while enabling me to examine each case in relative depth.

The following ad was published in the Saskatoon Star Phoenix as a first step in recruiting participants:

*Psychology researcher is seeking volunteers interested in participating in a study at the University of Saskatchewan. This study is aimed at individuals who have undergone a process of recovery from childhood abuse (physical, sexual, and emotional/verbal) and who have not sought out the assistance of mental health professionals. Individuals will participate in one or two 2-hour interviews. Funded by the Social Sciences and Humanities Research Council, the purpose of this study is to inform the general public how recovery from abuse can take place without utilizing mental health services. Published papers likely will result. For those interested, please contact the Psychology Services Centre at the University at 966-9982.*

This advertisement, which was listed twice in the classified section in December 1999,

yielded only one response. I then decided to recruit participants by participating in an interview for the Star Phoenix with Gerry Klein. The article was published on January 24, 2000 (see Appendix A), and resulted in numerous responses, including inquiries about the study from the media and the Department of Justice. Considering that I had not come across research focussing on recovery without therapy, I had no idea what to expect in terms of survivors being interested in telling their story. I received 67 telephone calls and, with the help of a trained research assistant, prospective participants were screened by participating in a brief phone interview to ensure that the above criteria were met (see Appendix B). I also received calls from the media and participated in a television interview with Global News in the same month, as well as an interview with CBC Radio and the Christina Cherneski (650NTR) afternoon radio talk show. Neither of the media interviews yielded responses from prospective participants.

Given the number of callers, I decided to take advantage of the interest expressed and extended my study. I created a modified self-report questionnaire to be analysed for subsequent research. Doing so allowed suitable participants who could not participate in the interview to contribute to a future research project. Of the 67 callers, 11 were selected to participate in the interview; 21 individuals were not suitable for the study; and the remaining 35 individuals agreed to complete the modified self-report questionnaire.

The first 11 callers who qualified for participation in the study were selected for interviewing. One interviewee was later withdrawn from the study due to his revelation during the interview that he participated in Al-Anon for 10 sessions. Although a number of participants reported some contact with such organizations (e.g., one meeting) or had

minimal contact with the mental health profession (i.e., one participant saw a therapist on three occasions, reporting it was unhelpful), my decision to not include this participant was based on the fact that his contact with Al-Anon was extensive enough to have significantly influenced his recovery experience. The next suitable participant was then selected for participation in the interview.

Twenty-one of the respondents who participated in the telephone screening did not qualify for diverse reasons, including participation in past therapy, experience of a current crisis or psychiatric condition (referrals to local agencies were provided when necessary), or the respondent was deemed “resilient” (i.e., did not report suffering detrimental effects from his or her past). The remaining individuals who qualified for participation were invited to take part in the questionnaire study mentioned above.

Table 5.1 lists the participants and their respective demographic characteristics. As indicated in the table, all participants were over the age of 30 and the majority were females. The gender of participants reflects the fact that the majority of callers interested in the study were female. As indicated by Behl et al. (2003), females are more likely to participate in research than males, in spite of the fact that men have higher reported physical victimization rates than women. Mens’ reluctance to participate in such research may reflect the fact that it involves an admission of being victimized, which counters the cultural male ethic of self-reliance and autonomy (Romano & De Luca, 1999).

All but one of the participants were married or in a common-law relationship and a number of them had post-secondary education, including diplomas or degrees. The majority of participants also reported higher than average income for families living in



Saskatchewan which, in 2001, was identified to be around 49,000 dollars (Statistics Canada, 2001).

The characteristics of participants, while variable, suggest that they had a number of resources at their disposal which may have contributed to their self-recovery, including supportive relationships, relative maturity, and at least average intelligence. Furthermore, their income level likely served as a buffer against stress and depression which tends to be more prevalent in lower-income families (Gray, Goldsmith, Livieratos, & Dupuy, 1983; Turner & Lloyd, 1999). The participants' religion and ethnicity were not obtained at the time of the interview (other than voluntary participant disclosures); therefore, these factors cannot be considered in evaluating recovery themes for the group as a whole. Although information pertaining to their sexual orientation was not obtained, all participants reported having or having been in heterosexual relationships, with no mention of homosexual relationships.

Table 5.2 provides information on the nature of abuse experienced by participants, including physical, sexual, and emotional. As indicated by the table, the majority of participants reported experiencing a combination of physical, sexual, and/or emotional abuse with a relatively high frequency and long duration. The label "verbal" abuse is used in place of "emotional abuse," given that participants used the former term in describing their childhood experiences. Fathers were named as perpetrators of abuse in a majority of cases; two participants described non-family members as perpetrators.

Table 5.1: Demographic Information

Demographic Variable and Category	Number of Participants
Age	
30-39	3
40-49	4
50-59	3
Gender	
Male	4
Female	6
Marital Status	
Living Common-Law	3
Married	6
Single	1
Formal Education	
Secondary	3
Post-Secondary Diploma	4
Post-Secondary Degree	2
Annual Family Income	
<20,000	1
20,000-29,000	1
30,000-39,000	1
40,000-49,000	1
50,000-59,000	1
60,000-69,000	1
90,000-100,000	3
Unknown	1

Table 5.2: Nature of Abuse Experiences

Features of Child Abuse Experiences	Participants									
	1 ♀	2 ♂	3 ♀	4 ♀	5 ♀	6 ♀	7 ♀	8 ♂	9 ♂	10 ♂
Type of Abuse										
Sexual	√	√	√		√					
Physical and verbal									√	√
Physical and sexual				√						
Verbal, physical and sexual				√		√	√	√		
Abuser(s)										
Father (including step-father)	√		√	√	√	√	√			√
Mother and Father								√	√	
Siblings and Teacher		√								
Extended family (cousins)									√	
Acquaintances/Family Friends							√			
Duration of Abuse										
3 to 5 years	√	√			√					
5 to 10 years			√							
Over 10 years				√		√	√	√	√	√
Frequency										
More than once a week			√	√	√	√	√	√	√	√
More than once a month	√	√								

Note: Check marks indicate the features that apply to individual participants. The symbols ♀ and ♂ indicate the gender of the participant.

### 5.3 INTERVIEW PROCEDURES

Each interview was approximately 12 to 2 hours in length. I carried out the interviews between December 1999 and April 2000 . I sought to conduct the interviews in an atmosphere that would facilitate self-disclosure. The following two interview sites were made available for prospective participants: The University of Saskatchewan Psychology Services Centre (PSC) or a neutral environment suggested by the participant. By giving the participant alternatives for the interviewing site, he or she was able to select an environment that would most likely put him or her at ease, therefore facilitating open dialogue and disclosure. The Psychology Services Centre offered several benefits for interviewing participants. Given that the rooms were available for therapeutic and research purposes, they were private, equipped with comfortable chairs, and provided a warm, yet professional, atmosphere. These characteristics are crucial for facilitating the disclosure of personal information such as abuse history and recovery. On the other hand, I recognized that some participants might feel more comfortable in a neutral setting, such as a quiet park or private office space, enabling them to disclose personal information in a more familiar or comfortable setting. A site such as the participant's home was discouraged due to disadvantages noted by Hammersley and Atkinson (1995). They reported that the advantage of putting the interviewee at ease in such a setting is offset by the disadvantage of potential interruptions in the participant's environment, such as phone calls, or interactions of other persons familiar to the participant, thus disrupting the flow of the interview. Therefore, alternatives to the participant's home were encouraged. After providing these options to participants, all but one chose to conduct the interview at the

university centre. With the remaining participant, the interview was conducted at her home, with her assurance that there would be minimal distractions.

As described by Hammersley and Atkinson (1995), the building of rapport and safety are integral to helping the participant feel at ease in order that he or she can share personal thoughts, feelings, and experiences more readily with the interviewer. The authors stated that within the boundaries of the interview context the aim is to facilitate a conversation, giving the interviewee a good deal more leeway to talk on their own terms than is the case in standardized interviews (p. 148). Rapport can also be established by simple interactions such as engaging in small talk and deciding on seating arrangement (Hammersley and Atkinson, 1995). The attitude of the researcher is noted as being important, such as providing cues that the interviewee's responses are being followed and that the interviewee is accepted. For this study, rapport was created by spending a few minutes prior to the interview discussing the purpose of the study, providing some background information about the researcher, obtaining informed consent and demographic information (see Appendix C, D and E), and discussing issues of confidentiality. Participants were invited to share any concerns so that they could be addressed prior to engaging in the study.

The interview involved the use of a semi-structured format in which questions were prepared beforehand in order to target the subject under investigation (see Appendix F). The following information was targeted in each interview: (1) Nature of abuse; (2) Effects of abuse; (3) How the individual became aware of the impact of abuse; (4) How the individual recovered or overcame difficulties associated with abuse. I followed

McCracken's (1988) suggestions for allowing "the respondent to tell his or her own story in his or her own terms" (p. 23). McCracken stated that "qualitative methods are most useful and powerful when they are used to discover how the respondent sees the world" (p. 21). To achieve this, he warned against engaging in "active listening," defined as a strategy which "encourages the investigator to 'read' the hidden meaning of speech and gesture and 'play it back' to the respondent" (p. 21). McCracken stated that active listening is destructive in that it "violates the law of nondirection, and suggests the terms in which the respondent ought to describe [the] experience" (p. 21). With regard to construction of the questions, McCracken recommended phrasing each question in a general and non-directive manner.

As evident in the semi-structured interview, the questions targeted specific information (e.g., nature and effects of abuse, recovery process, etc). However, questions were posed in an open-ended manner so that the participant could direct the flow of the conversation. For participants who provided minimal information, questions or probes became more specific in order to elicit more detail. For example, I encouraged participants to expand on information by asking open ended questions such as "who?," "how often?," "when" or asking more directly for more detail about the situation. At times, I simply repeated the significant phrases or statements made by the participants with an expression of curiosity, encouraging them to expand on themes. To ensure participants covered all the relevant information related to the effects or recovery experience, I frequently asked, "Were there any other effects?" or "Is there any else that helped in your recovery?" Participants tended to provide fewer elaboration of themes, however, with

each subsequent probe for additional factors helpful in recovery, suggesting that these latter themes played a less prominent role in self-healing. In addition, as suggested by Hammersley and Atkinson (1995), the interview format was flexible and the sequence of questioning varied in order to allow the discussion to flow in a way that seemed natural.

Several types of prompts which facilitate non-directive questions were used, as suggested by McCracken (1988). For example, I repeated key terms used by the respondent as a way to encourage elaboration of a theme. Alternatively, to draw out as many recovery themes possible, I frequently asked “is there anything else that facilitated your recovery?” I also asked participants to elaborate on the recovery themes described, requesting specific examples and relevant detail where possible.

Each interview was transcribed by a paid typist. Instructions for transcriptions required that they be made as close to the verbatim statements expressed in the interview as possible. In selecting participant quotations for illustrative purposes, I eliminated expressions or dialogue which are primarily fillers, such as “um,” “uh,” “sort of,” “you know,” “I think” or repetitious expressions of the same thing (e.g., stuttering). I did so in order to ease the flow of reading.

The transcriptions and the audio-tapes formed the basis for subsequent analysis and categorization. Once the transcriptions were completed, I mailed them to participants in order to confirm that they reflected the participant’s experience of recovery and to ensure accuracy. I then listened to the audio-taped interviews while reading transcripts carefully.

## **5.4 DATA ANALYSIS**

The process of analysis was similar to that used in study 1. Using the computer program Ethnograph, I applied the constant comparative method (Glaser & Strauss, 1967) described in chapter 3. As indicated earlier, this method involved separating information from transcripts into categories which represented common themes and comparing them for similarities and differences, identifying grouping rules and properties for each theme. There was a considerable amount of reassignment of data among categories in such a way that new categories or subcategories emerged (Hammersley & Atkinson, 1995). Evaluating whether I captured the appropriate themes or whether I missed potentially important themes was constantly done throughout the analysis. In most instances, categorization of themes was straight forward, as when participants described the role of spirituality, support, or leisure activities in their recovery. However, for each participant, I took note of the association between themes in their recovery stories. For example, several participants described how they gained “self-esteem” through distinct and unique sources such as career, working with children, or books on self-esteem. In these cases, I noted the connection between self-esteem and the associated source. In this way, I could comment on how different themes of recovery contributed similar benefits. Following this analysis I then listened once more to the audiotapes in order to make sure that I captured the primary themes.



## **CHAPTER SIX: STUDY 2: SUMMARIES OF INDIVIDUAL PARTICIPANTS**

### **6.1 INTRODUCTION**

In this chapter, summaries of individual participants' experiences of abuse, the effects of abuse, and factors noted as being helpful in their recovery are provided. I include these summaries in order to provide a context in which to evaluate participants' descriptions of recovery. By describing the abuse experience, characteristics of the abuse, such as type, duration, and frequency can be highlighted. Describing the effects provides an indication of the impact of the abuse experience as well as difficulties that may have been addressed by recovery.

In reading through individual themes of recovery, it is important to keep in mind that the presentation of these themes is intended to capture the "big picture" of factors found helpful in recovery, while the collective analysis of themes (presented following this section) is more detailed. By providing individual recovery themes, one is better able to understand the interconnection between these themes, i.e., how one factor in recovery is understood as contributing to or making possible other healing experiences. For example, for one participant, talking to her partner connected her to feelings of anger and helped her feel emboldened to confront her family, which in turn led to the support of family and friends. To protect the anonymity of participants, I have used pseudonyms.

## **6.2 PARTICIPANT 1 (MELISSA)**

Melissa is a 51-year-old married school teacher who presented herself as confident and self-assured. She was expressive, talkative, detailed and articulate when describing her experiences. I observed self-insight as she discussed her recovery, as indicated by her ability to reflect on her past behaviour and the sources of her difficulties, and her ability to use such reflections to confront adversities in the past. Melissa also seemed well able to articulate beliefs which influenced her to react in particular ways at the time of the abuse. As she spoke of her abuse experience, Melissa did not reveal any signs of distress and was able to describe her past while maintaining a light-hearted tone.

### **6.2.1 Background and Abuse Experience**

Melissa grew up on a farm in Saskatchewan with both parents and two siblings. Melissa's mother experienced postpartum depression, shortly after giving birth to Melissa, resulting in her mother's hospitalization and absence for several years. During this period, Melissa lived on the farm with her grandparents, of whom she spoke with warmth and affection. She described her childhood as "lonely," primarily because they were isolated on the farm. However, Melissa noted that she felt loved and cared for by three women in her life, her mother, her grandmother, and her sister.

Melissa reported experiencing sexual abuse by her birth father between the ages of 12 to 17. The abuse typically occurred while helping with chores or in the middle of the night when she was sleeping. If she resisted the abuse, her father became "belligerent" and responded with anger, which he took out on his wife by becoming physically abusive, another factor which motivated Melissa to comply. To maintain secrecy, her father

threatened that Melissa's mother would be sent back to a psychiatric hospital should Melissa disclose the abuse. She recalled hearing him say, "You will lose your mother and break up the whole family." The abuse involved undressing and fondling, with nothing being "private." She stated, "He was so strong physically he could definitely overpower me. I went away thinking, 'My God, Thank God he did not rape me this time.'"

She described her experience of keeping the abuse a secret at the time:

You don't know who to tell. Here's the person that is in a position of trust that is abusing you. What about other people in a position of trust, are they . . . going to turn on you as well? So you really have lots of different things going through your mind, everything is extremely confusing.

Melissa described her experience further, stating "I felt horrible, confused, . . . angry that this was happening, and knowing right from wrong."

In coping with the abuse, Melissa stated that she never put herself in a situation where she could be alone with him and always tried to manipulate situations so that she could protect herself. The abuse eventually stopped, however, when Melissa began dating a young man who was not aware of Melissa's experience of abuse and whom she eventually married. Melissa attributes the cessation of the abuse to the fact that her boyfriend was a large man, 6 feet 3 inches tall, and she reported believing that her father was afraid of him.

### **6.2.2 Effects of Abuse**

Melissa described a number of effects resulting from the abuse, including sleep disturbance, anger, withdrawing from and not trusting others, overprotectiveness with her children, guilt about not protecting her nieces from the abuser, and a nervous disposition.

Her sleep was affected primarily because she learned to be hyper vigilant during the night, the time when her father sexually abused her. Her sleep deprivation, in turn, affected her concentration and performance during the day. She also experienced nightmares, especially while talking about the abuse and going through the recovery process.

Socially, Melissa became withdrawn and did not trust people, rarely sharing her feelings with them. She was withdrawn and quiet while in social settings although she also reported she could be aggressive and not listen to others' perspectives in work settings. Melissa also described experiencing guilt when she discovered that her father had sexually abused her nieces. This discovery was devastating for her and triggered guilt that she should have disclosed the abuse earlier and possibly protected them.

### **6.2.3 Factors Helpful in Recovery**

#### **6.2.3.1 Support**

Melissa reported that, for many years, she was unable to talk about the abuse with anyone, stating that just "10 years ago, I couldn't have told a stranger like you about it." Over time, however, Melissa identified several individuals in her life in whom she could confide about her experience of abuse. She described having benefitted from the support of her neighbour, sister, husband, and eventually her brother.

Melissa described her initial experience of talking about the abuse with her neighbour who had phoned her to tell her about her abused daughter:

So while this was happening to her, I was in some way giving her some support although I didn't think I was being very good. But at least I understood and let her talk about it, and that was a real milestone in the beginning, I think, of recovery, that I was able to talk about it to a friend. This woman is probably one of the most intelligent people I have ever met, and she really helped me work through it . . .

Well just by letting me talk about it and realizing, you know, it's his problem.

As implied above, the process of talking about the abuse with her friend facilitated the realization that the abuse was not her fault. This, in turn, facilitated the beginning of a dialogue about her experience with her sister, husband, and brother.

### **6.2.3.2 Expressing Self**

Melissa described how “getting to the anger and the tears” facilitated her recovery. This occurred primarily in the context of getting support and talking to friends. Having the opportunity to release and express emotions with her friend, something she noted she would not have done in the past, seemed to play a critical role. Melissa described how she connected to her anger once she began talking about the abuse:

[I experienced] indignation. Why would he do that, why would he try to destroy me? Like, didn't he realize this impact that he would be having on me, that it would affect me for years, and years, and years, and years! None of that, it was just total self gratification as far as he was concerned. And you know, so dealing with all of that anger, coming to those realizations and coming to those terms, that. . . I wasn't going to change him.

### **6.2.3.3 Role-Models**

Melissa reported that her mother and grandparents played a role in her recovery, describing them as role-models for healthy interactions. She described how they were warm and affectionate and how she enjoyed being involved in their socially active life. She stated:

I can't emphasize how wonderful my mother was, um, or how all four of our grandparents were. . . . They were just good, honest people. My grandparents, the grandparents that raised me were the ones, they were the most loving couple you could ever imagine.

Her relationship with them helped her recognize that her father's behaviour was

unhealthy and that she was not responsible for his treatment of her.

#### **6.2.3.4 A “Pedophile”**

“It had a name. He is a pedophile,” Melissa stated as she described her experience of going to the library with her sister to look up the word in order to find out “what was driving” their father’s behaviour. By reading about pedophiles, Melissa understood that her father “had the problem.” Melissa described that this understanding was helpful in not feeling so alone in her experience:

I guess maybe there's a bit of satisfaction in also knowing that it happens to other people. That we maybe weren't as abnormal as we thought we were! . . . You know, realizing that had a name, pedophile, means that it has happened before. . . . Because there was a stage where I thought that I was the only person in this whole world that had this happened to.

#### **6.2.3.5 Rational Coping**

After having talked about the abuse to others and learning about the term ‘pedophile’, Melissa encountered one situation in which she suspected a piano player working at a summer camp of being a potential pedophile. With concern over the welfare of the children, Melissa investigated the situation, addressed the potential risk to others, and handled the situation in a rational way, instead of emotionally, which she reported she would have done in the past. With determination she noted how she would not let him harm anyone “on her turf.” She described the manner in which this experience helped her:

That was also something that I felt helped me, because it helped me get to that very rational stage about it all. . . . To think it all out, to be able to say . . . and not deal with it so emotionally like I had before. . . . I don't know if I could have dealt with it [in the past]. I don't know if I could have thought it all out, and say, okay, I know I can't leave this fellow alone with any children. . . . I basically put my running shoes on for that week, and I did nothing but patrol, always, I watched. And like I say, I'm not sure that I could have done all that thinking to sort out how to protect

the whole situation.

Although being able to cope rationally could also be described as an outcome of recovery, Melissa's realization that she had moved beyond the emotional stage of addressing the abuse, seemed to contribute to her healing.

#### **6.2.3.6 Cutting Off Contact**

At 40 years of age, Melissa decided to cut off contact with her father, a few years after her mother had died. She described this as being an "absolutely significant" part of her recovery. Following this decision, she stated that "the stress left. I didn't think about him anymore. He wasn't a part of my daily life. I could focus in on what was important to me and my family."

In deciding to cut off contact with her father, she asked herself:

So why do I let this, this father of mine upset my life so much? He's not going to abuse my children because I've told him I'll kill him if he did. And the only reason I'd had contact with him all those years was because of mom, and she was just a fantastic person. . . . I don't like [my father]. I have never liked him. Why should I be having any contact?. . . . We basically had nothing in common with him, and like it was so stressful. And I said, 'no, this is it,' I am not having anything further to do with him.

She noted how the support of her husband, sister and brother, with whom she consulted before making the decision to cut off contact with her father, was important in her carrying out this decision. This decision seems to have been a source of strength and empowerment for Melissa in that she took control over the types of relationships she accepts in her life.

#### **6.2.3.7 Closure**

After 10 years of not seeing her father, Melissa heard that her father was seriously

ill. Fearful that he might die, she decided to visit him in the hope of receiving an apology. She described how difficult it was to actually face him; however, she did receive the apology she was hoping for: “That apology did mean something to me even though at that point I wasn’t admitting it. . . . I found I needed that ‘sorry’ . . . almost an end to a chapter at that point.”

Although her father survived the threatening illness, Melissa maintained minimal contact with him. However, the apology appeared to have alleviated the anger which Melissa described earlier and softened her stance toward her father. Although she did not explicitly use the term “forgiveness,” she appeared to have resolved the residual feelings toward him, and developed more compassion for him, both of which are important aspects of forgiveness (Morbourquette, 2002).

#### **6.2.3.8 Career**

Melissa spoke proudly of her career and private life, including teaching, being on the board of directors for a bank, and raising a family. Her job involved upper level thinking such as dealing with policy, reading budgets, and evaluating the future of the organization. She described how she learned “the ability for rational thought, to think things out and to think critically, to think analytically. . . . It gave me some self-esteem.” Her career appeared to give her strength in deciding to cut off contact with her father. She stated:

I thought. . . I am in control of my life. I'm working at a College. I've got a good job. I'm respected in the community. I'm sitting on the Board of Directors . . . I'm doing some worthwhile things for myself. I'm raising a family which I am extremely proud of. We are a very happy family. And so why do I let this, this father of mine upset my life so much?



Her job appeared to give Melissa confidence in herself, in her ability to reason and think, and strength to make the decision to disconnect from father.

#### **6.2.3.9 Leisure**

Although not a dominant theme, Melissa noted that leisure also contributed to her healing. Describing her experience living on an acreage, she stated: “It was like going home to a retreat. I love gardening. I love being outdoors. I figured out the things that would help me heal, the things that I liked to do. . . . That has all helped too.”

#### **6.2.4 Resources for Recovery**

When Melissa was asked whether she used any resources, such as reading material, to facilitate her recovery, she could not name any. The only access to books which helped with recovery was when she went to the library to study the definition of pedophile.

#### **6.2.5 Recovery Definition**

Melissa’s definition of recovery was as follows:

I see it as a process that an individual has to work through. And a lot of it has to come from the individual, the person that is assisting or listening can help . . . But a person has to talk, they have to start verbalizing. Verbalizing helps you think about. And I think that is so very crucial, but it is a process that you work through. Every little success, or every little progress you make, is success, even if it’s small. Working through the tears, working through the emotion, the anger. It all helps.

When I asked Melissa whether she sees herself as recovered, she stated: “I think so! And I think the test is I can go in and I can talk to my Dad and he's just a person. There is no hatred, there's no love, but there's no hatred. I can handle that and I don't come away all upset.”

In describing her recovery, I also noted the changes she described in herself as she

underwent recovery while sharing her experience. Melissa noted that, following her recovery, she was able to talk about the abuse without becoming emotional:

There had to be a transition from the extreme emotional, where you can't talk about it your voice quivers, to the point where you can talk about it rationally and say, 'it happened!'. . . . I can't overemphasize the transition from coming to grips with it emotionally. You have to work through that, it has to come, it has to be the tears, the anger, etc.

Melissa also noted that she no longer experienced nightmares about the abuse. In fact, with time, her nightmares had transformed into dreams in which she was in control and confronting her father. She described feeling more confidence since her recovery and stated that she no longer experienced anger associated with the abuse. She reported being able to talk about her feelings now and was less likely to overreact and jump to conclusions when interacting with others. She developed an ability to trust people, noting that, following recovery, she experienced how she “really likes people.”

### **6.3 PARTICIPANT 2 (ROBERT)**

Robert is a 46-year-old married school janitor. He presented during the interview as a calm, articulate man eager to share his experience of recovery. He was able to discuss his abuse calmly, with no display of distress. Robert was reflective about his experiences and the impact the abuse had on him. He also was aware of struggles which continued to exist as a result of the abuse, but had developed strategies for coping which were effective.

#### **6.3.1 Background and Abuse Experience**

Robert grew up in a small city in Saskatchewan with both parents and six siblings. He was the youngest of six children and noted that his siblings were considerably older

than him, with the next youngest being 9 years older and the eldest being 20 years older. As a result, Robert reported feeling like an only child because his siblings left home at a young age. In terms of his relationship with his parents, Robert reported that he had a close relationship. He noted that he and his parents had good communication and that he could turn to them should any problems have arisen at school.

Robert identified three people as having been sexually abusive towards him when he was a child: his sister Janet, his other sister Debra, who had recently passed away, and an elementary school teacher. With his sisters, especially with Debra who was about 10 years older, “it was a sexual relationship.” Debra began sexually abusing Robert when he was about 5 or 6 years old. With his other sister, Janet, it started when he was about 7 years old. Robert had a vivid memory of the first instance of abuse:

It was on a warm summer day that the windows were open. My Dad was working. Mum had gone out to the garden to, I don't know what, weeding or . . . gardening things. And Janet and Debra were assigned to . . . do some work in the house and basically look after me. . . . Debra and Janet had a discussion in the kitchen and I was in the living room playing . . . , then Debra came in and said that I was supposed to go and have a nap, or she was supposed to have a nap with me. . . . I was seeing doctors and they . . . wanted me to lay down and get about an hour's sleep in the afternoon. Debra . . . said she was going to lay down . . . with me . . . She said that we were going to crawl under the covers and that I'd have to get undressed, and she undressed partly. . . . There was some physical contact at that time and I know Janet knew about it . . . At one point Janet came upstairs . . . and said 'mum's coming in now so you'll have to stop'. So [Janet] she was aware of [the abuse]. I had the sense at the time that she knew and that she was the guard.

Robert noted that the abuse occurred “whenever the opportunity presented itself” which typically occurred monthly, occasionally weekly, over a period of 3 years. The abuse from his sisters primarily involved undressing and fondling. It ended when Robert was 10 years old, when his sisters moved out.

Robert recalled one experience which influenced his subsequent view of women. At approximately 11 years of age, after his sisters had moved out, he visited Janet who, upon returning from shopping for lingerie, changed her clothes in Robert's presence and modelled her lingerie for him. He also indicated that they bathed together, with Janet asking Robert to undress her.

Robert also described an abusive experience with an elementary teacher. This experience was more ambiguous, although Robert identified it as abuse. He was in grade 6 at the time:

The teacher would always wear . . . [a] low cut top. . . . [While] she was working [with her students] she would be fiddling with her top button, opening it and so on. It was more than somebody just being careless. It was a very [deliberate] thing. My response to it was that it was normal . . . After my dad had [a] heart attack then she took a bit more interest in me as far as my school work was concerned, and she would quite often ask how my Dad was and so on . . . During that period, she would find an excuse to keep me after school, not so much as a detention or a punishment, but sometimes perhaps that was part of the reason you know. She would often hug me, [although] it never progressed beyond that.

Robert acknowledged interpreting this experience as a sexual advance of sorts, despite it never having progressed beyond a hug. It is possible that his experience with his sisters played a role in how he interpreted this teacher's behaviour, as he described his encounter with this teacher as contributing to his view of women as sex objects.

### **6.3.2 Effects of Abuse**

Robert noted that the abuse had an impact on his life in several ways. He described having lost trust, experiencing shame and anger at his abusers, having flashbacks of the abuse, having unrealistic expectations from his marriage, and developing a view of women as sex objects.

With respect to his ability to trust, Robert described how he became reluctant to get close to others, fearing that others would take advantage of him. In his relationships, especially with women, he recalled asking himself: “Is this going to be another person who is going to [abuse] me? . . . and he noted that “when woman tried to be my friend . . . I would pull back.”

In discussing his marriage, Robert reported having “unrealistic expectations.” He described himself as expecting his wife to be an “an ongoing lingerie model.” He related his expectations of seeing her in lingerie to his past experience with his sister, stating: “I don’t think any woman would have been able to fill what I expected . . . and it was hard on both my wife and myself.” He noted that he fantasized about women in lingerie and he recalled one incident in which, while married, he hired a prostitute to model lingerie (no physical contact occurred). He did not feel fulfilled by this experience and, although he did not have sex with the woman, he felt as if he had been unfaithful.

Robert noted that his view of women in general had changed from viewing women with whom he does not have a personal relationship as sex objects to viewing them as people. He stated:

I think I tended to classify all women into, okay, ‘there’s my wife’, that’s one classification. There’s a whole group of women who are the wives of my friends, my male friends. And there’s this whole other group of women out here, large group of women. . . . It’s women [with whom] I do have some sort of relationship. I work with them. I deal with them regularly at the bank or something like that. But there’s this whole other group of women out there who . . . to put it bluntly, I have a hard time viewing them as people. To put it real bluntly they’re sex objects. I view them as my sisters taught me to view them. And I think when I started to realize why I had that view of them. . . . I assumed that every woman who wore something low-cut was exposing herself to me.“

His tendency to view women as sex objects extended to daily casual interactions with women. For example, he noted that if a woman serving him at a bank would bend over reaching for something, he would interpret this as “an invitation to look in her blouse.”

Robert reported realizing that the abuse was affecting him when he read a newspaper article:

I read . . . a newspaper article about a woman who had been caught going onto a school yard and exposing herself to children. And it just blew me away . . . like that happened to me. . . . It didn't trigger memories. It just forced me to think about it.

This realization occurred in 1983, and Robert described it as a turning point.

### **6.3.3 Factors Helpful in Recovery**

Robert noted that his recovery process began a few years after disclosing the child abuse to his wife. This disclosure occurred after his having hired a prostitute to model lingerie and because of the ensuing guilt he experienced. It led to his addressing the abuse and engaging in the recovery process as described in the following themes.

#### **6.3.3.1 Support**

Robert noted that telling his wife about his abuse experiences was “crucial” to recovery. He described his wife as having provided very “level headed support.” Talking to his wife helped him address the issue of abuse, and she encouraged him to see the minister on one occasion, who primarily helped “by listening.” Robert also described the benefit of telling a friend about his abuse, stating, “I guess it made me feel good in that I think he understood. He understood this other situation. I didn't have to give a lot of details, and I know that he won't ever talk to anyone else about it.”

### 6.3.3.2 Helping Others

Robert recalled a conversation with this friend, which he noted as playing a role in his recovery. The issue of abuse arose while he was talking to his friend, who expressed disbelief about the fact that victims of abuse choose to not disclose their abuse to others. Robert disclosed that he had been abused and recalled illustrating to his friend, through use of a metaphor, why people tend not to disclose abuse:

It is like you've got an area in your basement [where there is] junk and you're sort of half way ashamed that it's in your basement. So I said, 'what do you do?'. . . . First you stick it away in a corner over there and you cover it up with a tarp or some thing. And after a while, you have to explain the tarp so you, you build a bit of a wall around it, and then you're afraid you have to explain why do you have that area walled off. So then you start putting other stuff in front of it and you keep building. . . . You're ashamed, you're so ashamed of it like. You don't want to haul it out because the neighbours might see it. You start hiding it away and you start by putting more and more stuff up, barriers up to hide it and you have to hide the barriers.

Robert felt “good” sharing his experience with this friend, in that it helped him understand something about abuse, including reasons why abused individuals maintain secrecy and experience shame.

### 6.3.3.3 Journaling

An ongoing aspect of recovery for Robert involved writing out his fantasies of women and lingerie on a computer, and then a week later erasing the disc to purge the fantasy. As with his letter of confrontation (described below in section 6.3.4: Resources for Recovery), writing out fantasies helped him “get the fantasies out of [his] mind.” Through writing, Robert reported being better able to evaluate how realistic his expectations were, and to recognize that his fantasies were primarily of strangers. Doing

so helped him let go of expectations of his wife to display lingerie and, in turn, helped him be more patient and accepting of his wife's need for privacy where, in the past, he had threatened to see other women in lingerie if his wife did not comply.

#### **6.3.4 Resources for Recovery**

Robert read an article from Awake magazine (he could not recall the title or issue) on child sexual abuse recommended by the minister whom he had visited to discuss his abuse experiences. Having a lot of residual anger towards his sisters for the abuse, Robert had ambivalent feelings about attending a family reunion. Uncertain how to manage his feelings regarding seeing his sister at the reunion (his sister Debra had passed away), he read the article which suggested that when a survivor is faced with his abusers, he or she may make the decision to confront that person, or, if this is not desired, write a letter of confrontation and allow time to decide to mail it. After discussing this with his wife, he chose to write the letter and reflect whether he wanted to confront his sister, Janet, after completing the letter. The letter was 20 pages long in which he addressed his sister Janet directly, expressed his feelings of anger towards her, and detailed every incident of abuse he could remember. Robert noted that the "details just came pouring out." Although he never mailed the letter, he stated that it served as an outlet to vent his feelings and he described how he felt he had actually confronted Janet: The "letter tore down the barriers" he had formed between himself and other people and "got all the junk [the secrets he had been keeping] out of the basement."

#### **6.3.5 Recovery Definition**

Robert provided the following definition of recovery:



Recovery for me is, starting to work towards actually being friends with [women]. . . . it is a slow process but it's coming. Recovery is, is change in attitude toward women in general. . . . I view them more as people now. Not so much people that I just pass on the street but anybody that I just deal with casually, you know, go into a store once and deal with a woman. I view [a woman] more as a person now rather than an object.

With respect to other changes he noted following his recovery, Robert stated “the anger is gone,” and this facilitated a more civil relationship with his sister Janet. Since writing the letter, Robert recognized that the vividness and aliveness of the memories of abuse had dissipated. He reported that his expectations of his wife had become realistic. Also, his ability to talk about the abuse had improved, given he had not been able to tell others about it in the past.

#### **6.4 PARTICIPANT 3 (JOANNE)**

Joanne is a 65-year-old woman who ran a book store with her husband of 42 years. She has four adult children. Joanne appeared comfortable and eager to tell her story of abuse, talking about it early into the interview. Given Joanne's disclosure that she had difficulty discussing the abuse prior to her recovery, and with no distress revealed while telling her stories of abuse, it seemed apparent that the emotional impact of the abuse had dissipated

##### **6.4.1 Background and Abuse Experience**

Joanne grew up with both parents and four siblings, with Joanne being the youngest child in her family. Her family frequently moved, living in small towns in both Saskatchewan and Alberta. Joanne's father was absent for the first five years of her life due to employment away from home. She described her family as unstable because of her father's drinking problem: “We were very unstable because sometimes we would have

money for groceries and sometimes we wouldn't because my dad would spend it on booze." She reported being very close to her mother as a child, describing her as a "guardian angel." After they moved to another city, her father no longer travelled, and this was when the abuse started. Joanne and all her siblings were sexually abused by her father, although she did not discover that her siblings were abused until she was an adult. The abuse occurred approximately 2-3 times a week.

She described her experience of abuse:

I'd never seen a man's penis before and [my father] would take me with him to the pump house where he was pumping water and. . . then he'd make me touch him and I didn't like doing that it was just gross to me. It just didn't make any sense to me. And as I say, as a little child you know it's not the right thing to do some how. . . [My father] would motion his eyes like I had to go out to that pump house and he would abuse me. And then he said, 'if you ever tell anybody I'll drown you,' and he took me down the stairs in the pump house there was a big open well and I was standing right on the stairs and he said, 'see that?' He said, 'if you ever tell anybody I'll put you in there and nobody will even miss you!' And to this day I do not appreciate water although I've dealt with it.

Joanne recalled another experience:

My dad would take me on a trip with him you see. . . I had to sleep with him, and then he'd abuse me. And of course then the semen would get on my legs and things, and I just hated it. I just hated it.

After her sisters left home, Joanne and her brother, who was rarely home, lived at home with their parents. She described how she tried to avoid his abuse: "I escaped as many times as I could like. I hated being home with him alone. And if mom went out for coffee some place or something I'd just have a fit. I wanted to go along. I didn't want to be home with him alone!"

#### **6.4.2 Effects of Abuse**

Joanne indicated that the abuse affected many aspects of her life, sexually, interpersonally, and in terms of coping. She described how the abuse affected her sexual relations with her husband:

The innocence is robbed when you have been abused. There is a part of your life that has been robbed and there is no replacement. . . . I didn't like it. I didn't like being abused. Like I hated it so bad that [sex with my husband] was another abuse to me.

As an married adult, Joanne described inhibition and how she would get undressed in the bathroom with the lights turned out, and "I certainly wore pajamas" at night. In fact, her husband used to call her pajamas the "tin armour" because he had a hard time getting through it. She noted that this was not a happy time in her life, stating that she felt it reminded her of being used as an object.

Socially, Joanne reported being an introvert and never revealing anything personal about herself to others, which she attributed to her abuse experience. She stated:

I was a total introvert because as you grow up, [the church and others] make you feel like it's your fault, first of all. So, I felt for years that I did something wrong. And then you think that nobody else in the whole world has had this experience with their own father. And so, you feel weird and you feel like everyone is looking at you so you don't go out.

With respect to coping, Joanne described several effects of abuse. She reported how she became an excessive cleaner. She stated: "I was forever washing floors. I'd spring clean once a week the whole house, you know this is after I was married. And because I realize now that I was trying to clean myself." In addition to this, Joanne was smoking three packs of cigarettes a day. She developed high blood pressure, and she became very protective of her children. Connected to the abuse and threats of being

thrown down a well, Joanne reported developing a fear of water, to the extent that she felt sick even looking at a body of water. Pursuit of her dreams in her life also were affected by the abuse: “I didn't ever do the things I wanted to do in life because I never ever felt good enough to do it. I didn't have a good self image.” Finally, Joanne described how she carried anger with her, stating that she kept it “bottled up.”

Joanne recalled the pivotal moment, when at age 38, she realized that the abuse was affecting her life:

I was smoking and drinking coffee. I weighed 106 pounds. My whole energy was nervous energy and cleaning and I thought ‘I cannot handle this anymore. I don't want to be like this anymore. God, if you will help me to forgive the people that hurt me in my life, then I'll quit smoking for you.’ And I said, and [I'll] do it Wednesday! . . . And I stopped . . . I mean I was serious. I was just at my wits end because I didn't like being who I was. I didn't like being an introvert. I didn't like being so skinny. And so that Wednesday came along and I quit smoking. That was it. . . . I'd get up from the table and do the dishes instead of sitting there having a cigarette. And it was very easy. I had absolutely no craving for a cigarette ever since, EVER, like it's gone.

Another factor that helped her recognize the impact of the abuse and to pursue recovery was her husband's complaints about their sex life. She described herself as a frigid woman and did not like being so.

### **6.4.3 Factors Helpful in Recovery**

#### **6.4.3.1 Religion/Spirituality**

Following her decision to quit smoking, Joanne returned to the Catholic church from which she had been absent for 23 years. One aspect of returning to church which contributed to Joanne's recovery was her encounter with the priest, with whom she met on a weekly basis for three months. She described her initial experience with the priest:

The same priest . . . came over to see me and he said, 'Tell me about your father,' and . . . I said, 'That son of a bitch died and went straight to Hell . . .' But I cried for the first time in 20 years about him. I had never shed a tear about him. I had become so hard. And it was the beginning [of recovery] and then that priest prayed with me. He prayed for healing and as the memories came back and something would bother me, I would phone him and ask to meet him at the church and I'd tell him about it. And he would pray with me again for healing of memories and ask that God would fill my heart with His love. And I'd walk away . . . and the pain was gone and that took about three months of prayer.

By the end of the three-month period, she was able to deal with the memories herself and prayed to God on her own. She also described how her faith in God's love gave her a sense of peace "that cannot be shaken." She noted that her whole recovery was based on her work with God who always showed her the areas that needed to be dealt with, stating that "the hand of God was the biggest thing in my [recovery]."

#### **6.4.3.2 Forgiveness**

Related to her spiritual experience of recovery, Joanne recalled her experience of going to bible study:

The priest read something out of a book about forgiveness and . . . he said, 'if a teacher has ever hurt you in your life forgive them now.' This was no coincidence, and I knew a teacher . . . [who] drew everybody's attention to me a few times and because of who I was it was devastating. And . . . I chose to forgive her and then [he said], 'if a father has ever abused you forgive him now!' And I thought, that was the day, 'Today is the day', and I forgave him. . . . Once I forgave him, then I

could see how sick he was, and I thought if he had a broken arm no sense in being mad at him. There's no sense being upset. He was a very sick person. And he was probably abused when he was young. And before that I couldn't see past that.

For Joanne, forgiving her father played a role in releasing her anger:

You cannot, in my own mind, and I know that from my own experience, unless you forgive you're never going to get better because you're always going to be angry, you know? You're never going to deal with it. You won't get past the anger. And I was angry for a long time, yeah I was even glad when he died. (Laugh).

### **6.4.3.3 Support**

In addition to the support of the priest, Joanne indicated that the support of her husband facilitated her recovery. After 27 years of marriage, Joanne disclosed, for the first time, that she had been sexually abused by her father. She reported fearing he would judge her as a bad person. Instead, he was supportive and nonjudgemental, wondering why she had not told him earlier. Joanne stated “I couldn't [have told him earlier] . . . It's like you're choked. It is like [the abuser] put such a fear into you. You feel so violated that you can't even talk about it.”

Over the years, Joanne recalled feeling troubled about why her mother had not protected her from the abuse. She described how this was resolved after meeting a woman who, although a stranger to Joanne, played a supportive role in her recovery. Joanne was working in her bookstore and she encountered a female customer requesting help to find a book on child abuse. While helping the woman, Joanne found herself talking about her own childhood abuse, telling this stranger how she was experiencing anger at her own mother for not having protected her. The customer's response, “Don't be angry with your mother. I am the mother and my daughter is so mad at me. I didn't know

anything about it. I didn't have a clue that was going on." reportedly helped Joanne work through her residual anger towards her mother.

#### **6.4.3.4 Helping Others**

In addition to telling her husband, Joanne reported finding it helpful to tell her story to others, including strangers, "Each time I tell it helps." Telling others helped her by giving her a chance to use something that was bad, for good. She hopes that telling her story might help others. This was one motivation for her to participate in the interview.

#### **6.4.4 Resources for Recovery**

Joanne could not recall any one book or other resource that was helpful in her recovery, although she noted that reading in general was helpful. The Christian perspective was helpful and she reported reading the Bible and praying on an ongoing basis. Another book which Joanne found helpful was called The Seven Story Mountain, a story about the life of Thomas Merton who became a monk at age 27. The aspect of this book which was helpful for Joanne was witnessing the possibility of personal transformation, in that, according to Joanne, the monk had been a "beast" prior to becoming a holy man. This seemed to give her "comfort" and hope for humanity.

#### **6.4.5 Recovery Definition**

Joanne described her view of recovery: "When healing really takes place, then you can look at it, and talk about it, and you know it was you but it feels so far away that it's okay. Like it's, you're so disconnected from it and it's fine."

Changes resulting from her recovery include decreased anger, a sense of peace through her belief in God, improved health, and a greater ability to be intimate with others.

Her view of herself has also changed in that much of the shame and self-blame regarding the abuse has disappeared.

During the interview, Joanne specifically noted her belief that psychotherapy is not a necessary route for recovery:

[Abuse is] something that happens to you that robs you of your childhood and it takes years to really get over that. I mean the healing goes in stages, you know, and I believe that God has a hand in that and he only gives you what you can handle at the time. And if you have God in your life you can deal with it. If you haven't, you're going to psychiatrists!

## **6.5 PARTICIPANT 4 (CATHERINE)**

Catherine is a 40-year-old woman working as an administrative coordinator and living with her second husband of 12 years. She was a very articulate woman who spoke with clarity about her own experiences, her past, and her understanding of her recovery process. She appeared to be an emotionally strong person and her self-reflections appeared to contribute to insight into her recovery.

### **6.5.1 Background and Abuse Experience**

Catherine grew up with both her parents and was the eldest of three siblings. Her family frequently moved during her youth, living in several small towns in Ontario and Manitoba. Catherine's mother was a homemaker and her father worked as a labourer. She described her family as close in that they 'stuck' together, shared many occasions (Christmas, weddings, funerals) with her large extended family, and were able to joke together. However, she noted that they were not close in the sense that personal information was rarely disclosed. With her siblings, she felt like their "keeper," stating that her parents expected that she take care of her siblings.



Catherine's first recollection of witnessing abuse occurred when she was 4 years old, when her father was abusive towards her mother. She stated that, for the most part, her mother tried to "heal the wounds my father created." Catherine reported that she experienced both physical and sexual abuse by her father. She recalled one incident of physical abuse:

I was seven and my father accused me of lying and grabbed me by the ear and was shaking my head . . . holding my ear and shaking it, and actually I was bleeding and I went to school. This was at lunch time . . . and when I got to school there was blood down my neck and the kids were saying, 'Catherine what happened?' And I remember [saying] 'I banged my head.' That was the first time I actually deliberately lied to anybody . . . to cover up the abuse, so that's when it all started.

The sexual abuse began when Catherine was 8 ½ years old. She described his excuse for sexually abusing her:

My father decided that you need to know where babies came from and this was his idea of introducing you to your sexual person, or sexual education if you wanted to call it that. There was a big . . . fear thing of free love and the drugs and all of that. . . . And that just set off a whole big fear thing within my father and he said, 'No [the children] are going to learn it from me,' . . . So [there] was the touching, . . . no penetration . . . but very intimate touching, very disturbing and extremely guilty on my part, like, 'I shouldn't be doing this. I'm not his wife.'

The physical abuse occurred on a regular basis and was unpredictable, although she had a more difficult time recalling how often she was sexually abused. Her last recollection of sexual abuse occurred when she was 14 years of age, where her father pulled down his pants and stated, "this is what a penis looks like when it's turned on," and then had her touch him. In terms of verbal abuse, she recalled being frequently criticized and/or threatened, describing one incident at 22 years of age in which her father threatened to kill her. She reported that he took control of others by threatening to throw

them out of the house should he be displeased. At age 18 when Catherine left home for bible college, the sexual and physical abuse stopped, although she noted that the verbal abuse continued.

### **6.5.2 Effects of Abuse**

From a very young age and into adulthood, the abuse experienced by Catherine affected her in many domains, including emotional and social. While in elementary school, she reported that her grades dropped instantly from A's to D's. Catherine recognized that the abuse was affecting her life at 14 years of age. She recalled telling herself "this isn't right. The other girls that I know don't have this happening. I don't see this happening between the girls that I know and their fathers." Catherine did not disclose how she came to "know" that others were not being abused, although her comments suggested that she assumed they had not experienced abuse based on their interactions with others. She recalled how she was depressed and suicidal between 16 to 18 years of age:

There were a few times that I can remember that [my emotions] were so overwhelmingly strong that it was just like a minute to minute thing with me. And I said to myself after I was through that, 'I don't ever want to go there again.' It's extremely scary to not have the control of your emotional self, to want to do that to yourself. . . . So I said, [Catherine] there is no second chance here, so be really sure, can you not hold on for one more minute, one more day, one more hour?

Catherine was withdrawn socially and she described how she became a loner who comforted herself by reading books voraciously. Catherine described herself as "shy" as an adult and being very closed off from others, never disclosing the nature of her family upbringing. She reflected on the social impact of the abuse:

I wouldn't tell [anybody] who I was with any of the . . . family dynamics there. It was very, very difficult for me. It was so overpowering and over shadowing for

me that it affected my relationships with people. I couldn't form a bond outside of that. I couldn't say, 'well you're my girlfriend and we'll go to the movies together. We'll go shopping together.' None of that, zero! So, in a social sense I was extremely stunted, extremely unsophisticated because I just didn't know what was out there in the world . . . . No connections at all. It was like . . . [I] lived in a vacuum . . . and so being so totally unsophisticated, it was difficult for me to understand that there was a world outside of home.

Related to this, Catherine did not trust men. She also reported experiencing anger towards her father all the time, especially after realizing that other families existed where abuse was not present.

### **6.5.3 Factors Helpful in Recovery**

Catherine started working on recovery from the age of 16 by recognizing and understanding what had happened to her. Several themes emerged which contributed to her recovery.

#### **6.5.3.1 Physical Distance**

Catherine decided to physically distance herself from her family (i.e., limit contact), which she described as facilitating her recovery: "The emotional bombardment of the everyday life was not there . . . . You have to find out who you are pretty quick." The distance helped create emotional as well as physical boundaries. By restricting her contact with her family, she was better able to focus on her own recovery and self-care.

#### **6.5.3.2 Support**

Catherine reported benefitting from the support of her ex-partner, her current husband, and a friend. Her ex-partner helped her assess the facts and understand her abusive experiences further. He also reassured her she was not to blame. Support also was helpful in terms of allowing her to express emotions, stating that she was allowed to

cry “buckets”. Her current husband had repeatedly reminded her that the abuse was not her fault. This perspective helped Catherine recognize that she had no control at the time of the abuse. Alleviating self-blame regarding the abuse was described as a “painful process” for Catherine, facilitated by the support of her husband and her own efforts to remind herself that “it wasn’t my fault! I had no control.”

#### **6.5.3.3 Resilient and Strong**

Another minor theme for Catherine was that she shifted her view of herself from someone having emotional difficulties to someone who was resilient and strong. Reminding herself that she was resilient and strong enough to take her experiences, learn from them, and help others assisted her overall coping. Her decision to end a 7- year abusive relationship also appears to have contributed to her belief in herself as being resilient and strong. Catherine ended her marriage when she was 30 years of age. Although their dating period was a positive experience, within ten months of their marriage Catherine discovered that her husband was emotionally unstable and physically abusive. Finding the strength to take the step and leave him played a role in her recovery. Learning that she could stand on her own feet, take action leave him, and face her fears appeared to give Catherine a sense of internal strength:

The process of getting out and sticking to it, like the resolve to say I'm not going back into it, that resolve strengthens you. Taking that one little step and making sure you stay on that path of self-recovery, saying, ‘I'm worth every step that I take here! If for no other reason than ‘I'm a human being with something valuable to add’, and if my experience can help anybody else, I would willingly share it.

#### **6.5.3.4 Career**

Catherine succeeded at establishing a life for herself that she enjoyed, including a rewarding career, which was a source of self-esteem:

[I'm in] a position I've always wanted, . . . and I knew the growth I had to do to get there. I've always wanted, ever since, oh probably 13 or 14, . . . to work at this level of administrative support. . . . I feel accomplished! I feel like you've gotten to the place where you can go. And I guess it's part of my recovery as well, you know, 'I can do this! . . . I can do this and grow some more!'

#### **6.5.3.5 Sense of Humour**

Although a minor theme, Catherine noted she had learned to cope by having a sense of humour. She stated that “dealing with [the past abuse] with a sense of humour as well as a sense of seriousness and lightness . . . allowed me that healing process.” This statement was made after Catherine described, in a light-hearted manner, the efforts her husband went to in order to convince her that she was not to blame for the abuse. Her humour also was evident throughout the interview as she discussed her experiences. Catherine frequently laughed and used sarcasm while reflecting on her past and present, including when the content was positive (e.g., reflecting on her value and worth) or serious (e.g., discussing her abusive ex-husband). This appeared to lighten the seriousness of her difficult experiences and keep them in perspective.

#### **6.5.4 Resources for Recovery**

Catherine named several books which helped in her recovery. While writing a paper for a psychology course at 21 years of age, Catherine came across two books: Daddy's Little Girl (she could not recall the author) and Psycho Cybernetics by Maxwell Maltz. The book by Maltz provided suggestions that people take pieces of their experiences and their history and ask themselves, “what about it do you want to change?”

The book suggested that people create role-models either fictitiously or outside of what has happened and use them as a way to change. Catherine had selected her grandfather as a role-model. As well, the book contained information on the process of grieving, which helped Catherine understand her own grieving. Catherine described her grieving experience as a very difficult and painful process for her. With the book Daddy's Little Girl, Catherine recalled benefitting from information on incest, in that it helped her understand her own experience.

Catherine noted that, while writing her paper, she had thought "knowledge and information is power and I'll use it!" Accessing information helped her realize that she was 'normal', that there were other women who had been abused and that she was not to blame. It also helped consolidate the idea that the abuse was not her fault in that she was a 'victim' who had no control over the abuse which happened to her.

Catherine also recalled reading material written by Andrew Vaux. She described the author as a children's advocate who is tenacious about addressing the fact that sexually abusive adults are perpetrating crime on children. Catherine noted that he suggested forgiveness is not necessary for survivors of abuse. This suggestion stimulated self-reflection on the issue of forgiveness, leading her to realize that forgiveness can be helpful for the survivor, not the abuser. She stated that forgiveness for her meant "letting it go" and telling herself that the abuse was not going to control her life: "You are not going to control me and the way I think." Forgiving helped her close the door on the abuse and keep it in perspective, which she acknowledged being difficult but helpful with practice.

Catherine also gained insight about the impact of her abuse through reading a book by Daniel Goleman called Emotional Intelligence. In conceptualizing the effects of the abuse on emotional intelligence, she reflected:

Emotional intelligence is required just to operate as a human being, effectively within your world. And what the abuse does to strip that away from you, how it makes you powerless to act on that emotional intelligence . . . it stripped [emotional intelligence] away from me and I've had to grow and build that now. I never had the opportunity to [in the] . . . first 20 years of my life. I've had to do it now from 20 to 40. I've had to say, 'everything that I learned back then is garbage, how not to act, and every thing from here forward has to be on, how to do it, how to be successful and how to act successfully this way.'

### **6.5.5 Recovery Definition**

Catherine stated that recovery is:

acknowledging what does not fit in terms of reactions; understanding triggers so that you can control reactions next time it happens. I'm better than I was, which is how I mark it. I get up I the morning and I look at myself in the mirror and I'm comfortable with, 'Catherine, you're doing a good job with your life. Are there areas you can clean up? Absolutely, let's grow on that, but let's not get yourself down in the mouth and say beat yourself up and walk on your self-image and say, you're not worth it. No, I am worth it!'

Catherine also described recovery as a self-analytical process: "[Recovery] is always an analysis . . . . Nothing is taken for granted at this point . . . I'd say that it's an awareness that you need to have if you are going to maintain your recovery."

Overall, Catherine appeared to have made gains through her recovery and changed in ways that were more fulfilling. She enjoyed her personal life and career. She no longer experienced anger. Her relationships had become more intimate. She also consistently reminded herself of her self-worth in all domains, including her work and private life. She recognized there was still more growth to do and acknowledged that beginning to

experience herself as a worthwhile person was the “tough, tough part to deal with.”

## **6.6 PARTICIPANT 5 (SHIRLEY)**

Shirley is a 30-year-old bookkeeper who had been married for four years. She was open in discussing her abuse history and experience of recovery, which she described as an ongoing process. Shirley appeared calm and reflective while sharing her story, with no indication of disturbance upon telling her story.

### **6.6.1 Background and Abuse Experience**

Shirley grew up with her mother, step- father, and two siblings and spent all her life in a city in Saskatchewan. Her step-father had worked in the mines until recently, and her mother owned and ran her own business. While growing up, Shirley described her family as close, including her extended family. She indicated that she was closest to her grandparents due to her mother’s absence when she was in school.

Shirley reported being sexually abused by her step-father. The abuse started when she was 7 years old, lasted for four years and occurred on a regular basis during this period. It involved extensive touching and fondling and occurred on a weekly basis until she put a stop to it. Shirley recalled how her step-father would fondle her in the presence of her mother: “It was very daring. . . . Sometimes my mother was in the room and didn't even know it. . . . If we were huddled in a blanket, [he would be touching me]. She had no clue really, no idea. She trusted him completely.” The abuse typically occurred at home while Shirley was sleeping in bed at night.

### **6.6.2 Effects of Abuse**

The abuse appears to have had an impact on Shirley on many levels, including



emotional, interpersonal and physical. On an emotional level, Shirley reported experiencing depression, anger and shame. The shame arose from her belief that she had somehow done something wrong, that she in some way invited the abuse. Shirley became very socially withdrawn, especially with men, which she noted as a contrast to her way of being prior to the abuse. She described how she felt disconnected from others, in part, because she felt like the only person who had experienced such abuse. She also developed a tendency to take on the care-taking role with others, which she attributed to her feeling responsible for protecting her siblings as children. Her comfort level with sexuality also was affected. In this regard, she experienced low libido and nervousness while having sex. Finally, the abuse affected her on a physical level. She stated that she had developed irritable bowel syndrome and an eating disorder, which primarily involving bingeing. She recognized that her weight gain was a way to comfort and protect herself from men.

Shirley described one experience, at 15 years of age, which helped her realize the abuse was affecting her life and that she needed to change. While watching a film about a father abusing his daughter, Shirley felt emotionally disturbed. She recalled fearing that by watching the film in the presence of others, her own abuse might be revealed should people see her reaction. This emotional reaction helped her recognize that she had unresolved issues related to the abuse and motivated her to pursue her own recovery.

When Shirley was about 28 years old, a second experience, which helped her realize the abuse continued to impact her life, was during one of her recurrent depressive episodes in which she would spend days in bed. She described herself as being “sick and tired of being sick and tired.” She added “I am going to live my life the way I want to. I

don't want to let [the abuse] rule me.” This decision contributed to subsequent changes, including her improved mood and ability to deal with her parents.

### **6.6.3 Factors Helpful in Recovery**

#### **6.6.3.1 Support**

Shirley encountered a number individuals in her life to whom she could turn for support, including family and friends. Her recovery started by telling her boyfriend about the abuse when she was 19 years old. After telling him, Shirley described a weight being lifted off her shoulders and stated that verbalizing her experience was helpful. She was able to talk to him about the effects of the abuse and how it had an impact on her sexually. By having a boyfriend who provided a listening stance, and who reminded her that she was not to blame for the abuse, Shirley was able to alleviate her sense of responsibility for the abuse. She described how “Just having somebody tell me that was really helpful.”

Talking to her boyfriend also helped her get in touch with her anger and become more bold in telling her story, which led to her discovery that her own sister was sexually abused by the step-father as well. In this case, Shirley reported that talking to someone, in this case her sister, who had a similar experience helped her feel less alone: “When you are going through abuse, it feels like you are the only person in the world experiencing this. You feel completely isolated, completely alone and very disoriented . . . because you know it is wrong but you don't know why it is happening.” By talking to her sister, Shirley reported that it centered her on a path where she could deal with it. After disclosing the abuse to others, Shirley also noted how she benefitted from the support of her immediate and extended family. She described them as being “instrumental” in her

recovery because her every family member rallied to her support once the abuse was disclosed. They did not react with judgement: “It helped knowing that nobody thought I was dirty. They never thought that I did anything wrong.”

#### **6.6.3.2 Confront**

By getting in touch with her anger towards her step-father through disclosing the abuse to her boyfriend, Shirley felt bold enough to confront her step-father. This was a new experience for her in that she described herself as “one of those kids that never talked back. I never disobeyed rules at all.” In this respect, Shirley benefitted by being able to voice her feelings about the abuse.

#### **6.6.3.3 Abuser in Therapy**

Shirley had learned that her step-father was pursuing therapy regarding his having been abusive. Along with this, she discovered that her step-father was sexually and physically abused as a child. This discovery helped her understand how his own experience might have influenced his behaviour and enabled her to feel more compassion for him: “It made me understand him a lot more, knowing what he went through.” Her compassion was reflected by her words of affection: “As for just being a father, the abuse aside, he was a very good father.”

#### **6.6.3.4 Forgiveness**

When Shirley was 19 years old, she verbally “forgave” her step-father after confronting him about the abuse. At that time, Shirley felt pressured to forgive him for her mother’s sake, and she felt additional pressure due to his request for forgiveness.

Shirley recognized that her forgiveness of him at this time was more superficial and less heartfelt. However, this changed years later (she did not specify how long after) when an opportunity to forgive arose again after a misunderstanding occurred with her step-father regarding her residual feelings about the abuse. On this occasion, her step-father had received false information from an extended family member that Shirley “hated” him and continued to be bothered by the past abuse. Shirley used this occasion to talk to her father and reassure him that she still loves him. In describing this experience, she stated:

That was . . . a sense of therapy for me to actually, after all these years, sit him down in another room in my house and tell him what was going on, and telling him all this stuff this person was saying was completely untrue, and that I do love him, probably cemented the forgiveness.

#### **6.6.3.5 Spirituality**

Shirley reported benefitting from her strong Christian background. However, she spent minimal time discussing the benefits of her spirituality, mentioning it more in passing near the end of the interview. Regarding her religious background, Shirley stated that as a child, her family engaged in devotionals every night and she reported attending Sunday School until she was in grade 12. Through the use of prayer, Shirley felt able to address her concerns. She acknowledged feeling comforted by knowing that there was “something out there” that understood her even though she did “not understand herself.” Shirley acknowledged that the benefits she gains from her faith are not necessarily tied to organized religion, in spite of her Christian background. Regarding her current faith she stated: “I don’t go to church very much now, but I have a very strong spiritual belief.” She described her spirituality as primarily giving her strength and comfort in knowing that a stronger presence was looking over her.

### **6.6.3.6 Parenting**

Another minor but important theme involved Shirley's experience with her children. She described how their unconditional love towards her contributed to her healing, stating "I could touch. I could love. I could be loved. I could trust. . . . It was unconditional. They didn't want to do anything to me. They just wanted the mom."

### **6.6.4 Resources for Recovery**

Shirley could not name any specific piece of cultural material which she found helpful for her recovery. However, she recalled reading several research and newspaper articles on abuse and recovery provided to her by her husband who was, at the time, taking courses in psychology. These articles helped her understand her abuse experience as well as factors in recovery. She never accessed popular self-help books in recovery, describing the majority of the readings she reviewed as 'rubbish'. Shirley acknowledged such readings might be helpful to others, although she did not expand on her reasons for not finding popular self-help books helpful.

### **6.6.5 Recovery Definition**

Shirley described her view of recovery:

Recovery is an everyday situation. Sometimes my depressed mood comes back with a vengeance. Sometimes [the trigger] can be a fleeting thought, but every single day it does have to be dealt with. Whether it be a little comment that's made, or just some thing that you happen to think of. It may set you off, not that I happen to think about it in depth every day, but it is a constant thing in your life. . . . As I said before, I won't let it rule me!

Shirley also described a number of changes resulting from her process of recovery. She reported that she "can't keep things in anymore," whereas before she was closed and

never revealed her emotions to others. As indicated earlier, dealing with the abuse and her depression helped improve her marriage and made it possible for her to no longer have to avoid her parents. Her anger had diminished and she currently has a closer relationship with her family, including her step- father. Shirley also noted that although she occasionally becomes depressed, the episodes do not last as long as they did in the past.

## **6.7 PARTICIPANT 6 (LINDA)**

Linda is a 42-year-old homemaker living with her common-law husband of 13 years. She has five children and had been married twice before, with two children from her previous marriages. She presented as an intelligent and articulate woman. She was able to speak of her experience with insight and she did not display signs of emotional distress while discussing her abuse, suggesting it no longer had a strong emotional impact.

### **6.7.1 Background and Abuse Experience**

Linda was adopted at a young age and frequently was placed with foster families due to difficulties in her adoptive family. She reported growing up in several small towns in Ontario, before moving to Saskatchewan in her late 30's. She had one adopted brother, 1.5 years her senior. Linda's father worked as a mechanic and her mother was a homemaker who eventually became a minister. In describing her mother, Linda stated, "she was never a mom. She was always a scholar," who was emotionally distant. She described her father as a man whose insecurity drove him to be physically abusive toward his wife. As a result of his abuse, Linda's mother had a nervous breakdown. Linda spoke fondly of her brother, who died at 13 years of age of cancer. She reflected: "Sometimes

[I] think my brother died just to get away from it [the abuse]. He was a shell of a child and did not have the opportunity to really live.”

Linda experienced ongoing abuse, sexual and physical, from the age of 3 to 15. She recalled being fondled by her father until the age of 9-10 after which he began engaging in fellatio and intercourse with her. This was occurring on a weekly basis, or whenever the opportunity arose (e.g., as they went hunting together or at night while sleeping). The physical abuse occurred on a regular basis, with her father’s anger being directed toward each family member. Linda noted that he would “think nothing of back handing” and for this reason she avoided him by visiting her friends or engaging in outdoor activities. When her father made advances, Linda complied in order to protect her family, given that her father had threatened to physically beat her brother or kill her mother should she not comply.

Linda also reported verbal abuse by her father. For example, she recalled him telling her “your mother did not want to pick you [for adoption] because you were really ugly.”

### **6.7.2 Effects of Abuse**

The effects of the abuse described by Linda included low self-esteem, difficulties with anger and trust, mutilation, weak interpersonal boundaries, alcohol abuse and promiscuity. She stated “I didn’t feel good about myself . . . I didn’t count. . . . everybody else was more important than me. . . . Always putting [myself] last.”

Linda recalled one incident in which she was almost raped by her father. She responded by regressing into a fetal position and engaging in self-mutilation, “clawing”

and “disfiguring” herself, resulting in her hospitalization.

Regarding her promiscuous behaviour, Linda reported that she had sex for affection. However, she also had difficulties being touched or being affectionate in relationship with men, as well as with family members. She typically became involved with abusive men and noted that she “let people walk all over me.”

Linda described herself as a quiet and shy person, stating “I never spoke loud. I was really nervous. . . . I didn’t feel good about myself.” Regarding her anger, Linda stated that she typically suppressed her feelings and that occasionally the “anger would just come out of me . . . all this anger would come out and it scared me.”

Linda recognized that the abuse was affecting her life following an incident in which her 5-year-old son was kicking her while she was visiting with a friend. Linda’s friend reacted strongly, stating that this behaviour was inappropriate. This feedback helped Linda identify her tendency to be passive in her relationships and with her children who, themselves, were becoming passive in their daily interactions with peers (e.g., giving toys away, being socially withdrawn). This experience helped her realize: “Oh my God, I am doing this to [my son]. This is me allowing it to happen.”

Another experience that helped Linda recognize the impact of the abuse occurred during her participation in a dream workshop. She did not specify the purpose of the workshop, although her statements gave the impression it provided guidance in the interpretation of dreams. Linda described her experience:

What we had to do was we had to keep a dream diary for a month and record our dreams . . . Except mine weren't dreams they were always nightmares . . . I always woke up at night and so . . . when I started recording my dreams and I was always



there with the children, and it would just, nobody was helping me, these children needed help and people were walking around, or else sometimes it was a bear in my dream, and this bear was coming and nobody was helping me and just you recorded your feelings and that type of thing.

The disturbing nature of her dreams appeared to motivate Linda to understand her abuse experiences further. Following this workshop, she reported reading an article on child abuse described below, which also contributed to recovery.

### **6.7.3 Factors Helpful in Recovery**

#### **6.7.3.1 Helping Others**

Supporting and helping her friends who themselves were being abused or had been abused as children was helpful in Linda's recovery. She noted that "by trying to help others, I ended up helping myself." By telling her friends how to cope with the effects of abuse, Linda reported that she started to listen to her own words. She stated:

To listen to what I was saying, 'it's okay it happened. Don't let it drag you down for the rest of your life. If you want to cry about it, cry about it and get it all out. Don't carry it around with you. No you're not dirty. You can still have a happy and wonderful life. You are a beautiful person, so you start listening to yourself.

#### **6.7.3.2 Support**

Receiving support from her friends and being able to talk about her abuse experiences was noted as an important factor in Linda's recovery. Her friends, many who had also had been abused, helped Linda feel that there were others who could relate to and understand her experiences. She stated:

You talk about it. You deal with it. You cry about it. You feel about it. Just being able to talk about it with somebody who understands it at a feeling level, that you trust. You trusted who'd been through it, that was the difference.

#### **6.7.3.3 Modelling**

Although a minor theme, Linda noted that supporting her son after he had disclosed that he had been sexually abused (by a man for whom he worked) was helpful in her recovery. This was the first time she disclosed to her son that she also had been abused. Doing so helped her in that she felt she was a living example, a role-model, of surviving such an experience: “He is seeing me be okay and not letting it get me down. . . . I am not going to let it affect me for the rest of my life and it is okay to talk about it.”

#### **6.7.3.4 Role-Models**

Allowing herself to have “healthy” friends and positive role-models, was helpful for Linda’s recovery:

I think allowing myself to have healthy friends and be around healthy people, and go, ‘oh this is how a normal family is’ . . . because you find when you're unhealthy you're surrounding yourself mainly with unhealthy people. And having other families as a role-model in [the city in which I live] has been wonderful. It has just been wonderful for that.

As indicated earlier, feedback from one friend enabled her to recognize the “passive” role she adopted in relationships, encouraging her to set limits in the way others treated her, including her son.

She also described how her husband had been helpful in that he had been a role-model for healthy touching. He insisted on bringing up the children with healthy touch, something which triggers anxiety and fear for Linda. She reported him saying, “whatever happened to you happened to you, but this is how our children are going to be raised because this is normal.” His insistence on this matter helped ease her fears and enabled her to learn about healthy touch and boundaries. Linda noted that he was “really firm [about having] a healthy family life.”

#### **6.7.3.5 Religion/Spirituality**

Linda reported that her faith and being Anglican helped her in the sense that she felt comforted by the idea that she was not alone, that there was someone there to walk with her. However, she spent little time discussing her faith and described herself as a baby Christian, stating that she has been inconsistent in attending church. Linda reported that her faith played a small role in her recovery. Discussing this topic, Linda made reference to a poem called Footsteps. In this poem, a man had a dream where, doubting that God had “walked” with him during difficult times, was reassured by God that he was in fact “carried” during such difficult times. This poem appeared to contribute to her sense of comfort.

#### **6.7.4 Resources for Recovery**

Linda had been a volunteer at a women’s shelter and had found that it was a valuable resource for acquiring information about the cycle of abuse. She stated that “information helps in the sense that I can relate it to my own life.” She noted that when she was ready for change, the information she had acquired from working at the shelter was readily available for her use: “ your feeling of self worth is so far down that you allow [abuse] to happen. And I think when you're ready those little bits and pieces of information that you've stored pop out and . . . tap you on the shoulder.” Through accessing this resource, Linda recognized how her own childhood abuse influenced the type of abusive men with whom she became involved.

Another cultural source which played a role in her recovery was a magazine article on the effects of abuse that she had read in the past. Although she could not remember the

title or source, she stated that reading this article helped her identify some of the symptoms she had been experiencing, including promiscuity and nightmares, and enabled her to connect these symptoms to her own abuse experiences.

### **6.7.5 Recovery Definition**

Linda described her view of recovery:

Recovery for me is like the end product. [It] is how I see myself and that I see myself as being a wonderful person. I feel good about myself, and I feel worthwhile to myself and I can get up in the morning and go, ‘Hi Linda how are you?’ And internally inside [feel] very happy and not have that plastic little smile, but to actually feel it. I get up in the morning and I feel I want to smile!. . . I feel like I count. I don't feel dirty. I feel clean. I feel fresh. . . . I don't feel ugly!. . . . And recovery, if you had asked me years ago . . . one of the things I would have said was, ‘I can talk, talk loud, and I think people want to hear what I have to say’ whereas um, years ago I just didn't. I was that little mouse in the corner that didn't want to come out unless she had to.

Linda also has developed more comfort with her husband being physically affectionate with her daughter, stating that “he can sit and my oldest daughter who . . . can run and jump and sit on her Dad's lap and give him a hug without me going, ugh, ugh!”

In terms of psychotherapy, she stated: “I never, ever thought ‘why don't you go get help?’” She stated that in those days, help was not available. She reported that she could not imagine having benefitted from psychotherapy in the past, stating: “I can't imagine it would have ever helped me had I sat and talked with somebody years ago or talked with a group of strangers, because I didn't trust them.” Although she had not sought psychotherapy, her relationships with friends provided Linda with an avenue to “talk, feel, and cry” about her past experiences.

### **6.8 PARTICIPANT 7 (LEANNE)**

Leanne is a 49-year-old teacher who has been living common law with her partner for two years. She had three children from a previous marriage. Leanne was open and appeared comfortable in discussing her past experiences. She was articulate, insightful about her recovery process, and appeared to have let go of many of the unresolved feelings resulting from her childhood abuse. Leanne expressed minimal distress in describing her experience and she spoke with compassion about her father, who was one of her abusers. She appeared content with her life and able to make positive meaning out of her experiences.

### **6.8.1 Background and Abuse Experiences**

Leanne grew up with both parents until the age of 12, when her mother died of diabetes. Her father farmed and worked at a local cleaners and her mother was a homemaker. Leanne described herself as a brat, saying that she used to be “very mean” to her mother. With her father, however, she obeyed readily. She reported that as a child she idealized her father, seeing him as the “smartest, the strongest, the best” and wanting to spend time with him. She described herself as a loner who was teased by her peers, and she reported feeling shunned and having little support, with there being no one to talk to.

Leanne acknowledged that although she thought her father was wonderful, he also had a temper and became volatile while drinking, which typically occurred on weekends. Being a musician and entertainer, her father was frequently invited to parties and social gatherings. While attending parties, he typically became intoxicated and became jealous of his wife, resulting in her getting physically beaten. Leanne recalled:

I remember lying in my bed and they would be arguing, and he'd hit her . . . and I

would just cover myself up and not move, because I didn't want him to see I was there. I would even wet the bed because I just didn't want to move. It was just that I was really afraid at those times. . . . scared that he would hurt her, or that he might even kill her and afraid that if he would see me then I would get it as well.

Leanne remembered that her father was always verbally and physically abusive while she was growing up, and she recounted her earliest memory of abuse:

I had misbehaved and it was some thing to do with a balloon. I can't remember exactly what caused his, his outrage that time, but I remember I was holding a pen or some thing in my hand. I was just little, and he hit me and hit me, and hit me till my arm went weak and I just dropped whatever was in my hand. . . . He didn't hit me with the flat of his hand, he'd hit me with the back of his hand. . . . It was almost like a switch, it seemed once he started he couldn't stop. From the earliest I can remember, there would be those rages of his.

Leanne was able to recognize his volatile mood and respond accordingly. She described herself as a mouse trying to sneak away from a potentially violent episode. At 16 years of age, Leanne recalled one incident of abuse which resulted in her going to live with friends and never returning home:

I remember one time . . . he'd been hitting me and hitting me, that was the last time he was able to hit me. But he hit me so much that, and my nose was bleeding and there was blood all over the place. I thought he was going to kill me. I was really, really afraid. And I hollered something about the blood and then he'd seen the blood, and it kind of shocked him, I think because then he was really remorseful, like he was really sorry. But that's the time I had a black eye. I had bruises all over, like I was really, really beat up.

Leanne described her internal experience while experiencing the abuse:

The panic that you feel inside, you almost get resigned to the fact that, I don't even know, it's almost like you're in a cage. It's almost like the whole world is black and so you just give in to the abuse. You think it's never going to end and you just kind of accept the fact that this is how you are going to die, or something.

Leanne also reported experiencing sexual abuse by two men, a neighbour's son and a boarder at her grandparents' home. She frequently visited her neighbours to whom

she reported being close, and this is where she was sexually fondled by the neighbour's son. The sexual abuse by the boarder occurred when Leanne was 12 years old while she was staying at her grandparents' home following the death of her mother. The boarder would crawl into her bed while she was sleeping and touch and fondle her. Leanne also described several other instances in which other older men attempted to fondle her. On one occasion, her father had attempted to fondle her, although she said she had developed an ability to talk her way out of it.

### **6.8.2 Effects of Abuse**

Leanne described a range of effects resulting from the abuse she had experienced, including interpersonal, physical and emotional effects. On an emotional level, she reported feeling guilty and blamed herself for having been abused. Because of the number of individuals who had sexually abused her or attempted to do so, Leanne began to ask herself: "what's wrong with me or do all girls go through this?" She reflected: "It's good that people talk about it now because when you are growing up and you think it's just you, you really think that there's some thing wrong with you." Leanne also reported having felt suicidal, and actually attempting suicide on three occasions. Her suicidal ideation ended when her children stressed how hurt they would be if she were gone.

Leanne also reported feeling unworthy, and this influenced her on an interpersonal level, causing her to withdraw and avoid people: "I always felt less than most people. Even when people would pay attention to me, I'd think they were doing their good deed. Not doing it because I was actually a nice person." Leanne described the impact the abuse had on her interactions with men. Based on a comment a stranger made about Leanne's

“bedroom eyes,” she started to believe that her eyes somehow invited men’s advances. As a result, Leanne avoided eye contact with men.

Physically, Leanne had gained excessive weight, which she described as a way to protect herself from men. She rarely looked after her appearance in order not draw attention to herself, and stated that she dressed conservatively, wearing gray and black on a regular basis.

Leanne realized the abuse was affecting her life when her father first discovered he had cancer seven years ago. She recalled the day when he returned home from the doctor’s office and began drinking. Leanne had spoken to him on the phone and after discovering he had been drinking she became angry. She described her reaction:

Every damn thing that has ever happened in his life he's never been able to face it like a man. He's always had to have a bottle. And I'm just fuming as I'm pulling food out [of the fridge], and I thought, yeah he has his crutch and I have mine. Everything I have to face I face it with a bowl of food. So then that's when I realized that everybody reacts and you do what's best for you. . . . I admitted it to myself. . . about six or seven years ago when I finally admitted to myself that I have my crutches in life and you know! . . . I'm no better than him only mine is more acceptable than his. I'm not hurting people. I'm hurting myself.

### **6.8.3 Factors Helpful in Recovery**

#### **6.8.3.1 Forgiveness**

Two factors facilitated Leanne being able to forgive her father. First, she had forgiven her husband and the woman with whom he had an affair. Doing so helped soften her feelings of anger toward her father. Second, through having more compassion for her father and after forgiving herself for her actions as a child, Leanne was able to forgive her father:



I forgave my dad many, many years ago because I realized that life for him must have been difficult. He went to a town where nobody accepted him first of all. The only thing that they accepted him for were his music and his entertainment. Then they gave him liquor and liquor is a drug. He reacted because of the drug. And so, my real dad was not abusive. My real dad was a good person but the monster that the drug caused in him was unacceptable. And so I was just able to forgive him. . . . I've always said that . . . God gave you the tools and you can only do the best with what you have to work with . . . and those were his tools. That was his coping mechanism and that's the best he knew. That's the best God gave him and he couldn't do anymore than that. Because no individual gets up in the morning and says, well today I'm going to see how rotten I can be to the rest of the world, like that's just not the way we're made.

### **6.8.3.2 Journaling**

Although a minor theme, Leanne reported that journaling difficult experiences sometimes helped her see things more clearly. At times she addressed her writing to the individual with whom she had unfinished business with the intention to send it, although she never did. Keeping a journal about her feelings regarding the abuse also helped her in becoming clear about her feelings.

### **6.8.3.3 Working with Children**

Leanne reported having worked with brownies, guides, and scouts. She described how working with children helped her:

It helped me because, I could do for them things that weren't done for me. If I see a child who is like I was, withdrawn or sad or angry, I'll usually seek them out before the popular kid, because they've already got lots of attention. I'll try and bring the best out of them, try and encourage them and give them compliments and try and work with them. And I guess in a way it's sort of as if I'm nurturing the child that I was, you know, helping.

She also enthusiastically reported that working with children increased her sense of self-worth in terms of being able to see the positive impact she had on children and receiving their appreciation. Seeing the innocence and honesty of children helped her with

recovery in that she perceived children to be good role-models for adults. She described children as not putting on airs and being genuine, which, according to Leanne, is missing in adults. She stated that she believed people would be happier if they could just be themselves, honest and genuine like children.

#### **6.8.3.4 Support**

Leanne reported talking about her abuse experiences with her ex-husband, her daughter, and friends. Having friends who believed in her and being able to talk about the abuse freed Leanne of the “skeletons in her closet.” Leanne discussed how talking to others who had also been abused helped her realize how prevalent child abuse is and that she was not to blame for the abuse. Talking also helped Leanne feel less alone: “By talking and by realizing you are not alone, and uh, that helps.” She also highlighted the benefits that talking can have for women in general: “By talking about it, hopefully someday there will be an awareness that . . . women are not treated well!”

#### **6.8.3.5 Religion/Spirituality**

As with participants described above, spirituality played a minor, but helpful, role for Leanne and she spent minimal time discussing her faith. She stated:

I’m not super religious. I don't go to church every Sunday but I do believe that God gives you what you need to get by if you, if you can look around and see it, you know! They always say God doesn't give you anything you can't handle. I guess I could handle it.

Believing that God somehow was overseeing the level of challenge with which people were faced seemed to provide Leanne with a sense of comfort.

#### **6.8.4 Resources for Recovery**

About 8 or 9 years ago, Leanne read a story, which she vaguely remembered being about a little girl who had been angry because of something that happened in her childhood. She recalled the message of the story, that the little girl was judging herself through the eyes of an adult, although it was a little girl who had done the actions. She reflected on the impact of reading this book: “It made me think, ‘I’m judging in the eyes of an adult, but actually it was a little girl that went through all of this.’”

Leanne described how this story helped her realize the abuse was not her fault:

Through that story, like I did a lot of thinking about it. If that woman can forgive the child in her, then why can't I go on. . . . It's not my fault that these men abused me because I didn't ask them to. I hated every one of them. . . . It's not my fault. It's their fault. They are sick men.

Leanne also reported gaining a new perspective of her father from reading some articles on letting go. One reading was from the book The Language of Letting Go, and she could not recall the names of the articles. Although they did not focus specifically on abuse, she was able to generalize it to understanding her father. One article was related to letting go of the pain children experience and separating the behaviour of the child from the essence of who they are. These readings helped her to view her father's abusive behaviour as being separate from the essence of who he was as a person. This knowledge helped soften Leanne's view of her father and enabled her to let go of the pain he inflicted.

Another reading resource noted by Leanne was the Al-Anon book, a 12-step recovery program for family members of alcoholics. Although she did not have problems with alcohol, Leanne reported that the program is applicable to many situations. The

aspect of this reading that helped her was on a more spiritual dimension: admitting to herself that she was powerless and believing in a higher power. Having this faith in a higher power seemed to have given Leanne strength and faith, and helped her surrender some of her concerns to another external source.

### **6.8.5 Recovery Definition**

Leanne provided the following definition of recovery:

I guess letting go! Not living in the past, being able to be happy and to be able to go on. And to not be the kind of person you learnt to detest. I guess the reason I say that is because so many times, I always read the statistics that if you grew up in an abusive home, you'll be an abusive parent. Why? You grew up in an alcoholic home you're going to be an alcoholic. Why? . . . I don't understand why you would continue the pattern you learnt to hate. And yet I seem to be the minority and I don't understand why, like that's the last thing I would want to do because I hated it so much. You know I even promised myself when I was a young girl, that when I married if I married an alcoholic I would not, no matter how much I loved that person stay there because I would not put my children through what I went through. Like, so that's recovery being able to walk away from it, and let it go.

As indicated by the recovery themes, Leanne had been able to forgive herself and forgive her father for the abuse. She appeared to have worked through her anger towards her father and she frequently spoke of him with fondness. She appeared to have compassion for her father, his behaviour, and his own abusive past. She noted that when he died they had re-established a good relationship. She was no longer suicidal and was taking better care of herself.

### **6.9 PARTICIPANT 8 (SCOTT)**

Scott is a 54-year-old man who lives with his wife of 29 years. He reported having three children, with the youngest being 21 years old. He worked as a program's officer at a prison, teaching programs within the institute. Scott was open to discussing his past and

was able to speak calmly about his experiences. He spoke with pride about his new job working with inmates and teaching about family violence and parenting.

### **6.9.1 Background and Abuse Experience**

Scott reported growing up with both parents, three older brothers and one younger sister. His father was a farmer and his mother, a homemaker. Scott described his relationship with his mother and brothers as close, although his mother was physically abusive. Scott had a distant relationship with his father. In describing his childhood, he stated: “I can’t honestly think of when I ever had a good time. . . . We couldn’t have friends. We couldn’t do anything.” He reported that most of his childhood was spent working. When Scott was not at school, he was working on the farm, with only every third Sunday off.

Scott described his family environment as tense, stating “I don’t ever remember not being...always tense. We lived our life tense . . . [to a ] point where none of us ever slept more than six hours a night because you were always worried because we had to get up at 4:30 and milk cows and if you didn’t get up, [you’d] get the crap beat out of [you].” The abuse began as early as Scott can remember. Scott’s father would beat him and his siblings with objects, including a horse’s harness, milking hoses, razor cords. Scott stated “it didn’t matter what [I] did, [I] never did it right.” He also reported being verbally abused, being told “you’re not as good as . . . you’re not worth as much as . . . you’re stupid.” In fact, Scott cannot recall one incident in which he was told he did something well.

Scott also reported being sexually abused between the ages of 8 and 11. He

reported that a male cousin, 5 years his senior, whom he visited in the summers during this period, sexually abused both him and his older brother by engaging in anal intercourse with them. The abuse occurred about 3 times a week while they were hoeing potatoes. It is important to note that his recovery did not include addressing his sexual abuse, and he acknowledged there may be some residual issues related to this experience (i.e., anger towards the abuser). Scott had not disclosed this sexual abuse experience during the screening process, instead, mentioning it near the end of the interview. He reported still wanting to talk about this experience with his brother, although his brother, according to Scott, would not discuss it. In discussing his recovery and the impact of abuse experiences, therefore, Scott primarily focussed on his abuse experiences with his parents.

### **6.9.2 Effects of Abuse**

The abuse affected Scott emotionally and interpersonally. He noted that his self-esteem suffered as a result of the abuse, stating that he felt like “the scummiest thing on earth . . . like I was not worthwhile.” He coped with his feelings by pursuing high risk activities such as car racing, parachuting, flying air planes overseas, which he described as a “latent suicidal” wish. He also coped by abusing alcohol, and described himself as an alcoholic who had been sober for 20 years. In terms of relationships, Scott reported that he was scared of becoming intimate and involved, frequently seeking women who did not want serious relationships.

Scott reported realizing that the abuse had affected him after he took a family violence training course for trainers (as part of his employment). This theme is discussed in more detail below as a resource for recovery.

## **6.9.3 Factors Helpful in Recovery**

### **6.9.3.1 Parenting**

Scott's youngest son was born with a condition called Meningomyelocele. The doctors had initially recommended that their son be put into an institution, stating that "he's going to be a cucumber." Scott refused to do this, deciding instead to care for their son at home. Scott realized the implication and responsibility of this decision, including incurring multiple medical costs, and it motivated him to become a role-model for his son:

I decided that I couldn't be a drunk and I had no intention of being a drunken father. . . . I decided that I had to quit all . . . alcohol and all that dysfunctional stuff and hating this person and that . . . because I was bound and determined that this kid was not going to be a cucumber."

### **6.9.3.2 Support**

Scott described how the support of his wife was helpful. By talking to his wife, Scott was able to "bang ideas off and check to make sure that I was normal." Following his participation in a family violence training program (see section 6.9.5; Resources for Recovery), he decided to call his siblings for a gathering to discuss their childhood experiences. He stated that meeting with his siblings "was a confirmation. . . . So it made a lot of difference that we actually had this . . . information sharing." Although this was not an ongoing supportive experience, by verbalizing and talking about their shared experience on this occasion, Scott appeared to feel validated by his siblings' similar memories and struggles of being children.

### **6.9.3.3 Role-Models**

Scott's friends were helpful in terms of modelling healthy interactions with their family of origin, and in allowing Scott to re-evaluate his own upbringing. Initially, Scott

was sceptical that nurturing, respectful, and close families existed: “At first I thought [my friends] were just trying to jive me around. . . . When I was a kid I never believed that anybody would ever like their parents.” However, with time he was able to trust his perceptions, and he used his friends and their family as role-models of healthy families. Scott described the experience of seeing healthy role-models and how this helped him evaluate his own life and past relationships:

It was kind of by osmosis I think, more than anything else that it obviously was true, that [my friend’s] parents and him got along really well. And they respected one another, and they liked one another, and they would go and visit one another. . . . So I talked with [my friend] a bit and eventually I got to thinking, well maybe I’m the one that’s being living the kind of off the wall kind of life, not all these other people.

#### **6.9.4 Resources for Recovery**

Scott reported having read several books on self-esteem which he identified as helpful for recovery, although he could not recall specific titles. The books influenced the way he viewed himself: “There came a time when I said, ‘I’m okay with me and I’m an okay person and if the rest of the world doesn’t particularly like that, then to hell with them.’” Through his readings, he learned to believe in himself and think more positively. This attitude appeared to have influenced his overall coping strategies.

Another resource for recovery was his participation in a family violence program for trainers. By learning about dynamics of family violence, he was able to identify with the patterns of abuse and how they existed within his own family of origin. Scott stated that “[people there] were talking about the abused person, and I thought ‘Holy Shit, that happened to me!’ . . . I just about fit . . . the person they were talking about perfectly.”



### **6.9.5 Recovery Definition:**

Scott's view of recovery was as follows:

Recovery is self healing I think . . . I've dragged that out of that Aboriginal Programs we have. It is a healing journey. . . . Number one: [recovery is] getting okay with yourself, self-esteem. Number two: recovery is realizing that you can't stay hung up in the past. . . . Like being so hung up on why stuff happened 20 years ago isn't nearly as important as how to make sure that you have a positive family life. And I guess that brings up that I refuse to think negatively anymore. I did that for way too long. Lots of people that know me say that I'm the most positive person they know. That's been a choice. I chose, I wasn't going to live in that kind of negative world anymore.

Scott acknowledged, however, that he did not forgive his father or his sexual abuser, nor did he feel it was necessary for recovery. He stated:

I never have been able to work it out with my father yet . . . I have to admit, a couple of years ago all my brothers and sister and I were all sitting around waiting for him to die. And had we forgiven him? Probably not! Was that important? Didn't seem to be . . . I don't think I've forgiven him yet. I really don't!

Regarding the sexual abuse, Scott was not able to say with certainty whether he had dealt with the experience, although at the time of the interview he appeared to be comfortable with his life and to have overcome major difficulties.

## **6.10 PARTICIPANT 9 (RICHARD)**

Richard is a 30-year-old student completing a degree in at university. He lives common-law with his partner of two years. Richard was open and appeared comfortable discussing his past. Unlike the other participants discussed to this point, Richard talked about his parents and their abusive behaviour with more emotional charge than the others. There were signs of residual anger present as he spoke of them.

### **6.10.1 Background and Abuse Experiences**

Richard grew up with both adoptive parents and one younger sister. His father worked for the military which resulted in frequent moves, with Richard spending most of his youth in small towns in B.C., Saskatchewan, and a short time in Europe (i.e., 4 years). Robert's mother worked at a daycare, which he described as ironic given "she couldn't even look after her own kids." He described his family as emotionally distant, recalling how his father typically got drunk watching sports on weekends while his mother would sit upstairs watching television. Richard could not recall his parents ever telling him they loved him or showing signs of affection: "Just the fact that I don't recall being told that I was loved or hugged or kissed or anything like that, is a good indicator that there really wasn't a whole lot of affection in the home." He recalled how his mother never became involved in Richard's life and activities:

Any type of sports I was involved in, I don't recall my mom ever really being at the games or anything like that. I'd always hear she's not feeling well, or, she's going through menopause. I remember hearing that like. I remember hearing just every excuse in the book like I was bad or something like that and she didn't want to come because I was a bad kid. It was always my fault in some way.

According to Richard, he was targeted for mistreatment by his parents. He recalled one example:

I remember we . . . were outside playing and supper time was called and they told us to go wash our hands. I went and washed my hands, and I have darker skin than most people I guess, and I remember coming [to] the table and he made me . . . scrub my hands because he thought I was dirty still. And I remember my skin hurt so bad from my hands being scrubbed, and just a lot of stuff like that. It always seemed like it was me that always got picked on, or always was made fun of. I remember my parents use to tell me that I would lie all the time, so they, I remember them buying me a shirt at Christmas that said, 'Not Me!' And I had to wear it to school and I remember being really embarrassed about that.

He noted how his parents were consistently critical of him. He interpreted this

behaviour as being a strategy for them to feel good about themselves and to compensate for their insecurity.

Richard also remembered being physically hit by his father and getting spanked with a belt on a regular basis. He also recalled being pushed into the wall a few times by his father. He stated that “all the bruises I got, . . . all the physical abuse that happened to me, the slaps in the head, it didn't hurt hardly as much as the mental abuse did, that still hurts me today more than anything.” He remembered feeling like everything was his fault, and recalled how his parents blamed him when they were considering a divorce.

Richard also recalled being emotionally abused by his mother. He recounted one experience:

I remember my mum and I [argued], and I don't recall how the fight came up, but she told me to take off all my clothes and I was standing by the door and the door was open and she told me, ‘you came into this fucking . . . family with nothing, you can fucking leave with nothing.’ And I remember her laying on the couch [and her] laughing at me. And I was bawling and crying and she was telling me to get out, get the fuck out! . . . I'll remember [that] for the rest of my life. It's is like it happened yesterday.

As an adult, Richard had continued to seek closeness and the approval of his parents, for example, pleading with them to attend his graduation, visit their grandchildren, and to “be a family.” As Richard spoke of his parents, residual feelings of anger, hurt and grief were present. His hopes for closeness and approval had since faded:

It didn't matter what job I had. It didn't matter what I was going to do with life. I was never going to impress them and I was never going to win them over to be my parents.

### **6.10.2 Effects of Abuse**

Richard acknowledged that the abuse affected his coping, his relationships and his emotional well-being. He stated that he felt inferior to others and isolated:

I never felt like I belonged any where . . . And even to this day, I still feel alone. . . . I guess the fact that when I meet somebody for the first time, [I think] they are going to think that I'm not good enough to be a friend of theirs, or something like that. (Sigh) I don't know, or they think I'm lying to them about something.

As discussed earlier, Richard reported frequently feeling as if he is doing something “wrong.” He described the impact of his parents’ critical attitude:

I was always scared when my parents would call because I always felt like I was going to be yelled at. And I take that paranoia to some degree into other aspects of my life. When the phone rings I always think, ‘what have I done wrong?’ . . . or if someone is looking for me, it’s instant, ‘oh, oh, I'm in trouble!’

With respect to the abuse, Richard carried unresolved guilt and anger. He reported that he blamed himself for the abuse, assuming he had done something wrong to deserve it. His anger was present on a daily basis. He reported asking himself:

In the past my every day started and ended with what happened you know. Why you know, why did my life go like this? What did I do to deserve this type of treatment? I was mad at God and to some degree I still am mad at God, you know, or, or I don't know if I necessarily believe in God, but there's some form out there. Why did he or she do this to me? What did I do to deserve this?

As a teenager and young man, Richard reported being the class clown, in efforts to get attention and be acknowledged by his peers. He struggled through school as a teenager and stated that he was missing the tools to succeed because of the mistreatment he experienced as a child.

One experience which prompted Richard to heal from his past occurred when he searched for, and met, his biological mother. Richard hoped to find closure and a sense of belonging. However, after meeting her he discovered that she was evasive and mysterious

and, although she seemed happy to meet him, she never called him again. This meeting was a temporary set-back for Richard. However, he stated: “This can’t continue to happen; otherwise my life is just going to go nowhere. My boys are going to go nowhere.”

### **6.10.3 Factors Helpful in Recovery**

#### **6.10.3.1 Parenting**

Being a parent appeared to have played a significant role in Richard’s recovery. He stated:

I took a lot from my boys in the sense that my boys could do anything to me and I wouldn't do anything back to them. Like they could burn my house down. . . . [They could] remove my heart, my heart would be tearing from my body but it wouldn't matter. They could commit murder. I would still be there for them. And I think that's where I started realizing, I don't need [my parents] in my life. Why would I want people like that in my life? . . . Things just started changing where I was no longer asking for their attention.

By reflecting on his unconditional love and acceptance of his children, Richard was able to recognize that his parents’ critical and judgemental attitude towards him was unjustified. Having children also motivated Richard to become a role-model for his children and treat them the way he wished he had been treated:

I wanted to take the bad that happened to me and maybe make it a positive for my boys. . . . I want to be a good role-model for them. I want to be there for them, and I started taking the steps to do that in the sense that . . . you can't get anywhere without any type of formal education. So I went to school. . . . I remember I was drinking off and on, I stopped. I realized that, that was just not doing any good for me so I stopped drinking. . . . And I realized that um, I wasn't in that good of a condition myself. To be a good role-model or to be someone to look up to, you have to have your stuff together and you've got to be able to look after your own self before you can be a role-model for somebody else.

Richard also noted how having children helped him recognize that the abuse he

received was not his fault:

My children played a role in the sense that . . . I didn't understand how my parents could do this. Like I would give my life for my boys. There would be no question. If they needed a heart I'd be the first one there and I knew that my parents would never do that kind of stuff. And I think that was something that made me realize what a parent is and what a parent does. And if I didn't have the boys I'd probably still be wondering, 'what did I do wrong?' . . . That's some thing that's um, the boys I think that really played a huge role . . . That's really been the only positive, has been the boys.

### **6.10.3.2 Confronting and Setting Boundaries**

By confronting, setting boundaries, and standing up to his parents, Richard was able to feel a greater sense of control over his life and emotional well-being: He stated:

I remember that . . . I hadn't talked to my parents for a couple of years and I don't know how it came up, but . . . I called [my father] and I basically outright told him how I felt about the whole ordeal. And I told him not to ever call me again and I hung up the phone, and . . . a couple of days later we talked a little bit more about it and that's where he had told me that basically, 'you don't know what it was like.' And I just told him, 'I don't want to hear your bullshit. I have two kids. I know what it's like to be a parent.' And I said, 'I don't care what happened, [you] had no right to treat me the way [you] did.' And I think . . . that really helped me tremendously. Every time I get off the phone and I've basically conquered that phone call, or I have taken control of the phone, that makes me stronger and stronger. . . . I know that no one can hurt me any more.

Richard also had gone through a 3-year period in which he had no contact with his parents. He acknowledged that it was difficult at moments, stating he spent several Christmases by himself: "I started getting my own life on track for me." Temporarily separating from his parents appeared to have given him a sense of control over his life and time to focus on his life.

### **6.10.3.3 Becoming "Realistic"**

I think really that's been a huge recovery with me, is seeing people for what they are really worth. My parents painted this picture of how everybody was more superior

to me, or that's how I felt that they did. And now as I grow up and I am more mature I see . . . I see [my parents] for what they are really about. . . . You're painted with this picture of how bad a kid you are and how great everybody else is and then you realize that, 'wait a second I'm just like they are! . . . I'm not a bad person.' And that's been the biggest hurdle for me to over come is 'I'm not a bad person' and 'I have nothing to be embarrassed about.'

Richard's ability to assess himself and others in a more realistic and balanced perspective allowed him to change his view of himself as bad and others as good. It appeared that Richard had internalized the message that others were superior to him, diminishing his own sense of self-worth. Being "realistic" seemed to have helped elevate his own sense of self-worth.

#### **6.10.3.4 Becoming "Colder"**

Disappointments in relationships had resulted in Richard shifting his attitudes toward society and people in general. He described how he had become colder toward society as a strategy for coping and protecting himself from being hurt:

I've gotten a little bit colder to society in a way. . . . I don't know if that, I'm sure that's not a positive thing, but it definitely helps me cope with things in a lot of ways. . . . Things don't affect me as much emotionally anymore as they used to. . . . I noticed that my emotions have changed quite a bit. . . . I've become a little bit colder to society because it seems like everybody else is that way so I may as well be that way. I felt that I've been taken advantage of an awful lot over the last. Well as long as I can remember. And I notice as I get colder to society that's not happening anymore . . . and it may be a defense mechanism but it's helping me cope with life in general.

#### **6.10.3.5 Relying On Self**

Unlike the other participants, Richard described how having to deal with issues on his own has helped with his recovery:

I think [dealing with issues on my own] has made me a stronger person today because I, I don't rely on anybody to help me to deal with issues. There's only one person that's going to look after me and that's me, so I have to cope with those

things.

Relying on himself appears to have given him strength and confidence in his ability to cope. In turn, his confidence has enabled him to “confront things instead of running away.” Whereas in the past he avoided people who might have been upset with him, he was now facing such individuals and confronting the problem.

#### **6.10.3.6 Overcoming Difficulties**

Richard seemed to take pride and gain strength in recognizing that he had been through so much in his life: “I think the fact that I've been through so much really helps me in coping with a lot. There's really not a lot much more that could happen to me, that can be any worse.” He noted that this was helpful because he realized that “the tough part is over.”

#### **6.10.3.7 Other Attitude Shifts**

Richard named two other shifts in attitude which facilitated his recovery. First, he described how recognizing that “life is short” helped in his recovery. By remembering this in difficult circumstances, he would ask himself, “Why am I getting down? Nothing is worth getting down.” Second, he acknowledged that he had shifted from being embarrassed about his past, to being “proud of it.” He expressed, with an angry tone, that if anyone gave him a hard time about it, he would think “fuck you, who are you to judge me!” Although his apparent anger suggested that he was reactive and/or defensive to any suggestions of judgement, this attitude appeared to be a protective strategy to ward off feelings of shame or embarrassment.



#### **6.10.4 Resources for Recovery**

Richard could not name any books or other resources which helped him in his recovery.

#### **6.10.5 Recovery Definition**

Richard defined recovery as follows:

Someone who can cope with everyday life. . . . I think recovery is just a continuous. I [thought that once] I dealt with this, things [were] going to be great. But again . . . I think that's where I've realized that this is some thing I'm always going to have to deal with. I think I came to terms with that, that I have to live with this. . . . That's something I think I've realized in the last little while is . . . that I'll be 65 years old and I'm going to think about this.

Overall, it appeared that many aspects of Richards's life had changed since his recovery, including his view of himself and others and his overall coping ability. He saw himself in a more positive light and he was less likely to idealize others. He was better able to take care of himself , including setting limits with others. However, he acknowledged that there were residuals effects that he continued to deal with:

I'm still dealing with that identification today where I don't feel like I'm as good as everybody else. I'm scared to apply for certain jobs because I don't want to have to go through the whole ordeal of telling how my life has been. . . . [As] I get older I think I should be proud that I even made it this far, you know! I shouldn't be embarrassed of [my past].

As indicated earlier, Richard appeared to still have anger towards his parents. This anger was evident through his tone of voice as he spoke of them and through several statements. Unlike the other participants, his anger did not seem to have dissipated and, although he had shifted his view of his parents (i.e., seeing them in a more 'realistic' light), this new perspective had not resulted in heightened compassion for his abusers. However,

the apparent changes for him since working through recovery were in his ability to set limits with his family, to feel less responsible for the mistreatment he received, to become more self-reliant, and to stop seeking the approval and intimacy with his parents that he had strongly desired.

## **6.11 PARTICIPANT 10 (BRADLEY)**

Bradley is a 37-year-old courier who lives with his 10-year-old step daughter. He presented as soft spoken and provided minimal detail in describing his experiences, requiring more probes to expand on his responses. Even with probes, he was less able to provide details of his description of abuse experiences, its effects, and recovery than other participants which possibly reflected his self-reported shyness and difficulty interacting with others.

### **6.11.1 Background and Abuse Experience**

Bradley was born on the prairies and lived most of his life in cities in Saskatchewan and Alberta. He grew up with both parents and eight siblings, with Bradley being the third oldest child. His mother was a home-maker and his father raced horses, requiring time away from home. He described his relationship with his mother and siblings as close, although there was occasional 'squabbling' between the siblings. With his father, however, his relationship was emotionally distant. The family environment was tense, particularly when the father was present. The abuse started when he was about 6 years old. He described one memory of being abused:

One of the things that sticks out in my mind the most is when I was 7. We were sitting around the supper table and I happened to mention we had learnt a new prayer in school. And he asked me what it was, and I told him I couldn't remember,

and he just kept asking, and asking me, and then he had me hanging upside down that time and wacking me on the rear end. You know like that's pretty ridiculous and he's not even a religious . . . like he believes in God I'm sure but he's not a religious man. If he ever went to church it's only because it's out of guilt for something he did probably.

Bradley noted that the physical abuse typically occurred at least once a week, and he stated that although his siblings were spanked, he felt like the primary target of abuse. As he grew older, Bradley indicated that the physical abuse became more severe, with his father using objects for hitting him such as skipping ropes, shovels and frying pan cords. As a teenager Bradley remembered being slapped and punched by his father. He lied about the abuse and the source of his bruises to others, making up stories of accidents. Bradley also described verbal abuse in which his father degraded and criticized him on a daily basis. He recalled being told that he “wasn’t worth two cents,” and in social settings, his father told him to “sit and don't say anything” and “don’t join in on a conversation” which Bradley believed affected him socially.

### **6.11.2 Effects of Abuse**

The primary impact of the abuse noted by Bradley was that it affected his coping and his ability to interact socially. He described himself as shy and withdrawn, although he had improved in this regard in the previous several years. His inability to interact with others and engage in conversation appeared to have been isolating and disturbing for Bradley. Another effect noted was that for a period of 5 years, he smoked marijuana on a daily basis. He acknowledged that “it was a pretty tough period, at first the drugs were fun then a couple of things triggered paranoia.” He was smoking oil or hash, about a

gram or vile a day. Bradley recalled that he first began using drugs after one of his father's violent episodes. He stated that prior to that he had been against drugs. After that episode, he stopped caring.

Bradley realized the abuse was affecting his life when he acknowledged the severity of his shyness and inability to interact with people at proper times, whether pertaining to work or relationships. This realization motivated him to address the abuse.

### **6.11.3 Factors Helpful in Recovery**

#### **6.11.3.1 Quitting Drugs**

As indicated earlier, Bradley described how he used marijuana as a strategy for coping. He described this as a period in which he was “struggling for [his] life.” Bradley acknowledged that quitting drugs was pivotal in beginning his recovery and that this period was when he started thinking about “self-healing”. Bradley noted that before finally quitting for good, he had tried and relapsed several times. The slogan ‘just say no’ helped him quit and “stick to it.” Bradley indicated that he drew strength from quitting drugs: “If I could get through that, then I can get through anything.”

#### **6.11.3.2 Curling**

As an adult, Bradley took up curling as a sport. Doing so influenced his overall attitude and way of thinking. Specifically, he noted how by becoming good at curling, he recognized that thinking positively was integral to doing well. Bradley noted that he was able to adapt this recognition to other parts of his life, and it helped him realize “how toxic negativity is.” He stated:

Just becoming good at it and knowing the process to be good, you have to think

positive and you have to put yourself in with stiff competition which is some thing I started doing right off...These positive [thoughts], pros and cons, positive, negative things, you start picking them out. And that I adapted to every other part of my life.

Bradley acknowledged that he gained self-esteem and confidence through curling and that it was integral to his coping in other areas.

### **6.11.3.3 Support**

Bradley became friends with a man who worked at the racetracks who was one of the few people Bradley was able to trust. Knowing many people who used drugs, Bradley was happy to meet a man who did not use drugs. Bradley's friendship with this man helped him abstain from using drugs and, although he did not discuss abuse issues with this man, he felt this relationship was pivotal in his recovery. He stated: "Sometimes I think he kind of saved me. If he wasn't out there I don't know what I would have done....He was a support for me but he didn't even realize it."

### **6.11.3.4 Solitude**

Bradley described how solitude was helpful in terms of focussing his thoughts on what he wanted to do in his life: "Solitude is a very big thing for me...thinking about the things I do or should do and things I say. And I guess that's kind of why I've always liked solitude; it's always given me time to think about myself."

### **6.11.3.5 Acceptance**

Bradley described how arriving at a place of acceptance contributed to his recovery:

Accepting the things that have happened to me in the past, just accept it and deal with it and don't let it hurt you anymore because if you don't then whoever has hurt you continues to hurt you. [The] idea of recovery is to not let these people hurt you anymore. And you can't have, I don't know, these people who have parents who are dead and their parents are still hurting them.

Bradley described how many people struggle throughout their lives to accept their past experiences and how this struggle leads them to use their past to be angry and “cry over spilled milk.” This stage of acceptance arose for Bradley a couple of years ago. It was facilitated after the break up of a difficult relationship which he had wanted to end for some time. The ending of the relationship, helped Bradley to reflect on himself and his coping. He stated: “I was able to start focussing on myself,” on “self-improvement,” instead of being absorbed with the problems of the relationship.

#### **6.11.4 Resources for Recovery**

Bradley reported being influenced by the media and self-help readings for his recovery, including newspapers, television, books, magazines. No particular title of either source stood out for him. However, the information primarily was about values, the ability to distinguish “right” from “wrong,” and being “good and kind.” He stated that the information contributed to his growth as a person, that, “the more you grow, the more you can feel better about yourself.” Regarding values from the media, he stated: “For me it's so black and white, why you shouldn't be racist, why you shouldn't beat your kids, why you shouldn't call people names like 'stupid' or whatever.... You practice those things and you start to feel good about yourself.” He stated that at the present time nothing could happen to him to make him feel badly about himself, and that this view comes from focussing on being positive and loving himself, which he learned through the media. Motivational tapes (by Zig Ziegler, Les Brown, Lou Tyse) have also been helpful in that they reinforced his belief in himself. Bradley stated that the tapes helped keep his

focus on himself and his goals and reinforced many things he already knew .

### **6.11.5 Recovery Definition**

According to Bradley, recovery was a process of elimination:

If you're in a bad state, if there's a lot of things happening that will put you there, you have to . . . eliminate these things, the negative, the abuse, the acceptance. . . . [I am going] out on a limb here to say this . . . But I don't think you have to deal with [the abuse]. I think you just have to accept that [it has] happened and put it off to the side, just move forward. I mean, I've never dealt with someone, with a therapist about my old man, and I don't want to. He's just another person. I'm not dealing with other people that hurt me in my life. I'm not dealing with the guy that gave me a black eye when I was ten years old right. I don't have to go back and deal with my [father] and so I just put him on the shelf and move forward and uh that's part of it.

When I queried what he meant by elimination, he stated it refers to:

Eliminating [racism] out of my life, . . . the bad things [my father] says about people and all these other words, just anything negative. . . . Even the words you know like 'stupid' and 'dumb,' just . . . putting them away and then you can just really start to feel something happening, you know.

At the time of the interview, Bradley noted that he had a “deep happiness” inside, even if he had bad days: “Way down deep inside I am extremely happy.” Changes he had noted since recovery were that he is more tolerant of other people and differences (no longer racist as his father was). He described how his social skills have improved, stating that he would not have been able to participate in this interview several years ago. Unlike the other participants, Bradley’s recovery did not involve directly addressing the abuse and talking about it, but it was mostly a shift in his way of thinking, from negative to positive thinking which he was able to generalize to many domains in his life.

Similar to Richard, Bradley had not forgiven his father. Whereas Richard was uncertain about the benefits of forgiving, Bradley was adamant that forgiveness was not

necessary for recovery. He stated:

That's another thing that I think is over emphasized. You hear that all over the place, 'you have to forgive. You have to forgive. You have to forgive.' And I've seen people who, it seems like they don't feel good about themselves because they didn't forgive someone who's maybe no longer in their life, or who has died. But yet, they talk about forgiving someone who has never apologized to them, has never acknowledged [what] they are doing. . . . I don't see how you can forgive someone who has not acknowledged what they have done. Because what are you forgiving them for? They wouldn't have a clue. How would they know? But yet it's always out there, 'you have to forgive them' . . . . So that's a big thing for me, when I realized I don't have anything to forgive him for. I mean until [my father] apologizes and even when he does apologize I'm still not going to have a good relationship with him because I don't really like him. He's not the kind of person I would ever have for a friend.

Bradley's perspective on forgiveness differed from that of other participants (Melissa, Joanne, Shirley, Leanne), where forgiveness was intended primarily to alleviate anger for the survivor and its deleterious consequences, or due to compassion for the abuser.

## **6.12 SUMMARY**

The participants' stories depicted a variety of abuse experiences and effects, as well as a number of unique experiences of recovery. In terms of abuse experiences, the participants described a combination of physical, sexual, or emotional abuse which varied in frequency and severity. Sexual abuse primarily involved fondling, and physical abuse ranged from slapping to hitting with objects. The emotional abuse that was described involved criticism as well as acts of manipulation (e.g., threats to harm) as strategies to get the victims to comply. The majority of participants cited their fathers as the perpetrators of abuse and many reported that the abuse occurred relatively frequently and over a relatively long period of time, with the majority experiencing abuse more than once a week



over a 10-year time span.

The effects of the abuse described by the participants were particular to the individual and varied in severity, including suicidal ideation, feelings of low self-worth, depression, sexual difficulties, substance abuse, social isolation, shyness, and physical difficulties (weight loss or weight gain). These effects mirrored many of the effects noted in the psychological literature (e.g., Oddone-Paolucci et al., 2001; Ray, 2001; Swett et al., 1990; Westermeyer et al., 2001). In spite of the reported effects, the participants presented as resourceful and relatively well-functioning individuals. Several had stable relationships with partners and successful professional careers (e.g., teachers, business administrators, store owners, engineers).

If we accept the changes presented, there appear to have been major shifts in the manner in which participants viewed themselves, their abusers, and their relationships with others. Shifts described by participants included enhanced self-esteem, decreased self-blame for the abuse, new strategies for coping (e.g., relying on oneself and using humour), as well as shifts in their emotional response to the experiences of abuse (e.g., decreased anger and depression). The manner in which participants pursued such changes varied, however, and included resources such as career, parenting, leisure, and spirituality. This diversity suggests that the routes used to create shifts in participants' responses to the abuse are less important than the meaning that is made out of each experience.

Participants' definitions of recovery were also variable and unique. Perspectives of recovery ranged from viewing oneself more positively, allowing oneself to identify and express feelings, to letting the past go. Some participants defined recovery in terms of

pre-existing difficulties. For example, Robert defined recovery in terms of his shifted view of women, from seeing them as objects to seeing them as people. Joanne talked about feeling peace, whereas, before recovery, she felt tense and unable to relax. These differences suggest that one's view of recovery is shaped, in part, by one's idiosyncratic life experiences and by the meaning given to such experiences.

Finally, as indicated by the demographic information, a majority of the participants reported growing up and/or living in either rural areas or small towns (7 participants in total), where access to mental health professionals is likely more difficult. That the participants did not pursue "expert" advice on recovery may be related to the fact that there tends to be less utilization of mental health services in rural areas or in areas where access to such services is difficult (Holley, 1998, Hunsley, Lee, & Aubry, 1999; Parikh, Wasylenki, Goering, & Wong, 1996). It may have been necessary, then, for participants to turn to their immediate environment to manage and recover from their difficulties. Nonetheless, as suggested by the interviews, participants were able to use their own resources to heal from the effects of abuse.

Also, as noted previously, a number of participants possessed resources that might not readily be available to individuals in lower socioeconomic classes. Specifically, most participants were in stable relationships; several had post-secondary education; and a majority reported higher than average income. Each of these resources may have aided self-recovery by providing participants with greater mobility and autonomy, and enabling them to engage in various activities such as sports or leisure. In addition, participants' level of literacy, suggested by their academic training, may have enhanced their problem-

solving capacities and ability to benefit from various popular cultural readings. As indicated by Wilson and Cash (2000), people who hold favourable attitudes toward self-help books tend to have better attitudes about reading in general, suggesting that literacy is an important determinant to reading popular cultural material. Wilson and Cash (2000) reported that self-help readers also have a stronger self-control orientation, are more psychologically minded and report greater life satisfaction. In many respects, the themes described by the participants depicted individuals who are self-reflective and who are able to access resources which enhance a sense of control.

Another point of interest is that participants had difficulty naming the specific titles or names of books or programs. Furthermore, they had rather vague recollections of the actual content provided by the cultural sources, instead, recalling one or two specific pieces of information. This finding is consistent with research on readership of self-help books which suggests that people have difficulty remembering specific titles of books and summarizing even general themes of books, and that they remember few messages that go further than a book's title (Lichterman, 1992). Even so, the participants in the present study claimed that the insights gained from cultural sources contributed to their recovery.

## **CHAPTER SEVEN: COLLECTIVE ANALYSIS OF ALL PARTICIPANTS' ACCOUNTS**

### **7.1 INTRODUCTION**

Using the constant comparative method described in section 3, a thematic analysis of all interviews revealed eight themes: (1) Information\Education, which includes a variety of sources of information, such as academic resources, the media, recovery programs; (2) Support, which includes any kind of support or meaningful interpersonal experience with friends, family, professionals, or strangers; (3) Children, which refers to the effect of children, either through parenting or working with them; (4) Activities, which includes both work and leisure; (5) New Coping, which entails the development of new strategies for coping, either with daily life or with the past memories; (6) New View, which refers to new perspectives about self and others; (7) Spirituality, which includes affiliation with a specific denomination or spirituality in a more general sense; and (8) Resolution, which refers to activities or processes that contribute to the resolution of unfinished business with abusers. The list of themes and sub-themes, along with an indication of which participants endorsed them, is provided in Table 7.1.

In doing the cross-case analysis, I attended both to common and to unique themes having to do with recovery for each individual. Common themes contributed to recovery in distinct ways. For example, children may have helped with recovery by providing a positive experience of love for one individual, while they may have inspired another

individual to be a role-model. Alternatively, unique themes for participants sometimes contributed to similar aspects of recovery. For example, educational material, children, and support may have contributed to an individual's recovery by relieving self-blame for abuse. Unlike the overview of themes for individual participants, the collective analysis is much more detailed and identifies more specific factors contributing to recovery.

Table 7.1: Participant Endorsement of Recovery Themes and Sub-themes

Participant Recovery Themes	Participants (By Code)									
	1 ♀	2 ♂	3 ♀	4 ♀	5 ♀	6 ♀	7 ♀	8 ♂	9 ♂	10 ♂
Education/Information										
Articles	√	√			√	√	√			
Books			√	√			√	√		√
Family Violence Course								√		
Audio Tapes										√
Television										√
Support	√	√	√	√	√	√	√	√		√
Children					√	√	√	√	√	
Activities										
Career	√			√						
Leisure	√									√
Writing		√					√			
Helping Others		√				√	√			
New Coping										
Colder									√	
Rely on Self									√	
Confront Difficulties									√	
Quit Substances/Drugs			√						√	√
Humour				√						
Rational	√									
New View										
Not to Blame	√		√	√	√		√		√	
Role-model	√			√		√	√	√		
Not alone	√				√		√			
Self-esteem	√			√			√		√	√
No Embarrassment									√	
Life is Short									√	

Table 7.1: Participant Endorsement of Recovery Themes and Sub-themes (Continued)

Participant Recovery Themes	Participants									
	1 ♀	2 ♂	3 ♀	4 ♀	5 ♀	6 ♀	7 ♀	8 ♂	9 ♂	10 ♂
New View										
Realism									√	
Acceptance										√
Spirituality			√		√	√	√			
Resolution										
Forgiveness	√		√	√	√		√			
Not Forgiving										√
Confrontation		√			√				√	
Setting Limits/Boundaries	√				√				√	

Note: Numbers listed in top row refer to participant numbers as presented in chapter 6. The symbols ♀ and ♂ indicate the gender of the participant. Check marks reflect themes endorsed by specific participants.

## **7.2 RECOVERY THEMES**

### **7.2.1 Education/Information**

All participants described, to varying degrees, some form of information or education which contributed to their recovery, including articles, books, educational courses, television programs, and stories in the newspaper. In many instances, the participants could not name the title or author of sources, instead recalling the content and the overall impact. With respect to articles, several participants reported benefitting from information on child abuse. Access to this information contributed to recovery in unique ways. For one participant, information provided was prescriptive, with explicit suggestions for recovery. For example, Robert reported benefitting from reading an article from the Awake magazine which suggested that a letter be written to the abuser. For the majority of participants, information reportedly helped them gain insight into their abuse experience, its effects, and their unresolved feelings directed toward the abusers. For example, Leanne described how a magazine article on letting go helped her learn to “let go of a situation without letting go of the person” or “separat[e] the person and the situation.” This message enabled her to shift her view of her father by helping her separate the kind, loving side of him (which she describes as his “real self”) from the abusive and destructive aspect of his behaviour. Linda found a short article on incest which described nightmares and promiscuity as potential consequences of child abuse. After reading this article, she was able to reflect and understand her own behaviour.

A majority of participants cited books as contributing to recovery. Contrary to my expectations, many of the books described as helpful for recovery were unrelated to child



abuse. For example, Joanne found inspiration and healing primarily through her religious readings, including the Bible and prayer books. She also benefitted from reading a biography about a monk who had transformed from a “beast” to a spiritual man.

Bradley’s readings were primarily on motivational and “self-improvement” themes. Other materials described as helpful by participants included books on emotional intelligence, incest, advocacy for children, and biographies. Each source of information contributed to recovery in unique ways to each participant. For instance, Catherine’s readings on advocacy for children helped her relieve her sense of self-blame for the abuse. Scott’s readings on self-esteem helped him develop a more positive attitude toward himself and his life. In other words, participants appeared to draw from their readings information which either resonated with their experience, or addressed a specific concern related to their abuse experience or the perceived effects of the abuse.

Other sources of information included audiotapes, television, and the news.

Similar to reading material, each contributed in a unique fashion to participants’ reported experiences of recovery. With respect to television and the news, none of the participants were able to name a specific program. However, they often had vague recollections of the content, and drew, from each source, information which resonated with their experience or needs. For example, Bradley noted benefitting from messages regarding values and distinguishing “right” from “wrong” from watching news on television. By living according to such values, Bradley recognized an improvement in his self-esteem. For Richard, watching television documentaries and news stories of people who come to the aid of one another through difficult times served to help him recognize that life is precious.

Shirley and Linda, however, reported benefitting from readings focussed specifically on abuse.

Participating in recovery programs also helped a couple of participants. Scott discussed how participating in a family violence course was helpful. He was able to identify with the stories of abuse and was struck by the message to “get on with life.” Similarly, Linda volunteered for a woman’s shelter and, through her work, she was able to understand the cycle of abuse and her own pattern of being in abusive relationships. With respect to these organizations, the information communicated likely mirrored much of the professional and clinical material on abuse, violence, and recovery. In each case, participants benefitted from understanding their own abuse experiences as they are understood from the perspective of these organizations.

This theme illustrates how psychological knowledge is drawn from a variety of cultural documents and mediums. The messages derived from each source did not necessarily involve explicit suggestions for healing from abuse, but they typically involved psychologically-oriented material (e.g., drawn from family violence programs, television programs on abuse, research articles, magazine articles, etc) which held some significance for each participant in terms of his or her personal and unique life experiences. As indicated by Ward (2002), “the expansion of psychological knowledge. . . is not just supported by . . . academics or professionals but is witnessed to and propagated by schoolteachers, grief counselors, magazine editors, TV commentators, social service workers, Oprah Winfrey and a host of other knowledge disseminators” (p. 221).

In other words, psychologically-oriented material can be drawn from a variety of

cultural sources. With respect to the participants in the present study, new insights gained about themselves, their experiences, and their recovery was obtained from diverse cultural sources which communicated messages, directly or indirectly, about values, attitudes, and beliefs related to abuse or coping with adversity or life in general. Even when the source of information did not focus specifically on abuse, participants extracted specific values or beliefs which served to make new meaning about themselves or their past experiences. For example, participants learned to stop blaming themselves for the abuse, enhance self-esteem, and “get on with life.” This illustrates how psychological knowledge is pervasive within Canadian and American culture, contributing to a discourse embedded with psychological concepts and theories from which people can make new meaning in their lives.

### **7.2.2 Support**

All but one participant, Richard, recounted that they benefitted from support of either a family member, partner, friend, or stranger. Most who noted relationships as playing a role benefitted from talking, feeling listened to, and feeling understood by another. In some cases, friendships stimulated insight, as was the case for Linda, who described how her friend’s reaction to her son’s behaviour helped her recognize how she was caught in a cycle of abuse.

Several participants described how relationships were beneficial in terms of providing opportunities to express feelings related to the abuse. As stated by Melissa, friends provided the “opportunity to release emotions. . . . [My friend] could handle me crying and getting angry, and swearing about [my experiences].” Similarly, Linda

described the benefit of expressing her emotions and feeling understood: “You talk about it. You deal with it. You cry about it. You feel about it.” Joanne described how talking to her priest enabled her to cry “for the first time in 20 years about [her father].” In each case, the expression of emotion was described as a positive and healing experience.

Participants also described the unique benefits of talking to their partners. For Shirley, talking to her partner about the abuse and feeling understood by him gave her courage to confront her father. She stated: “It made me, a bit more bold. Um, about coming right out and confronting my father because I was so afraid to do that.” She described how talking to her partner helped by verbalizing her experience - “it really took a weight off.” Talking to partners also helped some participants stop blaming themselves for the abuse. After telling her husband about her abuse, Catherine described her partner as a “bulldog” who was able to “assess the facts and . . . [make] the psychological correlation so that you knew . . . that it wasn't your fault.”

For some participants (Leanne and Shirley), support helped them feel less alone in their experience of abuse. Shirley described the benefit of talking to her sister, who had also been abused: “It helped because you didn't feel so all alone. When you are going through abuse, it feels like you're the only person in the world that is going through this.” Another helpful aspect of support was that of not feeling judged by others. For example, Joanne was relieved to find that after telling her partner about the abuse, he did not judge her. Similarly, when Shirley decided to disclose the abuse to her family, they rallied to her support: “It helped knowing that nobody thought I was dirty. They never thought that I did anything wrong.”

The majority of participants, therefore, discussed their abuse experiences with others to varying degrees. However, two participants did not report talking about their past. As indicated above, one participant, Richard, did not mention support as helping in his recovery. Instead, he emphasized his ability to rely on himself for recovering from his past. A second participant, Bradley, discussed support as being helpful, however, similar to Richard, he did not discuss his abuse experiences with others. Bradley's "support," comprised primarily of having companionship with someone who did not abuse drugs and this companionship facilitated Bradley's abstinence. In contrast to other participants, both Richard and Bradley emphasized their competence in engaging in activities or overcoming adversity (i.e., curling and quitting drugs) and developing more positive views of themselves. The fact that both did not engage in intimate discussion about their experiences is consistent with theories and research findings which suggest that men place different priorities on relationships than do women (Gilligan, 1982, Lang-Takac & Osterweil, 1992; Norman, Murphy, Gilligan, & Vasudev, 1982). For example, Lang-Takac and Osterweil (1992) found that men tend to value differentiation and independence from their relationships, while women desire connectedness and intimacy. Research also suggests that women tend to have more relationships than men (Norman et al, 1982). Although the participant sample is too small to draw conclusions about the nature of recovery for men, the fact that Bradley and Richard downplayed the role of sharing intimate feelings and thoughts related to the abuse and instead emphasized their sense of autonomy and competency suggests that the course of self-recovery may be experienced differently for some men.

In spite of these variations in the benefits of support, social support was understood by most participants as having helped them in a number of ways, e.g., by enabling them to feel accepted, understood, less alone, and less responsible for the abuse. Although some aspects of support were related to receiving feedback directly connected to the abuse, helpful aspects were primarily connected to some interpersonal process, such as expressing emotion or feeling understood. The participants who emphasized the benefits of “releasing emotions,” “crying,” or “getting angry” illustrate cultural values regarding emotions relayed in popular self-help books. As indicated earlier, research on self-help books indicates that emotions are portrayed as having the power to influence the whole of one’s life and that repression of emotions generally has deleterious consequences. (Ryan et al., 1994). Television talks shows, psychotherapeutic practices, and self-help organizations are among other sources that communicate the value of disclosure, sharing, and expressing one’s feelings and thoughts. Several participants in the present study discussed their supportive relationships in terms of how they facilitated expression of feelings and thoughts.

The participants’ depictions of supportive relationships also mirror relationship values of individualistic societies in which interpersonal behaviour tends to be organized by reference to one’s own repertoire of thoughts and feelings, rather than by reference to the thoughts and feelings of others (Markus & Kitayama, 1991). However, although the ability to express oneself was noted as important to the participants in the present study, they did express concern about the reactions of the supportive others to their disclosures. For example, they noted the importance of feeling not judged, not being blamed for the

abuse, and feeling understood. Although participants valued the opinions of others, the nature of such valuing is consistent with individualistic orientations. As indicated by Markus and Kitayama (1991) in individualistic cultures,

social responsiveness is fostered not so much for the sake of the responsiveness itself. Rather, social responsiveness often, if not always, derives from the need to strategically determine the best way to express or assert the internal attributes of the self. Others, or the social situation in general, are important, but primarily as standards of reflected appraisal, or as sources that can verify and affirm the inner core of the self. (p. 226)

Based on the above statement, then, the participants' concern for the opinion of supportive others can be understood as a need for validation and affirmation. The supportive individuals in the lives of the participants served to enhance the participants view of themselves in that they received positive and affirming feedback about their experiences and emotions.

### **7.2.3 Children**

Four participants described children as playing a role in their recovery. Similar to the themes described above, the role children played in recovery was unique for each participant. For example, some participants described how children's characteristics such as honesty, genuineness, and unconditional love contributed to recovery, while others noted how children inspired them to be role-models and to engage in healthier behaviour. For instance, Richard described how he wanted to "take the bad that happened" to him and make it positive for his children. Adopting this position motivated him to quit drinking and return to school. In addition, experiencing unconditional love for his children helped him recognize his own need for unconditional regard and helped him set boundaries with his parents, stop seeking their attention, and stop blaming himself for the abuse. In

another case, the illness of a child motivated change. By experiencing the birth of his ill son, Scott described how he was able to become focussed on changing his lifestyle so that he could provide the best care for him.

For Leanne, two aspects of having children helped her with her recovery: their innocent and honest nature and their ability to love. She reported feeling supported and accepted by children. Working with children for over 30 years, she also drew a sense of satisfaction from helping them in Brownies, Guides, and Scouts. By noticing the impact she has had on children, Leanne reported that they gave her sense of “self-worth,” and helped her feel like a “valuable person” who has “contributed something” to others.

Similar to the “support” theme described earlier, the emphasis on the benefits of children appears to be primarily relational. However, a number of participants expressed feeling motivated by wanting to meet the children’s needs, instead of emphasizing their own needs for personal expression or self-affirmation. Some were motivated to change their behaviour and attitudes, not so much for their own welfare or self-affirmation but for the welfare of the children (e.g., Scott’s concern for his ill son). Children appear to have elicited nurturing qualities in the participants. They expressed a desire to protect and provide children with experiences that they, themselves, had longed for when they were young. In this respect, there is a primary concern for the collective in that the participants put the needs of the children above their own. However, unlike those with collectivist orientations, the participants’ decision to help children was expressed primarily as a choice and they did not focus on their “role” as parents as an incentive to change (Triandis, 1995)

For some participants, their focus on children served as an opportunity to enhance



their sense of self-worth or come to new understanding and insights regarding their own abuse experiences. In these cases, the participants' motives reflected more individualistic orientations in that the children served as a vehicle for the participants to assert their value or rights as individuals. For example, Leanne reported how helping children enhanced her sense of self-worth and helped her feel she has something of value to contribute to others. Richard described how his children helped him see that the abuse was not his fault and to set boundaries with his parents. In these cases, helping children was not driven as much by a sense of obligation but by a need to affirm oneself, one's sense of worth and one's right to self-assertion.

#### **7.2.4 Activities**

Half of the participants reported engaging in some type of activity that facilitated their recovery, including work, leisure, writing or helping others. For example, Melissa and Catherine described how their careers were a source of self-esteem. Melissa described how being a Board member of a bank and engaging in "upper level thinking" gave her "self-esteem." As for Catherine, her position as an administrative coordinator helped her feel "accomplished." It provided her with confidence in her abilities which she understood as an important part of her recovery. Similarly, Bradley described how his success as a curler contributed to his sense of self-worth and how it helped him develop confidence and a positive attitude which transferred to other areas of his life. This emphasis on how accomplishments contributed to more self-enhancing views and, ultimately, to recovery, is consistent with individualistic orientations in that the experience of success has been shown to enhance self-esteem and be self-defining. As indicated by Markus and Kitayama

(1991), “self-esteem for those with an independent construal of the self depends on one’s abilities, attributes, and achievements” (p. 246). The value of success is also emphasized in popular self-help books (Grodin, 1991; Starker, 1989), with numerous books providing tips on “how-to-succeed.” In this respect, participants in the present study appeared to have adopted the value of success as a self-enhancing activity.

Another activity that facilitated recovery was writing. Two participants, Leanne and Robert, described how they benefitted from writing. For Robert, his strategy for coping with the ongoing fantasies of women in lingerie has been to journal his fantasy on the computer, and to later delete what he had written. He described how this activity helped get the fantasies out of his mind and enabled him to become more realistic in his images of women. Leanne, on the other hand, described how she was able to forgive her father for the abuse after writing a letter to her ex-brother-in-law about forgiveness regarding an unrelated issue. She also described how journaling her feelings during difficult times provided her with an avenue to express her feelings. As illustrated in the analysis of popular books, the activity of journaling was encouraged by a number of authors as an avenue for introspection and self-expression (e.g., Bass & Davis, 1994, Rosenbloom & Williams, 1999). Kaminer (1992) also noted how the self-help books encourage journaling as a mode of thinking and expression of feelings. The underlying assumption regarding the benefits of journaling is that looking inward and expressing one’s thoughts and feelings have reparative value for individuals. The industry of psychology has also played a role in relaying the message that rigorous introspection has value (Ward, 2002). The participants in the present study, therefore, appear to have

adopted the idea that writing serves as a valuable avenue for self-reflection and self-expression.

Helping others emerged as an activity which facilitated recovery in terms of gaining a sense of self-worth and learning to help oneself. This theme emerged for both Robert and Linda. Robert described how he helped his friend by explaining why abused individuals keep secrets, stating that “it helped in a sense that . . . my experience and my being able to illustrate it . . . actually helped somebody else, . . . or it helped somebody understand.” For Linda, helping her friends and children cope with their own abuse helped her start heeding her own advice.

As with the theme “children,” helping others served as an opportunity for the participants to affirm their self-worth and value, as well as a chance to change their own behaviour. The act of helping appeared to be driven less out of sense of obligation and or need to feel a sense of belonging to the ingroup than it was from personal choice. As indicated by Triandis (1995), “in individualistic cultures it is assumed that whether a person helps or not is a matter of personal choice. But in many collectivist cultures helping is a moral obligation, thus, obligatory, not voluntary” (p. 120). In this respect, participants in the present study reflected more individualistic attitudes with respect to helping others.

In terms of recovery, however, the popular books analysed in the present study did not emphasize helping others as a path to recovery. Although several authors of the popular books acknowledged the value of advocacy and volunteering, the primary emphasis was on looking inward, re-evaluating feelings and beliefs associated with the

abuse, and developing more adaptive strategies for coping. However, as with the participants in this study, the authors of the popular books presented such activities as a matter of personal choice, with no reference to it being an obligation on the part of survivors.

### **7.2.5 New Coping**

Half of the participants discovered new strategies for coping with their feelings which facilitated recovery. Quitting substances such as alcohol and drugs was noted as a shift in coping for several participants. For instance, through having children and wanting to be a good parent, Richard and Scott decided to quit drinking alcohol, and they described this act as facilitating their recovery. Similarly, Joanne decided to quit smoking and Bradley quit using drugs. It is likely that each addiction developed as a strategy for coping with the feelings associated with the abuse. In all cases, participants appeared to feel good about themselves and their ability to have mastered their use of substances.

Richard described several attitudinal shifts which helped him cope with his feelings, including becoming “colder” towards society, relying only on himself, and confronting his difficulties. Although he questioned whether developing a “colder” attitude was a healthy shift, he noted that since adopting this new attitude, he has not been taken advantage of any more and he copes better with his emotions.

Other shifts in coping emerged as themes for Catherine and Melissa. Although not a prominent theme, Catherine benefitted from being able to “joke” about her father, stating that dealing with the abuse “with a sense of humour as well as a sense of seriousness and lightness” allowed her to move further in the healing process. Melissa’s new strategy for

coping involved learning to handle situations in a more rational (less emotional) manner. Bradley, on the other hand, learned to cope by spending time in solitude. He stated that “solitude is a big thing” and that it allowed him to “focus [his] thoughts on what [he] wants to do with [his] life.”

Although each newly developed strategy for coping was unique for many of these participants, a number of their statements reflected ideals of self-efficacy and self-control. Participants sought control over themselves and their lives through changing coping patterns (e.g., quitting drugs, thinking rationally, spending time alone, becoming “colder”). For Richard, becoming colder towards society also appeared to contribute to his sense of control over his environment in that people stopped taking advantage of him. The participants’ “success” at mastering difficulties such as addictions, or coping with their feelings appeared to contribute to their sense of autonomy. In Bradley’s case, his time in solitude provided him with an opportunity to clarify his own thoughts and desires, also serving to enhance his sense of autonomy and independence from others. In describing their coping, therefore, the participants illustrated individualistic ideals in that they derived a sense of self-mastery and autonomy from engaging in such coping strategies.

#### **7.2.6 New View**

Related to the idea of new coping, a majority of participants (9 individuals) described a shift in their views or attitudes as helping with recovery. Participants described a wide range of shifts in views regarding themselves and others, including learning to not blame themselves for the abuse, using mental images of positive role-models to identify healthy relationships, and having a more positive view of oneself.

For example, several participants noted how learning to stop blaming themselves for the abuse contributed to their recovery. Shifts in self-blame may have been a result of other influences, such as supportive relationships, educational material, and/or self-reflection. For Catherine, different factors led her to stop blaming herself for the abuse, including the support of her husband, who repeatedly reminded her it was not her fault, and through information she acquired when writing a paper on child abuse. Shirley also described how her partner, who also reminded her that the abuse was not her fault, was integral in relieving her self-blame. Through reading a story about an abused little girl and talking to friends, Leanne shifted the blame away from herself, stating that she should not “be embarrassed or blame myself if I was molested, if I was beaten, or yelled at . . . Those things happened to me but it wasn’t my fault.” The role of parenting also served to relieve self-blame for one participant, Richard, who described how having his boys helped him to start realizing that there was nothing he could have done as a child to deserve the abuse. In each of these cases, participants’ shifts in self-blame reflect values about child abuse pervasive within Canadian and American professional, popular and political spheres. In the political domain, child abuse is recognized as deleterious and perpetrators are held accountable and punished for abusing children. Both professional and popular arenas also relay the message that abusers are accountable for the harm they inflict on children. The belief that children are not to blame for abuse was also illustrated in the popular books analysed for the present study. As with popular books, the assumption underlying the idea that the abuser is to blame reflects values regarding parenting, suggesting that a power differential exists and that parents are responsible for ensuring the well-being of children.

As illustrated by the participants' accounts, shifts in self-blame were drawn from multiple sources, including books, academic articles, and social relationships. This highlights, as indicated by Ward (2002), how psychological knowledge has permeated culture and, more specifically, how it has shaped popular beliefs about child abuse.

For half the participants, carrying a mental image of a role-model helped them develop new views or perspectives on what constitutes "normal" healthy behaviour and relationships, and created a context in which to evaluate their own relationships (past and present). Similar to participants' shift in self-blame, using a role-model as a guide for healthy behaviour was influenced by difference sources or experiences. For example, Melissa noted how her family, including her mother and grandparents, played an important role in this regard. She described her grandparents as "good, honest people" who were very loving. By having a view of healthy relationships, Melissa was able to see "what's normal," "what's right," and that it was her "dad [who] had a problem." Three other participants, Catherine, Linda, and Scott, described how they actively sought role-models of "healthy" styles of relating. Linda seemed to recognize the negative impact of surrounding herself with unhealthy relationships and appeared grateful for living in a neighbourhood with positive role-models. Through her friendships, she learned that being "passive" in relationships was not appropriate and that setting limits with others is appropriate. Also, through witnessing her husband's relationship with her daughter, she was able to form an image of healthy physical contact between a male parent and a daughter. Scott described his initial disbelief upon hearing about warm and caring interactions between his friends and their families, although with time, he was able to use

them as role-models. Unlike other participants, Leanne used children as role-models, in terms of their honesty and ability to be real.

The value in identifying role-models depicted by the participants suggests that there are cultural ideals for what is considered “healthy” and “normal.” As illustrated in self-help literature, there are implicit and explicit messages about ideals of functioning and relating (Kaminer, 1992; Rapping, 1996). Codependency theories emphasize how dysfunction is characterized by improper “individuation” and problems with setting boundaries (Kaminer, 1992). Marsella (1982) described how in the Western world, “mental health has frequently referred to a sense of psychological well-being” (p. 365). Drawing from Maslow’s (1954) concept of optimum mental health, Marsella described Western ideals such as autonomy, spontaneity, social interest and democratic values. The participants in this study appear to have adopted similar ideals of “healthy” relationships in that they identified role-models who were “respectful,” “loving,” and encouraged “autonomy” or the establishment of healthy boundaries. Also, as with individualistic cultures, participants’ ideals of seeking out role-models implies that they are in the position of choosing relationships from which they derive the most benefit, and avoiding relationships that are no longer in the best interests of the self.

A shift from feeling alone in one’s experience of abuse to recognizing that others are in similar situations proved to be helpful in recovery for several participants (Leanne, Melissa, and Shirley). Realizing that one was not alone in the experience of abuse arose through interpersonal experiences for Leanne and Shirley. Leanne described how talking to friends and others helped her to discover “how many women have been through sexual



abuse.” Similarly, for Shirley, talking to her sister, who had also been abused, helped her feel less alone. In this case, the shared experience of being abused was helpful in terms of feeling understood. For one participant, Melissa, realizing she was not alone in her experience occurred through reading the definition of a pedophile and understanding that her father’s behaviour “had a name. Other people knew about it!” She acknowledged that prior to this discovery she thought that she “was the only person in this whole world that this [happened] to.”

Although a number of themes presented thus far suggest primarily individualist orientations, benefitting from feeling less alone suggests more collectivist ideals in that it reveals a need to feel a sense of connection and belonging with others (Markus & Kitayma, 1991). However, in the present case, belonging served to help participants identify with the role of victim. As indicated by Kaminer, (1992), self-help culture has served to contribute to what is described as a “victim syndrome.” By identifying with other “victims,” the participants in this study likely were able to derive a sense of empowerment in knowing that they were not alone in their experience. It appeared to help them feel less aberrant in their experience of abuse and have a feeling of belonging to a larger unknown group of other victims.

Self-esteem, or viewing oneself in a more positive light, was an important recovery theme for several participants (Melissa, Leanne, Catherine, Bradley, and Richard). For Catherine, Bradley, and Richard, learning to view oneself as strong by recognizing that one had overcome many adversities was described as helpful. For example, Bradley drew strength from overcoming his drug addiction. It gave him confidence in his ability to

confront difficulties: “If I could get through that part of my life, then I can get through anything.” Bradley also developed self-esteem through accessing readings and motivational tapes on self-esteem and by becoming a good curler. As indicated earlier, career involvement contributed to more positive views of oneself for two participants, Catherine and Melissa. Catherine acknowledged how her career played a role in elevating self-esteem, stating that “I feel accomplished . . . I can do this!” Similarly, Melissa acknowledged how at her work “you’re kind of looked up to and that really helped me” and “gave me some self-esteem.” Children also contributed to a more positive view of oneself. Through her work with children, Leanne reported how seeing changes in the children “gives you a feeling of self-worth . . . You feel like you are a valuable person, like you have contributed something.”

Distinct shifts in views of self and life emerged for Richard and Bradley. For example, Bradley developed an attitude of acceptance regarding his past, which he noted as helping in recovery: He recommended: “Just accept [things that have happened in the past] and deal with it and don't let it hurt you anymore because if you don't then whoever has hurt you continues to hurt you and the idea of recovery is to not let these people hurt you anymore.”

Richard described how letting go of embarrassment helped in his recovery. He recalled telling himself “I shouldn't be embarrassed about what happened. I should be proud of it. And you know, if somebody talks down to me or gives me a hard time about it, I just basically say, fuck you!”

Recognizing that life is short also helped Richard in his recovery. He stated: “I

realize that life is extremely short. . . . I could walk across the street and get hit by a bus. . . . You could have all the problems in the world, but you know they could mean absolutely nothing tomorrow.” An additional change in perspective, which Richard described as helpful in his recovery, was his newly developed “realistic” view of others, or seeing people for “who they really are.” This change appeared to protect him from disappointment by others. In this case, seeing “reality,” for Richard, involved no longer idealizing others (thus allowing him to see faults in others) and no longer diminishing his own worth according to others’ judgements and expectations.

As suggested by the popular self-help books, these participants enhanced their self-esteem through experiencing pride in their ability to overcome adversity (e.g., overcome addictions), feeling competent in specific activities (e.g., curling, caring for children, career), and through more carefully scrutinizing of people’s faults or shortcomings. Whereas people in collectivist societies avoid claiming “their own successful efforts as a source of pride” (Markus & Kitayama, 1991, p. 237), these participants expressed pride in their competence and personal attributes (Markus & Kitayama, 1991).

Overall, the participants’ accounts suggest that new views of oneself and others can emerge through a number of sources, including career, social relationships (with children or adults), readings, or self-reflection. For some participants, changing views of themselves did not necessarily entail reading explicit suggestions from “experts” about how one should view oneself and others, but instead, attitudinal shifts emerged as a result of their interaction with others and their immediate environments. The participants’ new views of self, which were geared toward developing a more self-enhancing and

autonomous sense of self, reflect the discourse common in psychology and self-help culture, which directs the individual toward self-actualization, heightened self-esteem, and increased autonomy (Starker, 1989).

### **7.2.7 Spirituality**

Four participants (Joanne, Linda, Shirley, and Leanne) described how spirituality and religion contributed to their recovery to varying degrees. Unlike the other participants, Joanne described her religion as playing a primary role in her recovery, reflected by her statement: “The whole Roman Catholic aspect for me, um, was instrumental in my whole being, in myself becoming whole.” Joanne’s faith provided her with many curative elements, including a sense of peace, love, purpose, and emotional strength to cope with life adversities. She experienced God’s love as a source of comfort: “I learned that God loves everyone. He has no favourites, He even loved my father. He didn't like what he did, but He loved him, and . . . God loves me as much as He does His own Son.” Joanne also stated that her faith in God provided her with “peace of heart and peace of mind,” and a sense of direction in life, stating that “God always showed me the areas that needed to be dealt with and then I would have to deal with them.”

Although a less dominant theme in her recovery, Linda derived a sense of purpose from her faith in God. She stated: “[My experience] gives me a chance of using some thing that was bad for good. When I saw your ad in the paper I thought, if I can turn this into good for one person, it’s worth it!” Linda described her belief that people she encountered in her life held some purpose toward her recovery. Both Linda and Joanne described how they derived a sense of comfort believing in God’s presence. Joanne stated

“I feel that I’m not alone and that there is someone there with me to walk with me.”

Similarly, Linda described how “just knowing that maybe that there was something out there that did understand me even though I didn’t understand me, was very helpful.”

Although Leanne did not describe herself as a religious person, she appeared comforted by the idea that God gives people only what they are capable of handling. This notion appeared to reassure her that she was able to handle her own adversities.

With the exception of Joanne, for whom her involvement in the Catholic faith has played a dominant role in recovery, the participants’ descriptions of spirituality illustrate how religious concepts have been appropriated in a utilitarian fashion. The participants made reference to terms associated with religion and spirituality, such as “higher power,” “something out there,” or a sense of “purpose,” as contributing to their recovery, without specifying any specific religious affiliation or extensive involvement in organized religion. In describing co-dependency literature, Kaminer (1992) suggested that this literature combines pop psychology with New Age spiritualism, with a number of authors endorsing the vague notion of submission to a “higher power” as a step toward recovery. She described how “the New Age is an age of choices. You can seek your truth or inner space in a relatively conventional array of Western and Eastern religious literature, in psychology, recovery, and holistic health books” (p. 105). The participants who alluded to spiritual factors in their recovery, therefore, appear to have incorporated spiritual values in combination with their inner-directed search for understanding their abuse experiences

### **7.2.8 Resolution**

Resolution refers to any activity or insight that leads to a shift in unresolved

feelings toward the self and the abusers from childhood, including feelings of anger and shame. Although in some cases it refers to forgiving the abusers from the past, it also refers to other activities, such as confronting or setting limits or deciding not to forgive. A majority of participants (8) described some shift in their view of the abusive other. For two participants, Richard and Shirley, confronting the abusers from childhood emerged as a theme of recovery. Richard described how confronting his father was a source of strength for him. By telling his father how he “felt about the whole ordeal [the abuse]” and by setting limits in the amount of contact he had with him, Richard appeared to gain a sense of control over his life. In describing his strategies for resolving his relationship with his parents, however, there continued to be traces of anger, reflected in his statement: “There is nothing I would love more to tell my parents basically where to go and how to get there.” For Shirley, confronting her father about the abuse and telling him what she “thought was horrible and disgusting and everything else” appeared to give her a sense of strength. Imaginary confrontation also was described as facilitating recovery. Through writing an imaginary letter to his sister, who had sexually abused him as a child, Robert described how doing so “tore down the barriers and got all the junk out of the basement.”

Setting limits or boundaries with the abusers contributed to recovery for three participants, Catherine, Richard and Melissa. Both Richard and Melissa had cut off contact with their abusers for a period of time, 10 years for Melissa and two years for Richard, with more limited contact for Catherine. After re-establishing contact with his father, Richard limited the amount of time he spent with them, giving himself a sense of control over his life. At 40 years of age, Melissa decided to cut off contact with her

father. She described this as being an “absolutely significant” part of her recovery. Following this decision, she stated that “the stress left. I didn’t think about him anymore. He wasn’t a part of my daily life. I could focus in on what was important to me and my family.” Catherine, on the other hand, did not cut off contact from her family, but instead created physical distance from and limited contact with her father by going to Bible college. “That’s when I really started to deal with all of the abuse because it wasn’t that constant bombardment from everyday life. You were able to separate yourself and get some distance emotionally.” Physical distance from her father enabled Catherine to focus on her recovery and self-care and to gain a new perspective about her experience.

Finally, several participants (Leanne, Joanne, Shirley, and Catherine) noted how forgiving their abuser played a role in recovery. For example, through having more compassion for her father and after forgiving herself for her actions as a child, Leanne was able to forgive her father. She also described a shift in her view of her father. Instead of viewing him as a one-dimensional person, either “bad” or “good”, she integrated both aspects of him, and conceptualized his abusive behaviour as being separate from his true self, that of a warm and loving father. As indicated earlier, with prayer and her faith in God, Joanne was able to forgive her father. Forgiveness was the critical factor she identified in being able to let go of anger, stating that without forgiving, “you’re never going to get better because you’re always going to be angry.”

Similarly, Shirley’s forgiveness of her father appeared to arise from her compassion for him. After revisiting the issue of abuse with him years after it occurred, Shirley indicated that she was able to consolidate her feelings of forgiveness toward him,

stating that it “was . . . a sense of therapy for me to actually, after all these years, sitting him down in another room in my house and . . . telling him . . . that I do love him. [This] probably cemented the forgiveness.” Catherine, on the other hand, achieved forgiveness while engaging in writing a paper and reading on forgiveness. She decided to forgive when she realized “The forgiveness is not so much for [the abuser], it is for me.”

Although Melissa did not explicitly note that she forgave his father, she described how she experienced a form of closure following her father’s apology for having abused her. She stated that his “apology did something to me even though at that point I wasn’t admitting it. I found I needed that ‘sorry’. . . . That was almost the end of a chapter at that point.”

Not all participants were able to forgive or felt that forgiveness was absolutely necessary for recovery, however. In fact, one participant, Bradley, expressed disagreement with the concept of forgiveness, stating that unless the abusers acknowledge their wrongdoing, there is no reason to forgive them. Of interest is the fact that four of the five participants who had not endorsed forgiveness were male. This suggests the possibility that resolution with abusive others involves a different process for many men. As indicated earlier, research indicates that men and women tend to be guided by different values in their relationships, with men demonstrating a greater inclination to separate and differentiate themselves in relationships, and women, tending to seek connectedness with others (Lang-Takac & Osterweil, 1992). Such differences between men and women are consistent with feminist theories which suggest that men emphasize competition and achievement in relationships and women favour care, affiliation, and cooperation (Gilligan, 1982; Miller, 1986). Research cited by Lang-Takac and Osterweil (1992; Eisenberg &



Lennon, 1983) also suggests that women tend to be more empathic than men, although such findings have been inconsistent in research. With respect to forgiveness of abusers, psychological literature suggests that it entails a certain degree of empathy, or an ability to understand the troubles of the offending persons (Meier, 2001). As indicated by the participants' disclosures, several of the women maintained contact with their abusers, softened their critical stance towards them, and/or expressed a greater understanding of their abusers' behaviour. Three of the male participants, on the other hand, primarily emphasized their ability to set limits and confront the abusers and the fourth male participant, Scott, made no mention of resolution as part of his recovery. Their stance toward their abusers suggests a greater tendency toward differentiation and the establishment of an autonomous position than for the female participants. This suggests the possibility that recovery, or resolution with abusive others, entails a different process for men than for women, with men directing their attention toward asserting their autonomy and independence from abusers through confrontation and setting limits, and women directing their energy toward a more affiliative stance.

This theme demonstrates the variety of methods that the participants used to resolve residual feelings related to their abusers. In some cases, survivors chose to forgive their abusers, heightening the probability for developing a renewed relationship. Others decided to confront, distance, or separate from their abusers. As is evident in the analysis of the popular books in the present study, the participants described their approach to resolving their relationships with abusive others as a matter of choice. Through an analysis of the benefits and costs of engaging in such relationships, the participants

selected either to confront, set limits, or forgive the abusive others. This echoes Markus et al.'s (1996) description of individualist orientations toward relationships:

the fact that leaving a relationship and forming another is thinkable within a North American cultural context has led psychologists to also elaborate the notion that relationships are often based on the assessments of individual rewards and costs. (p. 894)

One could speculate that, in collectivist cultures, where conformity and harmony are most valued, the approach to resolving relationships with abusive others, especially when the abuse occurred within the family, might be geared toward reconciliation or at the very least, toward a more affiliative rather than confrontational stance.

### **7.3 SUMMARY**

As indicated by the interview study, survivors of child abuse, through their own resourcefulness and commitment to overcome the difficulties encountered as a result of the abuse, found their own path to recovery without the use of mental health resources. Some themes, such as *education/information, support, activities, new view, and resolution* emerged as factors facilitating recovery for the majority of participants, while other themes, such as *spirituality*, were not as popular but were described as equally helpful in recovery. While the majority of participants described spending some time reading, talking, or writing about their experiences and associated feelings, a number also noted equal benefit from alternative sources, such as career, spirituality, and children. In such instances, there was minimal focus on child abuse experiences. For a couple of participants, Richard and Bradley, there was little, if any, mention of processing memories and feelings associated with the abuse as a means to recovery. Although both of these

participants reflected on the impact of the abuse, they noted benefitting primarily from activities which did *not* involve examination of their unresolved feelings associated with the abuse, such as curling, books and tapes on self-esteem, and parenting.

A majority of participants cited relationships with others, including those with adults and children, as facilitating their recovery. Characteristics of such relationships noted as helpful included unconditional regard, feeling understood, and receiving feedback about not being responsible for the abuse. Additionally, having positive relationships helped some participants feel less alone, more valued and important. A number of participants acknowledged that talking and expressing feelings about their past with significant others was helpful. However, two male participants, Richard and Bradley, did not describe relationships as playing a primary role in their recovery. As indicated above, most participants expressed feelings and thoughts related to the abuse, with many doing so in an interpersonal context. Although Bradley spoke of support, he did not address his abuse experiences with his supportive other. These findings, along with the fact that none of the male participants chose to forgive their abusers, suggests that there may be differences in the manner in which men, as compared to women, approach their recovery, with men focussing more on their autonomy and ability to differentiate themselves from others. This possibility would be consistent with psychological literature which suggests that men focus less on emotions and feelings than women (Miller, 1986), tend to have fewer relationships during their lifetimes than women, and are more inclined to emphasize their autonomy and sense of separateness (Lang-Takac & Osterweil, 1992; Norman et al., 1982).

Overall, the participant themes portray a cultural context primarily reflective of the individualistic orientations described by Markus and colleagues (1991; 1996), Triandis (1995) and Hofstede (2001). Each participant, to varying degrees, described experiences of looking inward, identifying and clarifying feelings associated with their abuse experiences, expressing feelings and thoughts to significant others, and selecting a course of action to resolve their relationships with abusive others, such as confronting, setting limits, or forgiving. The majority of these processes served to enhance each participant's perception of herself or himself, assert her or his rights to individuality and autonomy, and adopt a stance of self-assertion. Even when processes such as remembering and attending to feelings related to the abuse were not emphasized (i.e., as with Richard and Bradley), these participants emphasized their distinctive rights as individuals to assert limits with others and adopt more positive attitudes toward themselves. A number of participants expressed pride in having overcome adversity and/or in their accomplishments. The participants appear to have adopted a discourse reflected in popular psychological literature which emphasizes self-efficacy, self-determination, and positive self-regard (e.g., Starker, 1989). Collectivist themes emerged, however, in the context of helping others, including adults and children. Although some participants expressed how helping served to enhance their self-esteem, several reported changing their "maladaptive" behaviour in response to the needs of others, with minimal mention of personal gain obtained from engaging in such behaviours.

## **CHAPTER EIGHT: DISCUSSION**

### **8.1 INTRODUCTION**

The present study sought to uncover, within a cultural context, recovery themes for individuals who have experienced child abuse (sexual, physical, and/or emotional) and who have not sought the help of mental health services. By uncovering themes within a cultural context, the cultural climate in which the survivors came to understand and resolve feelings associated with their child abuse experiences could be examined. As indicated by Ratner (1997) “cultural concepts . . . organize the manner in which people perceive, imagine, think about, remember, and feel about things” (p. 93). The proliferation of self-help material, radio and television talk shows reveals potential sources of knowledge from which survivors may have come to resolve their past experiences of abuse. This cultural atmosphere likely contributes to shaping beliefs about how survivors of child abuse should come to understand, respond, and make meaning of their childhood experiences.

Although resilience from childhood trauma has been investigated more extensively, this research has primarily focussed on examining those who have *not* suffered the deleterious consequences of abuse or those who have recovered quickly (Kendall-Tackett et al., 1993). In most cases, research on resilience has evaluated the emotional well-being of participants at the time the research was conducted. By evaluating resiliency through

present level of functioning and emotional well-being, the opportunity to identify those individuals who suffered consequences of abuse and underwent some form of recovery in adulthood is missed. The present study permitted an opportunity to study this group of individuals.

In the following sections, an evaluation of themes of recovery, from the perspective of participants and authors of popular books, is provided in order to better assess the degree to which participant and book recovery themes correspond and to evaluate the implicit and explicit messages regarding cultural beliefs about recovery. Perspectives of recovery also are evaluated, and this chapter concludes with a discussion of the role that psychology plays in contributing to the cultural dialogue about recovery.

## **8.2 RECOVERY IN CONTEXT**

### **8.2.1 Popular Books And Participants’ Descriptions of Recovery**

The findings from the present research revealed that a majority of themes in popular books and participants’ accounts converged, reflecting a common discourse about recovery. Although personal stories of recovery were unique and distinct for each participant, these stories incorporated a number of the concepts endorsed by the popular books. The participants were relatively well versed in the use of terms and concepts such as “grief,” “confrontation,” “self-esteem,” and “role-models” that were common in the popular books, and, as illustrated below, they also engaged in a number of activities endorsed by the books.

Although a number of participants did not seem to have accessed popular readings

on recovery from child abuse, the fact that many of the participants' recovery themes were consistent with those endorsed by popular books illustrates how psychological knowledge has become embedded in Canadian/American culture, influencing the manner in which people come to understand and respond to life experiences. For example, readings on self-esteem conveyed messages about positive self-regard; religious readings conveyed messages about forgiveness; family violence programs relayed information about cycles of violence and "unhealthy" family relations; and research articles on child abuse disseminated information about the effects of abuse. There are, then, the multiple sources of cultural material which disseminate psychological information and relay the values and ideals reflective of popular Canadian/American culture and Canadian/American culture as a whole.

The majority of books conveyed the message that survivors should address the past experience of abuse, including facing the truth of the abuse, remembering the abuse, and telling one's story in order to effectively recover from the effects of abuse. In this respect, the central idea is that if a survivor denies or tries to avoid memories of the abuse, associated painful feelings and beliefs will not be readily extinguished. As indicated by Jantz (1995), denying the truth of the abuse results in an unacknowledged "truth that hangs around our necks like an albatross" (p. 125). A survivor somehow contains the memories and associated feelings and the key to releasing them is by actively recalling and reviewing the experience. The participants' descriptions of recovery mirrored the idea that acknowledging and thinking about the abuse is helpful, with a majority of them describing how they either read about it, talked about it with friends and family, wrote

letters about it, or reflected on it. However, the degree to which participants engaged in a process of addressing the abuse varied, with a majority remembering or talking about it in depth, and a few focussing more on involvement in alternative activities such as parenting and sports.

The theme “inner process,” defined as attending to inner experience (e.g., feelings and beliefs), emerged in the review of cultural books on recovery. Different aspects of attending to inner experience were highlighted, including attending to feelings, connecting to the inner child, and evaluating beliefs about oneself. With respect to attending to and expressing abuse-related feelings, the central idea is that doing so allows one to release the feelings, grieve and let go of the past, and increase one’s capacity to love and have vitality. As stated by Bass and Davis (1994), in order to release painful feelings and to move forward in life, “it is necessary, paradoxically, to go back and to relive the experiences you had as a child—to grieve.” In the majority of cases, participants also described a process in which, to varying degrees, they attended to feelings and beliefs associated with the abuse. The process of emotionally expressing feelings associated with the abuse typically emerged in the context of relationships (getting support), journaling, or writing. In this respect, the participants used concepts similar to those depicted in popular books, referring to processes such as grieving, releasing emotions (anger and sadness), and talking about the abuse.

From a cultural perspective, the themes of remembering the abuse and attending to inner feelings and beliefs reflect the common cultural discourse of recovery presented by the psychology industry and popular self-help culture. Both themes reflect beliefs that



re-visiting unpleasant emotions related to the past is “healthy” and “adaptive,” and that one who avoids such feelings will continue to be troubled by them and will possibly misdirect them onto others. It renders power to the notion of emotions and implies that one must look inward in order to release feelings. In other words, “contained” emotions are considered “unhealthy” and dysfunctional, as having the power to influence one’s experiences in a negative manner. Bringing such feelings to the surface has the power to “extinguish” them. Participants’ engagement in remembering and looking inward was facilitated by their involvement with their immediate environment, including friends, family, educational sources, etc., even though only a few of them accessed popular literature on recovery from child abuse. Their engagement in remembering and attending to feelings and beliefs illustrates what Ward (2002) described as a “psychological colonization of everyday life” (p. 190) in which people are exposed to psychological perspectives, beliefs, and concepts about recovery through their daily interactions in their immediate environment.

Another aspect of recovery endorsed by the popular books was that survivors should examine and re-evaluate beliefs about themselves and their abusers. The popular books focussed on enhancing the self-esteem of survivors, on changing beliefs that one is to blame for the abuse, and on helping survivors recognize they are not alone in their experience of abuse. The emphasis on thinking positively about oneself is believed to counteract the negative messages internalized from childhood as a result of the abuse. Self-talk exercises were provided as a means to enhance one’s view of oneself. The participants also described a process in which they came to view themselves in a more

positive light and hold the abuser accountable for harm, although such shifts emerged as a result of various factors. For example, activities and experiences noted as contributing to self-esteem included relationships, leisure activities (curling), career, work with children, and reading books on self-esteem. The participants spoke with pride about their experience of success or competence in an area and/or their ability to overcome adversity. This position reflects cultural valuing of positive self-regard and self-efficacy. As noted by Markus and Kitayama (1991), North Americans demonstrate a robust tendency to enhance self-esteem and they tend to “explain their own success in terms of their own internal and relatively stable attributes, such as ability or talents” (p. 887). The focus is on the self, with private attitudes and opinions being regarded as more important than the perception of how one is valued or seen by others. Similarly, both popular books and participants’ stories appear to have adopted a discourse reflected in self-help culture which is oriented toward self-control, positive thinking, success, and self-determination (e.g., Kaminer, 1992).

Both popular books and participants’ stories extolled the value of shifting one’s view of people in general and the abusers, more specifically. The popular books provided information about relationships and abusive families to encourage such shifts. For participants, on the other hand, shifts in views of others emerged from a number of sources, including involvement with children, readings on child abuse, and social relationships. In this respect, participants learned to alleviate self-blame and hold the abusive other accountable for harm. As suggested by the popular books, participants also used role-models to facilitate an evaluation of their relationships from the past.

In both popular books and participants' stories, relationships were discussed as important factors in recovery, including establishing supportive relationships, finding healing through children, and resolving unfinished business with the abusers. All but one participant noted how support was beneficial, although the nature of it varied from intimate discussion of the abuse experience to companionship and role-modelling. Participants described relationships as helping them in a variety of ways, including enabling them to feel understood, accepted, and less alone, and to alleviate self-blame. In addition, participants reported benefitting from the opportunity to express feelings associated with the abuse. As is characteristic of individualistic societies (Markus & Kitayama, 1991), participants discussed their supportive relationships in terms of how it allowed them to express their unique configuration of feelings and thoughts. Their disclosures were guided less by the need to create harmony or to fit in with an in-group, as would be expected in collectivist societies, than it was by the need to assert oneself, one's feelings, and one's needs.

In the popular books, there also was an emphasis on the importance of developing relationships characterized by respect for boundaries and mutuality. Issues related to trust, intimacy and sexuality were presented, along with suggestions for improving social skills so as to broaden one's support network. For participants, descriptions of important and helpful relationships typically mirrored the types of relationships endorsed in popular books in that they were characterized as safe and trusting and, for the most part, as allowing the opportunity for participants to share their "pain and . . . healing" (Bass and Davis, 1994). In this respect, cultural messages appeared to shape individuals'

perceptions of “healthy” relationships, but, again, the responsibility to seek out such relationships was left up to the survivor.

Although the value of interpersonal relationships for fostering a dialogue about personal shared experiences between oneself and others is recognized in popular books and in the participants’ accounts, the discussion of relationships in popular books delineated a clear separation between oneself and others. Popular books provided recommendations that survivors clarify and distinguish their views and beliefs from those of others, in particular their family of origin, and that they identify personal boundaries in relating to others. Healthy relationships were defined as ones with respect for “individual opinions and personalities” (Bass & Davis, 1994) and one’s personal limits. This definition is likely based on the belief that boundaries had been crossed in childhood and had impaired the survivor’s ability to protect himself or herself. Such a delineation between oneself and others is consistent with Canadian/American values. As indicated by Sampson (2000), Western individualism [emphasizes] sharply drawn person-other boundaries and [produces] a person-other relationship . . . as independent” (p. 1425). This belief is reflected throughout the themes, where the nature of recovery is focussed on the individual who has the task of identifying his or her own feelings, reactions, and beliefs and of using this knowledge to determine which type of relationships to choose for oneself. Markus and Kitayama (1991) underscored the notion that Americans emphasize attending to oneself, appreciating one’s difference from others, and value asserting oneself to others. They stated:

the normative imperative of [American] culture is to become independent from

others and to discover and express one's unique attributes. . . . Achieving the cultural goal of independence requires construing oneself as an individual whose behavior is organized and made meaningful primarily by reference to one's own internal repertoire of thoughts, feelings, and action, rather than by reference to the thoughts, feelings and actions of others (p. 226).

Bellah et al. (1985) expressed the view that, in individualistic societies, people tend to emphasize utilitarian and pleasurable aspects of their relationships. In love relationships, there also is an emphasis on expression of individuality and freedom, as well as mutuality and sharing (Bellah et al., 1985). These aspects of relationships were evident in both popular books and participants' accounts of recovery.

The issue of addressing unresolved feelings toward individuals from the past arose in both studies and included themes of forgiveness, confrontation, and/or distancing and setting boundaries with abusive others. In the majority of popular books, the decision as to whether to forgive, confront, or create distance is left up to the reader. Alternatives to actual confrontation were also provided, such as writing a letter to the abuser, with the option of sending it. A majority of participants described similar aspects of resolution. Half of the participants forgave their abusers, while the remainder confronted (whether imagined or in-person) or set personal boundaries with past abusers, including cutting off contact for an extended period of time. This convergence illustrates how the cultural conversation about recovery from abuse has influenced survivors' approaches to finding closure with abusers. That participants used terms such as 'forgiveness,' 'confrontation,' and 'setting limits with abusive others' suggests that there is a socially-constructed view of how to find closure in relationships.

Another point illustrated by the theme 'resolution' is that the expectation to

address unresolved feelings about the abuse is left up to the survivor. There is minimal community involvement in this process, and the survivor takes on the task of finding the appropriate route to resolution alone. Although there are public avenues to acknowledging the wrongdoing of the abusers (e.g., seeking legal compensation), the ultimate responsibility for finding closure with abusers rests with the survivor. He or she must possess a degree of resourcefulness and personal agency in order to accomplish the task of resolution. Furthermore, the idea of setting limits and confronting abusers (and related others) illustrates cultural values of independence and separateness from others. Whereas in other cultures (e.g., Asian), decisions and actions are oriented toward group conformity and compliance, the central belief illustrated with the idea of setting boundaries is that one should choose whether to maintain a relationship with another depending on an analysis of the costs and benefits of doing so. As indicated by Triandis (1996), in individualistic societies, such as much of Canada and the United States:

The self is defined as independent and autonomous from collectives. Social behavior is shaped by attitudes and perceived enjoyable consequences. The perceived profit and loss from a social behavior is computed, and when a relationship is too costly it is dropped. (p. 409)

If the relationship is not perceived as serving the individual, one can separate and create distance. Similarly, the idea of confronting others is individually focussed in that it is intended to assert oneself and one's rights. Such an action serves to delineate a clear separation between two people.

In addition to establishing healthy and supportive relationships with friends and family, relationships with children were emphasized as contributing to recovery by several

participants. With the popular books, however, discussions about children arose primarily in the context of helping the survivor alleviate his or her sense of responsibility regarding the abuse. By engaging in exercises such as watching children play, or observing children in other contexts, the authors of these books theorized that the survivor is better able to identify his or her own powerlessness in childhood. In participants' accounts, other benefits from having or being around children were cited. For example, alleviating self-blame was one of the benefits of having children noted by one of the participants. Specifically, through parenting and feeling the unconditional love and vulnerability of his children, this participant realized that his own behaviour as a child did not warrant the criticism and judgement he received from his parents. Children inspired some participants to become role-models for their children; they were a source of love and comfort for others; and through helping children, some participants gained a sense of self-worth. In other words, through giving to and receiving love and caring from children, participants appeared to gain something of value in return, including a more positive view of self and a sense of worth. As with more interdependent cultures, where a premium is placed on collective welfare and where maintaining a connection to others means focussing on the needs and desires of others (Markus & Kitayama, 1991), participants, in this case, attended primarily to the needs of the children. Whereas participants discussed the role of support with family and friends primarily in terms of fulfilling their own need for acceptance, non-judgement, and a listening ear, when the topic of children arose, the emphasis typically was placed on children's needs. In this respect, participants' individualistic orientations in their recovery (i.e., identifying independent values and beliefs) shifted to a more interdependent

focus where children were concerned. As was the case with role-modelling for children, participants' behaviour became oriented toward promoting the welfare of children.

Finally, self-care emerged as a recovery theme in books, with topics ranging from body care and setting boundaries, to coping with stress and feelings. Aspects of self-care were also discussed by participants. For example, three participants described quitting using substances such as cigarettes, alcohol, and marijuana. Participants also learned new strategies for coping, such as using humour, becoming rational, relying on oneself in life, and confronting difficulties. Engaging in leisure and enjoyable activities was also described as facilitating recovery. The participants reported having taken an active role in finding strategies to better care for their emotional and physical well-being. Similar to other themes, the emphasis on self-care and personal resourcefulness illustrates values of self-efficacy and independence. Value is placed on one's ability to care for oneself and to seek out resources to do so. Markus and Kitayama (1991) described how in individualistic cultures, fulfilling the tasks associated with being an independent self is of primary importance. In this respect, participants demonstrated autonomy and self-efficacy in identifying and developing their own strategies for coping with their past abuse experience.

In sum, the themes of recovery which emerged from popular books and personal stories depict the survivor as an individual who needs to undergo a process of inner exploration, establish "healthy" relationships (and resolve old ones), and build on existing coping skills. The primary emphasis is placed on looking inward, expressing one's feelings, and learning to differentiate oneself from others. Identifying and expressing one's feelings and beliefs is believed not only to release unresolved feelings, but to better help the



individual clarify his or her unique values and beliefs. The knowledge of one's inner emotional and cognitive states also enables the survivor to clarify his or her boundaries and separateness from others. The process of experiencing and expressing emotions is self-defining, and this self-definition is asserted to others, serving to "bolster the construal of the self as an autonomous entity" (p. 235). The task of recovery is the responsibility of the survivor, with minimal, if any, community involvement. Although the value of social support and/or mental health services is recognized, the survivor is ultimately the agent of his or her own recovery. As indicated by the participants' stories, while the majority of them benefitted from social support, they took primary initiative in dealing with their abuse and pursuing activities that contributed to their healing.

### **8.2.2 Perspectives of Recovery**

This research project is based on the notion that individuals who have experienced abuse and subsequently suffered deleterious consequences as adults need to "recover" aspects of themselves that had been lost as a result of the abuse. As illustrated in the introduction, psychological research highlights some of the effects of child abuse, such as anxiety, depression, and maladaptive perceptions of self and others (e.g., Cole & Putnam, 1992; Kendall-Tackett et al., 1993; Ratican, 1992). Psychological literature on child abuse tends to define recovery from such consequences in terms of alleviation of symptoms, using pre- and post-measures to determine change. However, given the cultural basis of the present study, definitions of recovery from the perspective of the authors of the popular books and participant stories were used. By evaluating definitions provided by both perspectives, the cultural discourse of beliefs of recovery could be evaluated. As illustrated

earlier, all authors of the popular books possess varying degrees of expertise in working with survivors of child abuse. Their understanding of recovery was likely based on their clinical training, and one could speculate that other personal experiences helped shape their understanding of recovery. For participants, on the other hand, understanding of recovery and abuse experiences was acquired through a variety of resources such as family, friends, popular and professional literature, and the media. Evaluating perspectives of recovery from the view of the authors of the popular books and from those who have been abused permits an evaluation of the cultural climate which has contributed to understandings of recovery.

With respect to popular books, the definition of recovery was not explicitly depicted in the majority of cases. Instead, the authors looked at recovery in terms of changes a survivor could expect as a result of engaging in the processes outlined in books. For example, Engel (1989) described recovery in terms of changes experienced by the reader following the process of addressing the abuse, releasing associated feelings, and resolving relationships with abusers from the past. In this sense, Engel turned to the reader to define whether recovery has taken place in terms of the goals he or she sets at the outset of reading the book. However, she also noted benefits following recovery including being better able to respond to life's crises and stressors, feeling peace of mind, higher self-esteem and improved relationships. Other authors provided indications of the changes survivors could expect as a result of engaging in the processes outlined in the books, including reduced frequency of symptoms, improved self-esteem, improved relationships, a more rational perspective of the trauma, forgiveness of oneself for the abuse, and better,

healthier, more satisfying lives. In one case, recovery was defined according to meeting five basic needs, including the need to be safe, to trust, feel control over one's life, feel of value, and feel close to others. In other books, indications about expectations of recovery were less explicit and needed to be inferred from suggestions provided for overcoming the effects of abuse. Overall, the concept of recovery was broadly defined in terms of the many changes survivors may experience as a result of engaging in the recovery process. Many of the expected changes appeared to address a number of the symptoms considered to result from child abuse (see chapter 2). The changes reflect cultural values of what is considered "healthy" and functional. In this respect, the ideal individual is one who is independent, autonomous, resourceful, with a sense of mastery or agency over her or his life.

These notions of recovery mirror popular beliefs in "self-actualization" and "realizing oneself" that are prevalent in Canadian/American culture as a whole. By engaging in the processes described by the authors of the popular books, survivors are expected to lead more fulfilling lives, become more functional, enhance their self-concept, and enjoy more rewarding relationships. The concept of self-actualization, drawn from humanistic psychology, is pervasive in popular cultural literature, with numerous books providing "expertise" on how to enhance self-esteem, obtain success, or find the ideal relationship (Starker, 1989). The belief in the human potential for growth, therefore, is evident in the present analysis of popular books on recovery.

Similar to popular books, participants also tended to describe their recovery in terms of the symptoms or difficulties they described as arising from the abuse. For example, one participant with pre-existing anger toward the abuser described decreased

anger toward him following recovery. Another participant defined recovery in terms of a shift in the way he had viewed women before recovery, from seeing them as objects to seeing them as real people. Other participants defined recovery in terms of their self-worth (e.g. “feeling like a wonderful person,”), being efficacious (e.g., “someone who can cope with everyday life”), being at peace with oneself, thinking positively, letting go of the past, and examining and understanding emotional states (e.g, sadness and anger). Few participants defined their recovery in relational terms, with minimal references to the thoughts, feelings, and actions of others. In contrast to the popular books analysed, the participants’ views of recovery were more circumscribed and uniquely defined according to their abuse experience, pre-existing difficulties, or observed changes following recovery. However, similar elements appeared in participants’ definitions in that there tended to be an emphasis on self-mastery over pre-existing difficulties, as well as an emphasis on self-esteem. These definitions are consistent with cultural values which encourage independent construals of self, where a person’s experience of pride is understood in relation to one’s own individual attributes and capabilities (Markus & Kitayama, 1991).

One common belief endorsed by the majority of books is that recovery does not entail an outcome in which a survivor will “suddenly wake up one morning and find that it’s all better” (Engel, 1989). Instead, recovery was viewed as an ongoing process where, although many symptoms may have been alleviated, the pain associated with the abuse occasionally resurfaces. Similar to books, several participants noted how recovery is an ongoing process. They described recovery as “slow,” something to be “maintained,” and an everyday situation. Only one participant described recovery as an “end product” in

which she learned to see herself as a “wonderful” and “worthwhile” person. The main idea illustrated by both the popular books and the participants’ descriptions of recovery is that survivors will continue, throughout their lives, to deal with residual symptoms thought to be associated with the abuse. This belief constructs a reality in which the survivor will view ongoing difficulties as being directly related (or caused by) the abuse, with few possibilities for other interpretations. Clinical research supports this view and, as illustrated by the present study, individuals appear to have adopted this perspective, attributing most difficulties to their childhood experiences. As indicated by Dineen (1998), symptoms such as unhappiness, boredom, anger, sadness, and guilt, can now all be interpreted as signs of prior trauma (p. 21). Survivors, then, are characterized as people who are “scarred” for life.

Finally, the majority of books provided suggestions for furthering recovery through engaging in individual or group therapy. Although participants recognized the need for ongoing healing, none anticipated the need to pursue therapy for continued healing. In fact, a couple of participants indicated that therapy was not necessary or would not have been beneficial. Participants’ conceptualizations of recovery appeared, in part, to be influenced by cultural messages regarding abuse and recovery (e.g., relayed through cultural documents), and in part, by their own unique predispositions and ability to make new meaning of their past from new experiences they encountered in adulthood.

### **8.2.3 The Culture of Recovery in Canada and the United States**

As indicated in the introduction, the psychology industry has been influential in shaping contemporary Canadian and American society. It has established itself as an

important authority on the individual and the mind, as well as their dysfunctions. One feature of this industry, is the advent of the ‘mind cure’ or psychotherapy which has currently become a widely accepted form of intervention for a variety of conditions. Examples of the wide-spread use of psychological interventions include the growth of private practice, the provision of mandatory counselling with specific populations (e.g., rehabilitation, psychiatric, and forensic populations), the provision of psychological services in health insurance policies and psychotherapeutic services provided by governmental agencies.

One consequence of the popularization of psychology is the emergence of the self-help and therapy culture, also described as the “culture of recovery” (Kaminer, 1992). The culture of recovery is represented by a number of cultural mediums, including popular self-help literature, self-help organizations, recovery organizations, and television talk-shows, all of which contribute to the dissemination of psychological information (Ward, 2002). Self-help literature, in particular, has become omnipresent in Canadian and American cultures, as evidenced by its high visibility in bookstores and supermarkets.

Theorists have explored the consequences of the culture of recovery on individuals’ conceptualization of the self (e.g., Grodin & Lindolf, 1996; Simonds, 1992; Starker, 1989). According to Kaminer (1992), the emergence of the recovery movement has contributed to popularization of victimhood. Dineen (1998) also endorsed the view that the psychology industry manufactures victims. She stated that “the psychology industry sells the idea that once one is identified as a victim, one can anticipate relief and healing; ‘take control of the situation,’ ‘reclaim one’s life,’ and ‘make of it something better’” (p. 62). She added:

Being recognized as a victim of incest, verbal abuse . . . , as suffering from flashbacks, blocked feelings, low self-esteem . . . , as needing to trust someone, remember something, understand what happened . . . , provides the starting point; it identifies the client as the central character in a drama and the psychologist as the guide equipped to show the way. (P. 63)

Although not all “victims” turn to professionals for recovery, they have relatively easy access to “expert” knowledge through the variety of mediums described above.

According to Ward (2002), the relatively dominant presence of a recovery culture also contributed to the notion of looking inward in search for one’s true self. It encourages a language of deep interiors from which concepts such as “self-actualization” and “repression” emerge. People are expected to probe their lives for unhappy childhoods or unresolved grief. Irvine (1995) expressed a similar view, stating:

The image of the self that was popularized in awareness ideology still predominates today. In this formulation, a ‘true’ self lies inside each person, waiting to emerge but constrained by inhibitions and norms. One can ‘get in touch with’ and cultivate one’s true inner self through reflection. (p. 150)

In essence, the psychology industry and recovery culture as a whole has contributed to a new discourse about the self and recovery which is embedded within the daily lives of individuals.

In addition to evaluating the impact of the recovery movement on the everyday lives of people, theorists have considered the values underlying contemporary psychotherapeutic practices and self-help culture. Referring specifically to self-help books, Simonds (1992) argued that they “both mirror cultural values and participate in the creation of them” (p. 8). Similarly, the psychology industry as a whole has played a role in the creation and maintenance of dominant cultural values. As indicated in the introduction, a common perspective regarding the self-help industry is that it reflects pursuits towards

individualism, autonomy and freedom of choice. Irvine (1995) stated: “As a by-product of making the commitment to self-discovery, the self also becomes . . . a resource or a means to an end. . . . The activities of recovery begin to legitimate one’s autonomy and one’s right to define situations” (p. 156). The practice of psychotherapy itself also has been examined in terms of the individualistic values conveyed. Sato (1998) evaluated Bakan’s (1966) concepts of agency and communion in terms of differences in therapeutic approaches between North America and Japan. Paralleling the concepts of individualism and collectivism, agency is “characterized as a sense of separateness, power, control, and autonomy” and communion is “characterized as a sense of being at one with the environment . . . [in which] the self [is] indistinguishable from the environment” (Sato, 1998, p. 280). After comparing the dominant therapeutic approaches in both cultures, Sato (1998) concluded that psychotherapy in North America tends to place an emphasis on agency in addressing the client’s issues. Using interpersonal psychotherapy as an example, Sato (1998) stated:

[Interpersonal psychotherapy] views positive outcomes as derived from interacting with others not as much through merging with others [as would be the case in collectively oriented therapies], but more through the process of two or more individuals functioning as separate individuals with separate senses of self and often behaving according to a cost-benefit analysis (giving and taking from each other). (p. 286)

In sum, the portrayal of the culture of recovery suggests that it has played a prominent role in contributing to people’s conception of the self, beliefs about recovery, and values regarding individuality and autonomy. The findings in the present study are consistent with the beliefs and values portrayed in Canadian and American cultures, including those depicted by the psychology and self-help industry. In many respects, the



popular books and participants' accounts of recovery depicted values reflective of the individualistic, inner focussed, and autonomous individual.

#### **8.2.4 Self-Recovery for Survivors of Abuse**

The themes of recovery in the participants' accounts suggest that alternative routes to achieving the benefits expected from mental health services exist. While there was correspondence between popular books and personal stories of recovery, the various routes taken by the participants suggest that the process of re-experiencing and remembering the abuse may be over-emphasized in clinical and popular literature.

Although a majority of participants engaged in a process of looking inward, expressing feelings associated with the abuse, and talking about their abuse experiences with friends and family, they appeared to benefit equally from alternative sources, such as spirituality and career involvement. Two male participants, in fact, emphasized the role of activities such as parenting, curling, and reading self-help books, with little, if any discussion of addressing the abuse (either alone or in an interpersonal context), including focussing on memories, associated thoughts, or feelings. These participants reported having benefitted significantly from engaging in activities and experiences which enhanced their view of themselves or others, without the intense process of examining painful memories. They seemed to take the position that the kind of active acknowledging/remembering that might be part of psychotherapy (or other involvement with mental health professionals) is not necessary. This finding suggests that the mental health profession, with its focus on re-experiencing and talking about one's painful past, has created the mistaken impression that these activities are crucial to overcoming trauma. While these beliefs, based on

clinical research, may be useful in therapeutic settings or specific individuals, they neglect the events in people's lives that may prove to be equally beneficial for recovery.

In contrast to the emphasis on remembering and re-experiencing, the present study illustrated that pathways to transforming, or reconstructing, emotions and beliefs associated with abuse experiences are more variable for individuals choosing not to access mental health resources. Activities such as parenting, career and sports, for example, served to reconstruct beliefs about oneself through engaging in a process of self-reflection. Participants appeared to review the meaning of their involvement in such activities and how it reflects on their self-worth, their competence, or their experiences in childhood. These activities also helped shift perspectives about the abusers in that they provided an opportunity for participants to re-evaluate their relationships with these persons. For example, parenting permitted participants to re-evaluate the nature of their own childhood upbringing and, based on seeing the vulnerability of their own children, they were able to hold abusers accountable for harm. In other words, involvement in activities such as parenting or sports facilitated gains similar to those expected through processes such as re-experiencing or remembering. Given the emphasis on re-experiencing trauma in clinical and popular literature, the various routes taken suggest that the process of re-experiencing may be over-emphasized.

The process of remembering and accessing abuse-related thoughts and feelings in psychotherapy may be necessitated by the fact that the client is addressing abuse issues outside of his or her immediate environment, in a setting where the survivor and therapist co-create a new discourse about the abuse experiences. The setting itself may limit the

scope of activities and experiences which can be identified as therapeutic in that it is confined to processes which take place in the psychotherapy office. The psychotherapist remains the individual upon whom the client depends to facilitate a reconstruction of past experiences. Accessing memories becomes, therefore, a direct route to helping clients identify maladaptive beliefs and emotions for restructuring. In one's environment, however, experiences unrelated to abuse memories (e.g, sports and spirituality) may serve similar functions by providing an opportunity for survivors to evaluate their maladaptive beliefs and related emotions.

### **8.3 LIMITATIONS OF RESEARCH**

The analysis of popular cultural literature and interview material permitted a glance at Canadian/American perspectives regarding recovery. However, some features of this project limit the degree to which the results can be generalized to Canadian/American culture as a whole. I selected cultural material that was identified through an on-line book store and that was based on high sales' rankings. The degree to which such rankings reflect sales in book stores across Canada and the U.S. is not clear. I attempted to address this issue by looking in local book stores to confirm that the books I had selected for study were available. I found all but one of the selected books in local book stores. While this confirmation provided some assurance that computer-based sales' rankings might reflect sales in local stores, there are limits to the degree to which the popularity of the sample of books can be generalized.

A second limitation is related to sampling of cultural material focussed solely on recovery from child abuse. Limiting sampling in this way carries an assumption that people

access such material as a primary resource for recovery. In reality, individuals, including those abused as children, are likely influenced by all kinds of popular cultural sources, such as generic “self-help” books and television talk shows, which address a number of different psychologically-oriented issues. As demonstrated in the interview study, participants accessed a wide range of cultural documents in facilitating recovery. They described using motivational tapes, books on self-esteem, spiritual readings, biographies of abuse, women’s shelters, family violence programs, and academic material. This finding suggests that one should look to a broader range of cultural material in order to identify general values and beliefs not exclusive to recovery, as these, too, appear to contribute to recovery experiences.

An additional consideration in evaluating the findings in this study is the fact that the experience of abuse, its effects, and recovery were self-defined by participants. Although this approach is consistent with qualitative approaches to research, questions remain as to whether the participants’ self-reports were sufficient in identifying the phenomenon under investigation. The use of objective measures in identifying abuse, its effects, and recovery is emphasized in quantitative approaches to research, primarily to clarify the nature of the phenomenon under investigation and to facilitate comparisons between studies (e.g., Ammerman et al, 1986; Higgins & McCabe, 2001; Price et al., 2001). The emphasis on subjective aspects of participants’ experiences in the present study, therefore, does not permit comparisons and generalizations typical in more quantitatively oriented approaches.

A final aspect of this study which needs to be considered when evaluating the

results is the fact that a majority of participants had grown up or lived in rural areas or small towns in Western Canada. In addition to the possibility that these participants may have had more difficulty accessing mental health services in such areas, it is likely that they experienced a cultural atmosphere that was somewhat distinct from that of urban dwellers. Although the social structure of rural and small towns is changing, inhabitants of such areas have traditionally had larger families, a greater sense of community and closer reliance on neighbours, and a higher sense of religiosity than urban dwellers (Dasgupta, 2002). In addition, resources available to individuals living in urban centres, such as universities, book stores, and entertainment, may not play as influential a role in shaping the beliefs and values of rural or small town inhabitants. The recovery experiences of participants in this study, therefore, may be somewhat different from those living in larger urban centres. Subsequent research on self-recovery will need to include those living in urban centres in order to determine if and how their experiences differ from those living in less populated rural areas.

#### **8.4 CONCLUSION**

In addition to foregrounding the cultural framework in which the participants came to respond to their past experiences, the present study contributes to existing literature on recovery by illustrating that self-recovery from child abuse is possible. Focusing on those who have undergone self-recovery highlights the kind of resources that are understood as promoting self-healing. Given the dominant emphasis in Canadian/American culture on turning to experts for recovering from the effects of abuse, this study serves to shift the focus toward promoting alternative routes to recovery. As previously noted, the cultural

environment, including popular culture and the psychology industry, influences the manner in which people come to respond to and understand their personal experiences. For this reason, it is important to re-evaluate the biases and views that are relayed by the mental health profession and the impact that such views have on individuals.

With a growing demand for mental health services, furthering our understanding of self-recovery could ultimately serve to alleviate the demand on experts to guide survivors through their recovery. Additional research is needed to provide a fuller picture of self-recovery, and to determine how this knowledge can be communicated to those who are not readily able to access mental health services due to restrictions such as geography or finances. Relaying alternative pathways to recovery can provide hope and guidance to survivors when access to mental health services is not possible or desired.

As illustrated by the present study, the themes of recovery were typically reflective of individualistic values in Canadian/American culture. The participants adopted values that emphasized self-efficacy, autonomy, and self-control. They used their personal and environmental resources in ways that enhanced their views of themselves and facilitated an assertion of their individuality. Although the emphasis for participants was on the self and pursuits toward self-enhancement, this study illustrates how relationships and social support can serve to facilitate such pursuits. The participants detailed how their interactions with others contributed to recovery, naming factors such as feeling not judged, having an avenue to express feelings, and being reassured that they were not to blame. This focus on social interactions illustrates the importance of educating not only the survivors, but the community, including loved ones and the public in general, in ways of

understanding and responding to survivors' disclosures of abuse. Such a focus places greater responsibility on the community and facilitates a shift away from relying on expert knowledge in facilitating recovery.

Other environmental factors noted by participants as self-enhancing and contributing to recovery, such as leisure, career, and education, illustrate the curative value of being involved in meaningful activity. More extensive investigation into the contribution that such factors play in recovery will highlight the types of activities that benefit survivors, and ultimately, might provide communities with incentives to implement more activity-based interventions for survivors.

Future research will need to use larger samples of individuals from diverse contexts (e.g., socioeconomic backgrounds, geographic settings) in order to elucidate the factors considered integral for self-recovery and in order to facilitate generalizability of findings to the larger population. Only then can the development of theoretical models of self-recovery be formulated, along with the development of measures to identify the resources contributing to self-recovery. Ultimately, longitudinal studies, although costly and time-consuming, may provide the most insight into the trajectory of self-recovery and help distinguish those who engage in self-recovery from those who do not.. .

On the cultural domain, research needs to employ a more diverse sample of popular cultural documents in order to understand more completely the influential role they play in the process of self-recovery. It would be informative to know, for example, the role that films, newspapers or generic popular self-help books play in contributing to self-recovery. As indicated by the present study, diverse cultural documents contributed to the self-

recovery of participants. Understanding the messages relayed in popular culture will provide insight into the taken-for-granted beliefs regarding recovery and conceptions of the self.

Questions that remain to be answered through research on self-recovery include: To what extent do demographic variables, such as age, socioeconomic status, ethnicity and/or marital status contribute to the ability to engage in self-recovery? Are there constitutional characteristics that heighten the likelihood of self-recovery? Does the nature of abuse, whether physical, sexual, or emotional, render it more or less difficult to engage in self-recovery? Given the self-selected and small sample size of the present study, self-recovery can only be understood in the context from which the sample was derived, that is, from the perspective of middle-class, small-town or rural inhabitants in stable relationships with significant others. Additional research will help shed light on these questions and contribute to our understanding of self-recovery in general.



## REFERENCES

- Adams, M. (2003). Fire and ice: The United States, Canada, and the myth of converging values. Toronto, ON: Penguin Books.
- Agar, M. H. (1980). The professional stranger: An informal introduction to ethnography. San Diego: Academic Press.
- American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4<sup>th</sup> ed.). Washington, DC: Author.
- Ammerman, R. T., Cassisi, J. E., Hersen, M., & Van Hasselt, V. B. (1986). Consequences of physical abuse and neglect in children. Clinical Psychology Review, 6, 291-310.
- Andrew, G. (1999). Toward a better understanding and definition of child abuse. Unpublished doctoral dissertation., University of Missouri, Columbia.
- Bagley, C. & Ramsay, R. (1985). Psychosocial outcomes and implications for social work practice. Journal of Social Work and Human Sexuality, 4, 33-47.
- Bagley, C., Wood, M., & Young, L. (1994). Victim to abuser: Mental health and behavioral sequels in a community survey of young adult males. Child Abuse and Neglect, 18, 683-697.
- Banyard, V. L., Williams, L. M., & Siegel, J. A. (2001). The long-term mental health consequences of child sexual abuse: An exploratory study of the impact of multiple traumas in a sample of women. Journal of Traumatic Stress, 14(4), 697-715.
- Barker-Collo, S. L. (2002). Adult reports of child and adult attributions of blame for childhood sexual abuse: Predicting adult adjustment and suicidal behaviors in females. Child Abuse and Neglect, 25(10), 1329-1341.
- Bass, E. & Davis, L. (1994). Courage to heal: A guide for women survivors of child sexual abuse. (3<sup>rd</sup> ed.). New York: Harper Collins.
- Behl, L. E., Conyngham, H. A., & May, P. F. (2003). Trends in child maltreatment literature. Child Abuse and Neglect, 27, 215-229.
- Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. Child Abuse and Neglect, 16, 101-118.
- Bellah, R., Madsen, R., Sullivan, W. M., Swidler, A., & Tipton, M. T. (1985).

Habits of the heart: Individualism and commitment in American life. Los Angeles, CA: University of California Press.

Bernard, M. L., & Bernard, J. L. (1983). Violent intimacy: The family as a model for love relationships. Family Relations, 32, 283-286.

Betancourt, H. & López, S. R. (1993). The study of culture, ethnicity, and race in American Psychology. American Psychologist, 48(6), 629-637.

Beverly Engel. (n.d.). Retrieved June 17, 2003, from <http://www.beverlyengel.com>

Binggeli, N. J., Hart, S. N., & Brassard, M. R. (2001). Psychological maltreatment of children. Thousand Oaks: Sage Publications.

Biography. (n.d.). Retrieved June 17, 2003, from <http://elianagil.com/biograph.htm>

Blum, D., (1998, June). Finding Strength: How to Overcome Anything. Psychology Today, 31(3), 32-38 & 66-72.

Boudewyn, A. C., & Liem, J. H. (1996). Childhood sexual abuse as a precursor to depression and self-destructive behavior in adulthood. Journal of Traumatic Stress, 8(3), 445-459.

Briere, J., Evans, D., Runtz, M., & Wall, T. (1988). Symptomatology in men who were molested as children: A comparison study. American Journal of Orthopsychiatry, 58(3), 457-461.

Briere, J., & Runtz, M. (1986). Suicidal thoughts and behaviors in former sexual abuse victims. Canadian Journal of Behavioral Science, 18(4), 413-423.

Briere, J., & Runtz, M. (1988). Symptomatology associated with childhood sexual victimization in a nonclinical adult sample. Child Abuse and Neglect, 12, 51-59.

Briere, J., & Runtz, M. (1990). Differential adult symptomatology associated with three types of child abuse histories. Child Abuse and Neglect, 14, 357-364.

Briere, J. & Runtz, M. (1993). Childhood sexual abuse: Longterm sequelae and implications for psychological assessment. Journal of Interpersonal Violence, 8, 312-330.

Briere, J., & Zaidi, L. Y. (1989). Sexual abuse histories and sequelae in female psychiatric emergency room patients. American Journal of Psychiatry, 146(12), 1602-1606.

Brown, G. R., & Anderson, B. (1991). Psychiatric morbidity in adult inpatients with childhood histories of sexual and physical abuse. American Journal of Psychiatry, *148*, 55-61.

Brown, J., Cohen, P., Johnson, J. G., Smailes, E. M. (1999). Childhood abuse and neglect: Specificity and effects on adolescent and young adult depression and suicidality. Journal of the American Academy of Child and Adolescent Psychiatry, *38*(12), 1490-1496.

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. Psychological Bulletin, *99*(1), 66-77.

Busby, D. M., Glenn, E., Steggell, G. L., & Adamson, D. W. (1993). Treatment issues for survivors of physical and sexual abuse. Journal of Marital and Family Therapy, *19*(4), 377-392.

Carlin, A. S., Kemper, K., Ward, N. G., Sowell, H., Gustafson, B., & Stevens, N. (1994). Child Abuse and Neglect, *18*(5), 393-399.

Cavaiola, A. A., & Schiff, M. (1988). Behavioral sequelae of physical and/or sexual abuse in adolescents. Child Abuse and Neglect, *12*, 181-188.

Chu, J. A. (1992). The therapeutic roller coaster: Dilemmas in the treatment of childhood abuse survivors. Journal of Psychotherapy Practice and Research, *34*(1), 351-370.

Chu, J. A., & Dill, D. L. (1990). Dissociative symptoms in relation to childhood physical and sexual abuse. American Journal of Psychiatry, *147*(7), 887-892.

Cicchetti, D., & Garmezy, N. (1993). Prospects and promises in the study of resilience. Development and Psychopathology, *5*, 497-502.

Claussen, A. H., & Crittenden, P. M. (1991). Physical and psychological maltreatment: Relations among types of maltreatment. Child Abuse and Neglect, *15*, 5-18.

Cohen, J. A., Deblinger, E., & A de Arellano, M. (2001). The importance of culture in treating abused and neglected children: An empirical review. Child Maltreatment: Journal of the American Professional Society on the Abuse of Children, *6*(2), 148-157.

Cole, M. (1996). Cultural psychology: A once and future discipline. Cambridge: Belknap Press of Harvard University.

Cole, P. M., & Putman, F. W. (1992). Effect of incest on self and social

functioning: A developmental psychopathology perspective. Journal of Consulting and Clinical Psychology, 60(2), 174-184.

Collier, A. F., McClure, F. H., Collier, J., Otto, C., & Polloi, A. (1999). Culture-specific views of child maltreatment and parenting styles in a pacific-island community. Child Abuse and Neglect, 23(3), 229-244.

Cornell, W. F. & Olio, K. A. (1991). Integrating affect in treatment with adult survivors of physical and sexual abuse. American Journal of Orthopsychiatry, 61(1), 59-69.

Coupland, D. (1998). Girlfriend in a coma. Toronto: Harper Collins.

Courtois, C. A. (1988). Healing the incest wound. New York: Norton.

Courtois, C. A. (1992). The memory retrieval process in incest survivor therapy. Journal of Child Sexual Abuse, 1(1), 15-29.

Creswell, J. W. (1998). Qualitative inquiry and research design: Choosing among five traditions. Thousand Oaks: Sage.

Dasgupta, S. (2001). Rural Canada: Rural sociological perspectives. Queenston, ON: Edwin Mellen Press.

Davidson, J. R. T., & Foa, E. B. (1991). Diagnostic issues in posttraumatic stress disorder. Journal of Abnormal Psychology, 100(3), 346-355.

Department of Health and Human Services. (2001). Child Maltreatment: 2001 (chapter 3). Retrieved July 16, 2003, from <http://www.acf.hhs.gov/programs/cb/publications/cm01/cm01.pdf>

Deykin, E. Y., Alpert, J. J., & McNamarra, J. J. (1985). A pilot study of the effect of exposure to child abuse or neglect on adolescent suicidal behavior. American Journal of Psychiatry, 142(11), 1299-1303.

Dineen, T. (1998). Manufacturing victims: What the psychology industry is doing to people. Toronto, ON: Robert Davies Multimedia.

Dr. Gregory Jantz, Ph.D. Author, Keynote Speaker, Consultant. (n.d). Retrieved June 17, 2003, from <http://www.novatrain.com/trainers/drgregoryjantz.html>

Duncan, R. D., Saunders, B. E., Kilpatrick, D. G., Hanson, R. F., & Resnick, H. S. (1996). Childhood physical assault as a risk factor for PTSD, depression, and substance

abuse: Findings from a national survey. American Journal of Orthopsychiatry, 66, 437-448.

Engel, B. (1989). The right to innocence: Healing the trauma of childhood sexual abuse: A Therapeutic 7-Step Self-Help Program for Men and Women, including How to Choose a Therapist. New York: Ballantine Books.

Etherington, K. (1995). Adult male survivors of childhood sexual abuse. Counselling Psychology Quarterly, (8), 233-241.

Farmer, S. (1989). Adult children of abusive parents: A healing program for those who have been physically, sexually, or emotionally abused. Los Angeles: RGA Publishing.

Feinauer, L. L., Callahan, E. H., & Hilton, H. G. (1996). Positive intimate relationships decrease depression in sexually abused women. The American Journal of Family Therapy, 24(2), 99-106.

Feinauer, L. L., & Stuart, D. A. (1996). Blame and resilience in women sexually abused as children. The American Journal of Family Therapy, 24(1), 31-40.

Ferrari, A. M. (2002). The impact of culture upon child rearing practices and definitions of maltreatment. Child Abuse and Neglect, 26, 793-813.

Figley, C. R. (1985). Trauma and its wake: The study and treatment of post-traumatic stress disorder. New York: Brunner/Mazel.

Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, Characteristics, and risk factors. Child Abuse and Neglect, 14, 19-28.

Fitch, F. J., & Papantonio, A. (1983). Men who batter: Some pertinent characteristics. The Journal of Nervous and Mental Disease, 171(3), 190-192.

Fontes, L. A., Cruz, M., & Tabachnick, J. (2001). Views of child sexual abuse in two cultural communities: An exploratory study among African Americans and Latinos. Child Maltreatment: Journal of the American Professional Society on the Abuse of Children, 6(2), 103-117.

Forest, J. J. (1988). Exploring more on the effects of psychological self-help paperbacks. Psychological Reports, 63, 891-894.

Fromuth, M. E., & Burkhart, B. R. (1989). Long-term psychological correlates of childhood sexual abuse in two samples of college men. Child Abuse and Neglect, 13,

533-542.

Garbarino, J., Guttman, E., & Seeley, J. W. (1986). The psychologically battered child. San Francisco: Jossey-Bass.

Garbarino, J., & Plantz, M. C. (1986). Child abuse and juvenile delinquency: What are the links? In J. Garbarino, C. J. Schellenbach, & J. M. Sebes (Eds.), Troubled youth, troubled families (pp. 27-39). New York: Aldine de Gruyter.

Geertz, C. (1973). Thick description: Toward an interpretive theory of culture. In C. Geertz, The interpretation of cultures. (Pp. 3-30). New York: Basic Books.

Gergen, K., J., Gulerce, A., Lock, A., & Misra, G. (1996). Psychological Science in Cultural Context. American Psychologist, 51(5), 496-503.

Gil, E. (1983). Outgrowing the pain: A book for and about adults abused as children. New York: Dell Publishing.

Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, Mass: Harvard University Press.

Glaser, B., & Strauss, A. (1967). The discovery of grounded theory. Chicago: Aldine.

Goodenough, W. H. (1976). Multiculturalism as the normal human experience. Anthropology and Education Quarterly, 7(4), 4-7.

Gray, L. C., Goldsmith, H. F., Livieratos, B. B., & Dupuy, H. J. (1983). Individual and contextual social status contributions to psychological well-being. Sociology and Social Research, 68(1), 78-95.

Greenberg, L. S. (1991). Research on the process of change. Psychotherapy Research, 1(1), 3-16.

Greenberg, L. S., Rice, L. N., & Elliot, E. (1993). Facilitating emotional change: The moment by moment process. New York: Guilford.

Greenberg, L. S., & Piavio, S. C. (1997). Working with emotions in psychotherapy. New York: Guilford Press.

Grodin, D. (1991). The interpreting audience: The therapeutics of self-help books reading. Critical Studies in Mass Communication, 8, 404-420.

- Grodin, D., & Lindlof, T. R. (1996). Constructing the self in a mediated world. Thousand Oaks, CA: Sage.
- Hacking, I. (1995). The making and moding of child abuse. Critical Inquiry, 17, 253-288.
- Harrington, C. L., & Bielby, D. D. (2001). Constructing the popular. In Harrington, C. L., & Bielby, D. D. (Eds.), Popular Culture: Production and Consumption (pp. 1-15). Malden, Massachusetts: Blackwell.
- Hammersley, M., & Atkinson, P. (1995). Ethnography: Principles in practice. (2nd ed). New York: Hammersley and Atkinson.
- Heller, S. S., Larrieu, J. A., D'Imperio, R. D. & Boris, N. W. (1999). Research on resilient to child maltreatment. Child Abuse and Neglect, 23(4), 321-338.
- Henry, D. L. (1999). Resilience in maltreated children: Implications for special needs adoption. Child Welfare League of America, 78(5), 519-540.
- Herman, J. L. (1981). Father-daughter incest. Cambridge: Harvard University Press.
- Herman, J. L. (1997). Trauma and recovery. New York: Basic Books.
- Higgins, D. J., & McCabe, M. P. (2001). Multiple forms of child abuse and neglect: adult retrospective reports. Aggression and Violent Behavior, 6, 547-578.
- Himelein, M. J., & McElrath, A. V. (1996). Resilient child sexual abuse survivors: cognitive coping and illusion. Child Abuse and Neglect, 20(8), 747-758.
- Hofstede, G. (2001). Cultures consequences: Comparing values, behaviors, institutions, and organizations across nations (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- Hoglund, C. L., & Nicholas, K. B. (1995). Shame, guilt, and anger in college students exposed to abusive family environments. Journal of Family Violence, 10(2), 141-157.
- Holley, H. L. (1998). Geography and mental health: A review. Social Psychiatry and Psychiatric Epidemiology, 33(11), 535-542.
- Hunsley, J., Lee, C. M., Aubry, T. (1999). Who uses psychological services in Canada? Canadian Psychology, 40(3), 232-239.

Irvine, L. (1995). Codependency and recovery: Gender, self, and emotions in popular self-help. Symbolic Interaction, 18(2), 145-163.

Jackson, J. L., Calhoun, K. S., Amick, A. E., Maddever, H. M., & Habif, V. L. (1990). Young adult women who report childhood intrafamilial sexual abuse: Subsequent adjustment. Archives of Sexual Behavior, 19(3), 211-221.

Jacobson, A. (1989). Physical and sexual assault histories among psychiatric outpatients. American Journal of Psychiatry, 146(6), 755-758.

Jacobson, A., & Herald, C. (1990). The relevance of childhood sexual abuse to adult psychiatric inpatient care. Hospital and Community Psychiatry, 41(2), 154-158.

Jacobson, A., & Richardson, B. (1987). Assault experiences of 100 psychiatric inpatients: Evidence of the need for routine inquiry. American Journal of Psychiatry, 144(7), 908-913.

Janoff-Bulman, R. (1992). Shattered assumptions. New York: Free Press.

Jantz, G. L. (1995). Healing the scars of emotional abuse. Grand Rapids: Fleming Revell.

Jasinski, J. L., Williams, L. M., & Siegel, J. (2001). Childhood physical and sexual abuse as risk factors for heavy drinking among African-American women: A prospective study. Child Abuse and Neglect, 24(8): 1061-1071.

Jones, J. C., & Barlow, D. H. (1990). The etiology of posttraumatic stress disorder. Clinical Psychology Review, 10, 299-328.

Johnson, J. G., Cohen, P., Smailes, E. M., Skodol, A. E., Brown, J., & Oldham, J. M. (2001). Childhood verbal abuse and risk for personality disorders during adolescence and early adulthood. Comprehensive Psychiatry, 42(1), 16-23.

Kapitanoff, S. H., Lutzker, J. H., & Bigelow, K. M. (2000). Cultural issues in relation between child disabilities and child abuse. Aggression and Violent Behavior, 5(3), 227-244.

Kaufman, J., & Zigler, E. (1987). Do abused children become abusive parents? American Journal of Orthopsychiatry, 57(2), 186-192.

Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. Psychological Bulletin, 113(1), 164-180.



Kaminer, W. (1992). I'm dysfunctional, you're dysfunctional. Don Mills, ON; Addison-Wesley Publishing.

Kinard, M. (1998). Methodological issues in assessing resilience in maltreated children. Child Abuse and Neglect, 22(7), 669-680.

Kirsh, G. A., & Kuiper, N. A. (2002). Individualism and relatedness themes in the context of depression, gender, and a self-schema model of emotion. Canadian Psychology, 43(2), 76-90.

Korbin, J. E. (2002). Culture and child maltreatment: Cultural competence and beyond. Child Abuse and Neglect, 26, 637-644.

Kroll, P., Stock, D. F., & James, M. E. (1985). The Behavior of adult alcoholic men abused as children. The Journal of Nervous and Mental Disease, 173(11), 689-693.

Kvale, S. (1988). The 1000-page question. Phenomenology and Pedagogy, 6(2), 90-106.

Lam, J. N., & Grossman, F. K. (1997). Resiliency and adult adaptation in women with and without self-reported histories of childhood sexual abuse. Journal of Traumatic Stress, 10(2), 175-196.

Lambert, M. J., & Hill, C. E. (1994). Assessing psychotherapy outcomes. In Bergin, A. E., & Garfield, S. L. (Eds.), Handbook of psychotherapy and behavior change (4th ed., pp. 72-113). New York: John Wiley.

Lamphear, V. S. (1985). The impact of maltreatment on children's psychosocial adjustment: A review of the research. Child Abuse and Neglect, 9, 251-263.

Laner, M. R., & Thompson, J. (1982). Deviant Behavior: An Interdisciplinary Journal, 3, 229-244.

Lang-Takac, E., & Osterweil, Z. (1992). Separation and connectedness: Differences between the genders. Sex Roles, 27, 277-289.

Lew, M. (1990). Victims no longer: Men recovering from incest and other sexual child abuse. New York: Harper Collins.

Liem, J. H., James, J. B., O'Toole, J. G., & Boudewyn, A. C. (1997). Assessing resilience in adults with histories of childhood sexual abuse. American Journal of Orthopsychiatry, 67(4), 594-606.

Lichterman, P. (1992). Self-help reading as a thin culture. Media, Culture, and

Society, 14, 421-447.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Newbury Park, CA: Sage.

Lonner, W. J., & Adamopoulos, J. (1997). Culture as antecedent to behavior. In J. W. Berry, Y. H. Poortinga, & J. Pandey (Eds.), Handbook of cross-cultural psychology: Theory and method (Vol. 1, pp. 43-83). Boston: Allyn & Bacon.

MacMillan, H. L., Munn, C. (2001). The sequelae of child maltreatment. Current Opinion in Psychiatry, 14(4), 325-331.

Malinosky-Rummell, R., & Hansen, D. J. (1993). Long-term consequences of childhood physical abuse. Psychological Bulletin, 114(1), 68-79.

Manning, F. E. (1993). Reversible resistance: Canadian popular culture and the American other. In D. H. Flaherty, & F. E. Manning (Eds.), The beaver bites back? American popular culture in Canada (pp. 3-28). Montreal, QB: McGill-Queen's University.

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. Psychological Review, 98(2), 224-253.

Markus, H. R., Kitayama, S., & Heiman, R. J. (1996). Culture and basic "psychological" principles. In E. T. Higgins, & A. W. Kruglanski (Eds.), Social psychology: Handbook of basic principles (pp. 857-913). New York, NY: Guilford Press.

Marsella, A. J. (1982). Culture and mental health: An overview. In A. J. Marsella & G. M. White (Eds.), Cultural conceptions of mental health and therapy (pp. 359-389). Boston, MA: D. Reidel Publishing Company.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. Development and Psychopathology, 2, 425-444.

Matsakis, A. (1996). I can't get over it: A handbook for trauma survivors. (2<sup>nd</sup> Ed.). Oakland: New Harbinger.

McCord, J. (1983). A forty year perspective on the effects of child abuse and neglect. Child Abuse and Neglect, 7, 265-270.

McCracken, G. (1988). The long interview. Newbury Park, CA: Sage.

McGloin, J. M., & Widom, C. S. (2001). Resilience among abused and neglected

children grown up. Development and Psychopathology, 13, 1021-1038.

McNamee, S. (1996). Therapy and identity construction in a postmodern world. In D. Grodin & T. R. Lindolf (Eds.), Constructing the self in a mediated world (pp. 141-157). Thousand Oaks, CA: Sage Publications.

Meier, A. (2001). Adult survivors of incest and the capacity to forgive: An object relations perspective. In A. Meier & P. VanKatwyk (Eds.), The challenge of forgiveness (pp. 87-123). Toronto, Canada: Novalis.

Metcalfe, M., Oppenheimer, R., Dignon, A., & Palmer, R. L. (1990). Childhood sexual experiences reported by male psychiatric patients. Psychological Medicine, 20, 925-929.

Miles, M. B., & Huberman, A. M. (1994). Qualitative data analysis (2nd ed.). Thousand Oaks: Sage.

Miller, B. A., Downs, W. R., Gondoli, D. M., & Keil, A. (1987). The role of childhood sexual abuse in the development of alcoholism in women. Violence and Victims, 2, 157-172.

Miller, J. B. (1986). Toward a new psychology of women. Boston: Beacon Press.

Misra, G., & Gergen, K. J. (1993). On the place of culture in the psychological science. International Journal of Psychology, 28(2), 225-243.

Möller, A. T., & Steel, H. R. (2002). Clinically significant change after cognitive restructuring for adult survivors of childhood sexual abuse. Journal of Rational-Emotive and Cognitive-Behavior Therapy, 20(1), 49-64.

Monaghan-Blout, S. (1996). Re-examining assumptions about trauma and resilience: Implications for intervention. Psychotherapy in Private Practice 15(4), 45-69.

Monbourquette, J. (2002). How to forgive. Toronto: Novalis.

Mrazek, P. J., & Mrazek, D. A. (1987). Resilience in child maltreatment victims: A conceptual exploration. Child Abuse and Neglect, 11, 357-366.

Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1996). The long-term impact of the physical, emotional, and sexual abuse of children: A community study. Child Abuse and Neglect, 20(1), 7-21.

Mukerji, C., & Schudson, M. (1991). Introduction: Rethinking popular culture. In C. Mukerji, & Schudson, M. (Eds.), Rethinking popular culture: Contemporary

perspectives in cultural studies (pp. 1-61). Berkeley, CA: University of California Press.

Nisbet-Wallis, D. A. (2002). Reduction in trauma symptoms following group therapy. Australian and New Zealand Journal of Psychiatry, *36*(1), 67-74.

Norman, D. K., Murphy, J. M., Gilligan, C., & Vasudev. (1982). Sex differences and interpersonal relationships: A cross-sectional sample in the U.S. and India. International Journal of Aging and Human Development, *14*(4), 291-307.

Oddone-Paolucci, E., Genuis, M. L., & Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. Journal of Psychology, *135*(1), 17-36.

Olio, K. A., & Cornell, W. F. (1993). The therapeutic relationship as the foundation for treatment with adult survivors of sexual abuse. Psychotherapy, *30*(3), 512-523.

Ogles, B. M., Lambert, M. J., & Craig, D. E. (1991). Comparison of self-help books for coping with loss: Expectations and attributions. Journal of Counseling Psychology, *38*(4), 387-393.

Ostry, B. (1993). American culture in a changing world. In D. H. Flaherty, & F. E. Manning (Eds.), The beaver bites back? American popular culture in Canada (pp. 33-41). Montreal, QB: McGill-Queen's University.

Oyserman, D., Coon, H. M., & Kemmelmeier, M. (2002). Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-analysis. Psychological Bulletin, *128*(1), 3-72.

Paivio, S. C., & Nieuwenhuis, J. A. (2001). Efficacy of emotion focussed therapy for adult survivors of child abuse: A preliminary study. Journal of Traumatic Stress, *14*(1), 115-133.

Paivio, S. C., & Shimp, L. N. (1998). Affective change processes in therapy for PTSD stemming from childhood abuse. Journal of Psychotherapy Integration, *8*(4), 211-229.

Palmer, R. L., Chaloner, D. A., & Oppenheimer, R. (1992). Childhood sexual experiences with adults reported by female psychiatric patients. British Journal of Psychiatry, *160*, 261-265.

Parikh, S. V., Wasylenki, D., Goering, P., Wong, J. (1996). Mood disorders: Rural/urban differences in prevalence, health care utilization, and disability in Ontario. Journal of Affective Disorders, *36*(4), 57-65.

Polusny, M. A., & Follette, V. M. (1995). Long-term correlates of child sexual abuse: Theory and review of the empirical literature. Applied and Preventive Psychology, 4, 143-166.

Pope, K. S., & Brown, L. S. (1996). Recovered memories of abuse: Assessment, therapy, forensics. Washington, DC; American Psychological Association.

Pribor, E. F., & Dinwiddie, S. H. (1992). Psychiatric correlates of incest in childhood. American Journal of Psychiatry, 149, 52-56.

Price, J. L., Hilsenroth, M. J., Petretic-Jackson, P. A., & Bonge, D. (2001). A review of individual psychotherapy outcomes for adult survivors of childhood sexual abuse. Clinical Psychology Review, 21(7), 1095-1121.

Priest, J. P. (1996). "Gilt by association:" Talk show participants' televisually enhanced status and self-esteem. In D. Grodin & T. R. Lindlof (Eds.), Constructing the self in a mediated world. (pp. 68-83). Thousand Hills, CA: Sage Publications.

Rapping, E. (1996). The culture of recovery: Making sense of the self-help movement in women's lives. Boston, MA: Beacon Press.

Ratican, K. L. (1992). Sexual abuse survivors: Identifying symptoms and special treatment considerations. Journal of Counseling and Development, 71, 33-38.

Ratner, E. (1990). The other side of the family: A book of recovery from abuse, incest, and neglect. Deerfield Beach, FL: Health Communications

Ratner, C. (1997). Cultural psychology and qualitative methodology: Theoretical and empirical considerations. New York: Plenum Press.

Ratner, C. (2002). Cultural psychology: Theory and method. New York: Plenum Press.

Ray, S. L. (2001). Male survivors's perspectives of incest/sexual abuse. Perspectives in Psychiatric Care, 37(2), 49-59.

Rich, D. J., Gingerich, K. J., & Rosén, L. A. (1997). Childhood emotional abuse and associated psychopathology in college students. Journal of college student psychotherapy, 11(3), 13-29.

Riechert, J., & Möller, A. T. (2000). Rational-emotive behavior therapy in the treatment of adult victims of childhood sexual abuse. Journal of Rational-Emotive and Cognitive-Behavior Therapy, 18(2), 87-101.

- Rogeness, G. A., Amrung, S. A., Macedo, C. A., Harris, W. R., & Fisher, C. (1986). Psychopathology in abused or neglected children. Journal of the American Academy of Child Psychiatry, *25*, 659-665.
- Rohsenow, D. J., Corbett, R., & Devine, D. (1988). Molested as children: A hidden contribution to substance abuse? Journal of Substance Abuse Treatment, *5*, 13-18.
- Romano, E., & De Luca, R. V. (1999). Male sexual abuse: A review of effects, abuse characteristics, and links with later psychological functioning. Aggression and Violent Behavior, *6*, 55-78.
- Roscoe, B., & Benaske, N. (1985). Courtship violence experienced by abused wives: Similarities in patterns of abuse. Family Relations, *34*, 419-424.
- Roscoe, B., & Callahan, J. E. (1985). Adolescents' self-report of violence in families and dating relations. Adolescence, *20*, 545-553.
- Rosen, G. M. (1987). Self-help treatment books and the commercialization of psychotherapy. American Psychologist, *43*(1), 46-51.
- Rosenbaum, M., & Bennett, B. (1986). Homicide and depression. American Journal of Psychiatry, *143*(3), 367-370.
- Rosenbloom, D. & Williams, M. B. (1999) Life after trauma: A workbook for healing. New York: Guilford Press.
- Rowe, E., & Eckenrode, J. (1999). The timing of academic difficulties among maltreated and nonmaltreated children. Child Abuse and Neglect, *23*(8), 813-832.
- Runtz, M. G., & Schallow, J. R. (1997). Social support and coping strategies as mediators of adult adjustment following childhood maltreatment. Child Abuse and Neglect, *21*(2), 221-226.
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. British Journal of Psychiatry, *147*, 598-611.
- Ryan, J., Wentworth, W. M., Chapman, G. (1994). Models of emotions in therapeutic self-help books. Sociological Spectrum, *14*, 241-255.
- Sack, W. H., & Mason, R. (1980). Child abuse and conviction of sexual crimes: A preliminary finding. Law and Human Behavior, *4*, 211-215.
- Sampson, E. E. (2000). Reinterpreting individualism and collectivism: Their

religious roots and monologic versus dialogic person-other relationship. American Psychologist, 55(12), 1425-1432.

Sato, T. (1998). Agency and communion: The relationship between therapy and culture. Cultural Diversity and Mental Health, 4(4), 278-290.

Saunders, B. E., Villepontoux, L. A., Lipovsky, J. A., Kilpatrick, D. G., & Veronen, L. J. (1992). Child sexual assault as a risk factor for mental health disorders among women: A community sample. Journal of Interpersonal Violence, 7, 189-204.

Schaefer, M. R., Sobieraj, K., & Hollyfield, R. L. (1988). Prevalence of childhood physical abuse in adult male veteran alcoholics. Child Abuse and Neglect, 12, 141-149.

Sedney, M. A., & Brooks, B. (1984). Factors associated with a history of childhood sexual experience in a non-clinical female population. Journal of the American Academy of Child Psychiatry, 23(2), 215-218.

Segall, M. H., Lonner, W. J., & Berry, J. W. (1998). Cross-cultural psychology as a scholarly discipline: On the flowering of culture in behavioral research. American Psychologist, 53(10), 1101-1110.

Shonk, S. M. & Dante, C. (2001). Maltreatment, competency deficits, and risk for academic and behavioral maladjustment. Developmental Psychology, 37(1)

Shweder, R. A. (1990). Cultural psychology-What is it? In J. W. Stigler, R. A. Shweder, G. H. Herdt (Eds.), Cultural psychology: Essays on comparative human development. (pp. 2- 64). Cambridge, NY: Cambridge University Press.

Simonds, W. (1992). Women and self-help culture: Reading between the lines. New Brunswick, Canada: Rutgers University Press.

Simpson, J. (2000). Star-spangled Canadians: Canadians living the American dream. Toronto: Harper Collins.

Smucker, M. R., & Dancu, C. V. (1999). Cognitive-behavioral treatment for adult survivors of childhood trauma: Imagery rescripting and reprocessing. Northvale, NJ: Jason Aronson Inc.

Squire, C. (2000). Culture in psychology. In Squire, C. (Ed.), Culture in psychology (pp. 1-15). Philadelphia, PA: Routledge.

Starker, S. (1988). Do-it-yourself therapy: The prescription of self-help books by psychologists. Psychotherapy, 25(1), 142-146.

Starker, S. (1989). Oracle at the supermarket: The American preoccupation with self-help books. New Brunswick, NJ: Transaction Publishers.

Statistics Canada (2001). *Family and Dwelling Statistics for Saskatchewan*. [Data File]. Available from Statistics Canada Website, <http://www.statscan/start.html>

Suffridge, D. R. (1991). Survivors of child maltreatment: Diagnostic formulation and therapeutic process. Psychotherapy, 28(1), 67-75.

Swett, C., Surrey, J., & Cohen, C. (1990). Sexual and physical abuse histories and psychiatric symptoms among male psychiatric outpatients. American Journal of Psychiatry, 147(5), 632-636.

Tarter, R. E., Hegedus, A. M., Winsten, N. E., & Alterman, A. I. (1984). Neuropsychological, personality, and familial characteristics of physically abused delinquents. Journal of the American Academy of Child Psychiatry, 23, 668-674.

Tesch, R. (1989). Computer software and qualitative analysis: A reassessment. In G. Blank et al. (Eds.), New technology in sociology: Practical applications in research and work (pp. 141-154). New Brunswick, NJ: Transaction Books.

Thomson, T. (2000). In conflict no longer: Self and society in contemporary America. New York: Rowman and Littlefield Pub.

Triandis, H. C. (1995). Individualism and collectivism. San Francisco: Westview Press.

Triandis, H. C. (1996). The psychological measurement of cultural syndromes. American Psychologist, 51(4), 407-415.

Trocme, N., Maclaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., Mayer, M., Wright, J., Barter, K., Burford, G., Hornick, J., Sullivan, R., & McKenzie, B. (1998). Canadian incidence study of reported child abuse and neglect: Final report [online]. Retrieved July 16, 2003, from <http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/cisfr-ecirf/index.html>.

Tudge, J. R. H., Hogan, D. M., Snezhkova, I. A., Kulakova, N. N., & Etz, K. E. (2000). Parents' child-rearing values and beliefs in the United States and Russia: The impact of culture and social class. Infant and Child Development, 9, 105-121.

Turner, R. J., & Lloyd, D. A. (1999). The stress process and the social distribution of depression. Journal of Health and Social Behavior, 40, 374-404.



Valentine, L., & Feinauer, L. L. (1993). Resilience factors associated with female survivors of childhood sexual abuse. The American Journal of Family Therapy, 21(3), 216-224.

Van der Kolk, B. A., Perry, J. C., & Herman, J. L. (1991). Childhood origins of self-destructive behavior. American Journal of Psychiatry, 148, 1665-1671.

Ward, S. C. (2002). Modernizing the mind: Psychological knowledge and the remaking of society. Westport, CT: Praeger.

Webb, L. P., & Leehan, J. (1996). Group treatment for adult survivors of abuse: A manual for practitioners. Thousand Oaks, CA: Sage.

Webster's Encyclopedic Unabridged Dictionary of the English Language. (1989). New York: Dilithium Press.

Weingarten, K. (1995a). Introduction: Attending to absence. In K. Weingarten (Ed.). Cultural resistance: Challenging beliefs about men, women, and therapy (pp. 1-5). New York, NY: Haworth Press.

Weingarten, K. (1995b). Radical listening: Challenging cultural beliefs for and about mothers. In K. Weingarten (Ed.). Cultural resistance: Challenging beliefs about men, women, and therapy (pp. 7-22). New York, NY: Haworth Press.

Weiss, D. S., & Marmar, C. R. (1993). Teaching time-limited dynamic psychotherapy for posttraumatic stress disorder and pathological grief. Psychotherapy, 4, 587-591.

Westermeyer, J., Wahmanholm, K., & Thuras, P. (2001). Effects of childhood physical abuse on course and severity of substance abuse. American Journal on Addictions, 10(2), 101-110.

Werner, E. E., & R. S. Smith. (2001). Journeys from Childhood to Midlife: Risk, Resilience, and Recovery. Ithaca, New York: Cornell University Press.

Widom, C. S. (1989). Child abuse, neglect, and adult behavior: Research design and findings on criminality, violence, and child abuse. American Journal of Orthopsychiatry, 59(3), 355-367.

Widom, C. S. (1999). Posttraumatic stress disorder in abused and neglect children grown up. American Journal of Psychiatry, 156(8), 1223-1229.

Wiehe, V. R. (1996). Working with child abuse and neglect: A primer. Thousand

Oaks, CA: Sage.

Wilkes, G. (2002). Abused child to nonabusive parent: Resilience and conceptual change. Journal of Clinical Psychology, 58(3), 261-276.

Wilson, D. M., & Cash, T. F. (2000). Who reads self-help books? Development and validation of the self-help reading attitudes survey. Personality and Individual Differences, 29, 119-129.

Wolcott, H. F. (1987). On ethnographic intent. In G. Spindler & L. Spindler, Interpretive ethnography of education: At home and abroad. Hillsdale, NJ: Lawrence Erlbaum.

Wolfe, D. A., Scott, K., Wekerle, C., Pittman, A. L. (2001). Child maltreatment: risk of adjustment problems and dating violence in adolescence. Journal of the American Academy of Child and Adolescent Psychiatry, 40(3), 282-289.

Wyatt, G. E. (1985). The sexual abuse of afro-american and white-american women in childhood. Child Abuse and Neglect, 9, 507-519.

Wyatt, G. E., & Newcomb, M. (1990). Internal and external mediators of women's sexual abuse in childhood. Journal of Consulting and Clinical Psychology, 58(6), 758-767.

Xiao, H. (2000). Class, gender, and parental values in the 1990s. Gender and Society, 14(6), 785-803.

Yesavage, J. A., & Widrow, L. (1985). Early parental discipline and adult self-destructive acts. Journal of Nervous and Mental Disease, 17, 74-77.

Zierler, S., Feingold, L., Laufer, D., Velentgas, P., Kantrowitz-Gordon, I., & Mayer, K. (1991). Adult survivors of childhood sexual abuse and subsequent risk for HIV infection. American Journal of Public Health, 81, 572-575.

Zimmerman, T. S., Holm, K. E., & Starrels, M. E. (2001). A feminist analysis of self-help bestsellers for improving relationships: A decade review. Journal of Marital and Family Therapy, 27(2), 165-175.

## APPENDIX A

### ARTICLE PUBLISHED IN STAR PHOENIX

JANUARY 24, 2000

#### **Childhood Victims of Abuse Sought for Doctoral Study By Gerry Klein**

Paola Lake is casting her net across Saskatchewan, looking for victims of childhood abuse who have recovered without the help of mental health professionals.

Lake, a doctoral student at the University of Saskatchewan, has received a grant from the Social Sciences and Humanities Research Council of Canada (SSHRC) to conduct research designed to describe the process people go through to recover from childhood abuse.

She is looking for volunteers who are willing to tell her their story of physical sexual or emotional abuse and how they treated themselves, she said in an interview. Those interested can reach Lake at 966-6657, she said. The research is structured to make sure the volunteer's identity will be protected, she said.

While there is a growing number of people who seek professional help for incidents of abuse that occurred when they were young, it's difficult to know how many people were abused in one or more of these manners and never reported it.

Some people may not report it because they weren't badly traumatized. Others may still be hiding their pain and others may have found ways of treating themselves.

Those who have treated themselves may have something to teach those that feel they must live with the pain of the abuse, Lake said.

Lake's study will begin with a look at what sorts of themes are present in North American culture that deal with self-help or self-healing.

## APPENDIX B

### PHONE SCREENING PROCEDURES

Interviewer \_\_\_\_\_

Date \_\_\_\_\_

The following procedure for telephone screening is to be implemented for each individual expressing interest in the study. The introduction is to be paraphrased or read to the prospective participant.

#### **Introduction**

My name is \_\_\_\_\_ and I am calling in response to your message regarding a research study listed in the newspaper.

I am conducting research on the process of recovery from childhood emotional, physical, and sexual abuse. Specifically, I am interested in discovering how individuals who have not participated in psychotherapy or accessed the services of mental health professionals succeeded at overcoming the traumatic effects of the childhood abuse.

This study will involve participation in one to two interviews, approximately 12 to 2 hours in length. The interview will cover a number of topics ranging from discussing the nature of the abuse, the effects it has had on your life, and how you worked through or overcame its traumatic impact. All interviews will be audio-taped for the purpose of more accurate recording of the information being provided. All information will be strictly confidential and anonymity will be maintained by applying a code number to each participant. (Determine if individual still expresses interest).

Before proceeding further, I have some questions to ask which will help me determine whether your participation in this study is appropriate at this time. Some of the questions are personal in nature and possibly difficult to talk about. Should participation in this project not be fitting for you at this time or should any issues arise in discussing this project, I will suggest alternatives which may better meet your needs. Do you have any questions at this time? Do you wish to proceed?

#### **Research Criteria Questions:**

1. How did you find out about the study?

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2. Are you currently in counselling or therapy of any kind (including individual and group therapy, support or “self-help” groups, or treatment for matters unrelated to childhood abuse such as substance abuse programs, treatment for a personality disorder or supportive counselling)?

Yes No

If yes, provide description of type of services \_\_\_\_\_

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3. Have you ever been in counselling or therapy of any kind in the past (including individual and group therapy, support or “self-help” groups, or treatment for matters unrelated to childhood abuse such as substance abuse programs, treatment for a PD or supportive counselling)?

Yes No

If yes, acknowledge the individual for calling and indicate that s/he does not meet criteria for participation.

4. Are you over the age of 19? If no, indicate that does not meet age criterion. Discuss issue of abuse further to ascertain whether individual calling is concerned about current abusive situation. If yes, provide appropriate referral information according to list and follow up by obtaining name and number of individual if categorized as child. If individual is not currently in an abusive situation, however, and would like services regarding abuse, provide alternatives for support.

5. For how long have you lived in North America? \_\_\_\_\_

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6. Were you living in North America at the time of the abuse?

Yes No Some of the time

7. Have you been living in North America since the abuse occurred?

Yes No

If no, provide detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. At what age did you recall having been abused? (Ensure that the individual recalls the abuse at the time that it occurred. Any individual who recalled the abuse after its occurrence will not be able to participate in the study.)

Specify Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Will you briefly tell me something about your experience of childhood abuse? (Ensure that the abuse commenced before the age of 19)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How specific were the memories of abuse at the time of recollection? (Additional memories occurring after the abuse will be acceptable).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Will you briefly tell me about the impact the childhood abuse had on your life? (Individual should identify emotional, psychological, and/or behavioural difficulties he or she linked to the childhood abuse).

\_\_\_\_\_

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12. Do you currently have problems with alcohol or drug abuse? (If yes, with no treatment, and sober for less than a year, suggest referral: Regional Alcohol and Drug Services 933-5851).

Yes No

13. Have you ever been diagnosed with an emotional or psychiatric disorder?

Yes No

If yes, specify age of diagnosis, name of assessor, circumstance and present status or disorder

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14. Are you experiencing a crisis (including suicidal ideation, physical or sexual abuse in current relationships) right now? If yes, obtain detail and refer to appropriate agency.

Assessment:

Does not meet criteria:

Referred elsewhere? Yes No Specify: \_\_\_\_\_

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If individual meets criteria obtain the following information and indicate that he or she will be contacted within the week:

Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_



## APPENDIX C

### INFORMED CONSENT

I, \_\_\_\_\_, agree to participate in a doctoral study conducted by R. Paola Lake through the University of Saskatchewan. The purpose of this research is to discover the process of recovery from trauma related to childhood abuse (emotional, verbal, or sexual) for individuals who have not contacted any formal mental health services. This study is carried out with the intention of educating the public on the above recovery process so that those without access to mental health services may learn about others' experiences of recovery and alternatives to recovery with therapeutic intervention.

- (1) I will be asked to participate in one or two interviews either at the University of Saskatchewan or at a neutral location mutually selected by myself and the interviewer. I understand that I will be asked about the nature of the childhood abuse, the effects it had on me as an adult, and how I recovered from the abuse.
- (2) The interviews will be audio-taped and transcribed. No identifiable information will be available on the tapes or transcriptions and they will be labelled by participant number. The material will be stored securely for a minimum of 5 years at the University of Saskatchewan. I understand that audio-tapes and transcriptions will be used for the purpose of this study outlined above.
- (3) Information provided during the interview will be kept in strict confidence. Anonymity will be maintained when using quotations and/or summaries in the document through the use of pseudonyms.
- (4) In the event that any issues arise as a result of the interviews, I will be provided with a list of possible resources for supportive counselling.
- (5) My participation in this study is voluntary and I may choose to withdraw at any time. I understand that I can withdraw consent for use of my tapes.

My signature indicates that I have read and understood the content of this form.

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Phone Number

## **APPENDIX D**

### **INFORMATION FOR PARTICIPANTS**

#### **RECOVERY FROM ABUSE: A CULTURAL PERSPECTIVE**

##### **PURPOSE AND PROCEDURES:**

The purpose of this study is to describe the process of recovery from childhood abuse within a cultural context. Specifically, cultural beliefs and attitudes regarding the process of recovery will be identified and described from two sources: cultural documents or artifacts and personal experiences of individuals who underwent a process of recovery. Part 1 of this study will document and describe the variety of themes present within North American culture which reflect beliefs and prescriptions regarding recovery from childhood abuse. This will be achieved by examining a variety of cultural sources, including popular books, abuse recovery organizations, and educational films. Part 2 of this study will involve the identification of themes of recovery from childhood abuse based on your personal experience. This will involve your participation in one or two interviews at the University of Saskatchewan or a neutral location mutually selected by yourself and the interviewer.

##### **CONTRIBUTION OF STUDY:**

By studying the cultural messages regarding recovery and the subjective accounts of individuals who recovered from abuse without psychological intervention, I hope to better understand cultural attitudes regarding recovery, understand subject experiences of recovery, inform survivors of childhood abuse about recovery for those who have not sought out professional help, and evaluate the extent to which cultural messages and recovery correspond with subjective experiences of recovery.

##### **CONCERNS:**

Should any issues or concerns arise for you while discussing your experience in the interview or following the interview, please contact me (Paola Lake) at 664-3698 or Dr. Linda McMullen at 966-6657.

##### **FEEDBACK/UTILIZATION OF RESULTS**

If you wish to receive a summary of results following the study, please fill out your name and address on the following sheet. Upon completion of this study, the results will be mailed to you. The results may be presented at conferences

and published in a book or professional journal article. Any interview material utilized for such publications will maintain your anonymity by using pseudonyms and changing any identifiable information.

### **REQUEST FOR RESULTS**

If you wish to obtain the results of this study mailed to you upon completion, please provide the following information:

**FULL NAME:**

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**ADDRESS:**

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**APPENDIX E**

**CLIENT INFORMATION FORM**

**University of Saskatchewan  
Department of Psychology**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M F

Current Mailing Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Residence Pattern:

born in

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Education Background: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Marital Status: Single Common-Law Married Separated Divorced

Partner's Name (If Applicable): \_\_\_\_\_

Occupation of Partner (If Applicable): \_\_\_\_\_

Yearly Family Income \_\_\_\_\_

Number of Years Married or in Common-Law Relationship (If applicable):

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Children's Names and Ages (if applicable):

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**APPENDIX F:**  
**INTERVIEW FORMAT**

**1. Family Tree:**

**2. Family Background and Current Relations:** (With whom did you grow up, parents, grandparents, other? Style of interaction with family members growing up [close, distant, supportive, critical?]. Occupation of caretaker and siblings. Current relations with caretakers and siblings. Parents separated or divorced?)

**3. Nature of abuse:** (including offenders, duration, frequency, and nature of abuse)

**4. Effects of abuse:**

**5. How did you realize that the abuse you experienced in childhood was affecting your life?** (Significant event? Triggers: a person, a place, an event?)

**6) Describe your experience of recovery from abuse.**

**7) Did you use any resources (books, etc) to help you with recovery?**

**8) How do you define recovery?**

**7) Is there anything I have not covered about your experience that you would like to tell me about?**