Chapter 1:
Introduction

1.1 Introduction

"*The incidence of child sexual abuse in southern Africa is high enough to be seen as an assault, a war upon our children. And in the American tradition that I have been a part of, any assault on our children is an assault on ourselves - our integrity, our families, our communities, indeed the very essence of our humanity*". G. Machel (as cited in Richter, Dawes & Higson-Smith, 2004, p. ix).

The numbers and estimates, concerning incidence of abuse, reflect only that which has been collected and measured - in essence official knowledge. Although it is important, it is not the whole truth - leaving a void; the true number of survivors is not known and might never be known. One important reason why it is difficult for survivors to disclose their abuse in general, but also specifically to formal authorities, is due to the fact that the accounts of survivors include horrific treatment and abuse at the hands of professionals, priests, nuns and teachers - those who should have cared for them, those who are trusted and revered by the community (Cox, Kershaw & Trotter, 2000).

In studies done it becomes clear that sexual child abuse is an increasingly realistic trauma that faces the child, even without exact figures. In a study by Collings (1997) the prevalence rate for abuse was 43,6% under female students of Natal. It has also been estimated that the prevalence rate of abuse experienced by women in South-Africa are two to four times higher than comparable rates in the USA (cf. Lotter, 1992).

UNICEF estimates that approximately one in six women becomes a rape victim, and that a woman is raped every two minutes in the USA. In Australia it is estimated that 30 % of women are raped by their husbands. In the UK one in four women have experienced rape or attempted rape, yet of the 46,000 women who contacted Rape Crisis organisations in one year, only 3,000 reported their assault to the police (Wade, 2000).

Media reveals unsubstantiated claims that the problem of child abuse is raising exponentially, especially the assault on infants. Figures provided by those in services working directly with child abuse survivors, indicate a significant increase in referrals.

South African Police Service data, however, do not show an upward trend in reported child sexual abuse. It is clear that as a nation we do not have a remotely accurate view of the problem of abuse (Richter, Dawes & Higson-Smith, 2004).

There is, furthermore, definitely a lack of consistency between the South African Police Service figures and other local data. Social Work Services reported 565 new cases of child abuse and neglect during the first 6 months of 2001, especially in the under 12-age group. The South African Police Service recorded a total of 143 cases of violent crime against children during the same period - a noticeable discrepancy (SAPS, 2001).

Data from medical sources can shine some light on the abusive situation in South Africa. Wesfleur Hospital recorded 100 sexual abuse cases in the period March 2001 - April 2002. Only 46% of these cases were reported to the police. This is a further point in case that the South African Police Service data cannot be seen as the ultimate guide to child abuse incidents (Richter, Dawes & Higson-Smith, 2004).

According to South African Police Service data, the more common crimes concerning the sexual abuse of children are the following (Richter, Dawes & Higson-Smith, 2004):

* Statutory rape.
* Rape and attempted rape.
* Inducing a child to participate in an indecent act.
* Incest.
* Cruelty and ill treatment of children, including neglect and physical abuse.
* Indecent assault.
* Child pornography.

Reported sexual crime figures thus surely underestimate incidence, and even if there is a reported case, it does not mean that the incident will be validated through a court finding.

Table 1.1: From reported crime to a court finding: rape and attempted rape of a child under the age of 12. Source: Data by the SAPS Crime Information Analysis Centre (CIAC) (2001).

Case progression	Number of cases or findings (percentage)
Reported cases	5859
Cases referred to court	2974 (50% of reported cases)
Cases withdrawn in court	1453 (49% of cases referred to court)
Cases otherwise settled in court	221 (7% of cases referred to court)
Guilty findings	596 (10% of reported cases)
Not guilty findings	636 (21% of cases that reach court)

Salole (as cited in Richter, Dawes & Higson-Smith, 2004, p. xi) states that the high prevalence of sexual abuse among children in southern Africa has been established. He believes this to be partly due to publicity given to cases of infant rape. "*Given the scale of the problem we face nothing less than a crisis*". The phenomenon poses challenges to the nation's commitment to advancing the rights of children and ensuring their well-being.

It became clear from deliberations at the Ford Foundation meeting in August 2002 where various researchers, practitioners, child rights activists and policy analysts came together that South Africa's community, the nation and even the leader's understanding of child sexual abuse in southern Africa is very limited.

Issues that attend child abuse in all its manifestations are very complex, which leads to specific questions such as "*how does one begin to understand and respond to the high level and brutal nature of sexual abuse of younger children in South Africa and elsewhere in the region?*" but to complex answers, if answers at all. An added complication is the inevitable emotional reactions to the abuse of young children, which inevitably minimises intellectual engagement with the problem. Particularly when informed of young children being raped, our shock and disgust cry out not for reflection, but for action (Richter, Dawes & Higson-Smith, 2004, p. 1).

Data from the US indicate that one tenth of all child abuse cases are sexual in nature (Chalk, Gibbons & Scarupa, 2002). It is unfortunate that there is no comparative South

African data to be found. Richter, Dawes and Higson-Smith (2004) postulate that the South African situation would be skewed towards higher levels of physical than sexual abuse. A large group of children are thus also subjected to other forms of violence and neglect, rather than only sexual abuse.

Leventhal (1990) also points out that it is worth noting, that sexual abuse constitutes a limited proportion of all types of child abuse. Under reporting, notwithstanding the evidence, suggests that significantly more young children experience other forms of neglect and violence than those who are subjected to sexual abuse by more powerful adults and older children. Many more children in the southern African region are subjected to chronic hardships, caused by deep and long-lasting poverty (Richter, Dawes & Higson-Smith, 2004).

In a study done by Nhundu and Shumba (2001), they found that teacher-perpetrated abuse usually occurred with children the average age of 11 years. The most common age of abuse occurred with children aged 12 years.

Another South-African study found that most abuse survivors were victimised between the ages of 5 and 12 years old (Wood, Welman & Netto, 2000). Baker (2003) confirmed these ages and found that the most common ages for abuse to commence were between 5 and 7 years of age (34 %) and between 5 and 10 years of age (58 %).

A study by Baker and Duncan (1985) showed that 12% of males and 85% of females were abused before the age of 16. West (1985) found that 46% of women in his study recalled sexual abuse in childhood. Andersen, Martin, Mullen, Romans and Hervison (1993), found that one third of the females in their study reported one or more unwanted sexual experiences. 70% of cases involved genital contact or more severe abuse.

Wyatt, Burns-Loeb, Solis and Vargas-Carmona (1999) compared current figures and circumstances concerning women between 18 and 50 years of age to those recorded previously, and found that 34% of the women related at least one incident of childhood sexual abuse, and 40% more than one.

Due to the fact that children find it difficult to relate that child sexual abuse occurred (Leventhal, 2000), disclosure is more likely to occur in adulthood, leading to difficulty in truly recording accurate incidence figures. The ages people are most likely to seek

support at seem to be between 20 - 29 years of age. The duration of abuse on average seems to be between 4 - 5 years (Baker, 2003).

Certain facts concerning perpetrators are given (Baker, 2003):

Table 1.2: Classification of perpetrators:

Perpetrator	Percentage
Perpetrator known to victim	80 %
Blood relative of victim	67 %
Abuse committed by women	less than 2 %
Abusive acts committed by stranger	2.8 %
Perpetrating more than once	18 %

80% of survivors lay no formal complaints against their perpetrators and have no wish to do so.

Children and adult survivors have heard a constant message throughout the 90's; to use their voices, to tell what happened and that those voices would not only be heard and recognised, but also be protected. In dire contrast, these promises were and are seldom kept; hardly any sexual abuse cases result in criminal prosecutions; civil child protection findings of sexual abuse are not deemed sufficient evidence to remove rights of abusive fathers to prevent contact with the abused children. Most of the times children are only believed when their story is corroborated by an adult figure who is deemed to be trustworthy. In essence, this process was and is teaching many children to be silent, due to the fear of being disbelieved (Cox, Kershaw & Trotter, 2000).

No child should endure the abuse of power, the pain that ensues, and the potential loss of love and sexual pleasure in adulthood. The sexual abuse of young children is unequivocally associated with high levels of distress and commonly profound disturbances of the child's physical, emotional, social, moral and intellectual development. The effects of abuse are often felt into a person's adulthood and indeed throughout life (Richter, Dawes & Higson-Smith, 2004).

1.2 Surviving in Adulthood

Based on the premises that everyone wants to become whole and yearns to fulfil their potential, Bass and Davis (1997, p. 14) emphasise that "*people don't need to be forced to grow. All they need is favourable circumstances: respect, love, honesty and the space to explore*".

To a certain degree statistics reveal how many women are abused; but they fail to show how individual women are affected. The pain and legacy of abuse does not diminish over time - each survivor always carries the hurt and loss within her. Society still expects her to have come to terms with it and to put it behind her. Many women only break the silence in adulthood, while some never do. Some just want to forget the past, but society's increased awareness constantly brings up the past for them. To cope with the present they need to heal the past (Davies, Andrew & Pearce, 1995).

It is not enough to look at the definitions and statistics anymore. One must look further to how a sexually abused child grows into adulthood struggling with questions such as "why me?", "why did it happen in my family", "why did I not tell". There has to be focused on how a child copes and how her coping strategies create a, (often destructive) pattern, she carries into adult life. How women who were abused as children relate to others in terms of relationships, family and sexuality. To show, it is possible to confront the abuse by acknowledging its impact on the present, and making sure it can no longer affect the future. To show how it is possible to move from being a victim to a survivor, regaining trust and control over life and relationships with others (Davies, Andrew & Pearce, 1995).

It should not be the intention to label women survivors as damaged, unstable or suicidal people, although children who are subjected to experiences which are terrifying and humiliating can not escape emotional injury (Davies, Andrew & Pearce, 1995), rather acknowledgement and respect should be shown for their strength to have survived an ordeal which shatters mind and spirit. The women, who have shared their stories despite the violation of their minds and bodies, are survivors (en route to becoming "thrivers"). They were the victims who survived, who did not let the abuse cause them to commit suicide, hurt others or suffer mental instability, even though they may have felt like doing so many times.

1.3 Problem Statement

Disclosure seems to rarely occur in childhood and even if it does, the law does not always protect the child. Children thus grow into adulthood scared and disbelieved, many times without any form of vindication. They grow into adulthood burdened with pain, which could manifest in a plethora of ways. To compound the situation few available literature resources are found which focus on the fact that healing can take place, that there is relief. Without belief that life can change, get better, it can only be difficult to struggle along daily.

As an adult the survivor's inability to trust anyone prevents her from seeking help, which in turn leads to feelings of isolation. The more isolated she becomes, the more difficult it is to establish relationships and for trust to develop. The adult survivor of childhood abuse has been robbed of her childhood, her body and peace of mind. She feels compelled to keep the secret and is shamed into silence. She punishes herself for the sin that she did not commit, never allowing people to see her real self because she honestly believes that they would not want to know her. She ignores her own needs and desires, the few times that she is actually aware of them. She disowns her own feelings, intuition and perceptions. She may endure periods of paralysing depression and swings of emotion and may even turn to suicide, drugs, alcohol, self-inflicted wounds, sex or food to numb the pain. Her days and nights are filled with feelings of not being good enough, guilt, being responsible, damaged, soiled and full of self-loathing (Davies, Andrew & Pearce, 1995).

"*She has been robbed of the power to protect and look after herself. She has been robbed of the knowledge that she deserves safety. She is touched by inexplicable fear*". She might be plagued by flashbacks, nightmares, anxiety and recurrent illness. She yearns for and seeks love and affection yet does not allow herself to become close. She dare not ask for what she wants or needs and always blames herself when things go wrong. She continues to feel as if she has nothing to offer and returns to people who hurt her again and again. She tries to cope alone, not expecting others to care or help. She is isolated in a life where she feels no one sees her. She feels incomplete and unhappy, but to continue to call her a victim is to insult her by overlooking the story of her survival (Davies, Andrew & Pearce, 1995, p. 21).

Many survivors fail to recognise the healing they have already achieved by living through their childhood. It is possible to heal. There may be no cure but there is recovery. It is discovering that the world is not a totally unsafe place. Life can be enjoyable, one can explore, be loved, be free from fears, can feel feelings, share experiences and thoughts with others and know that they feel the same, know that people care, that she, as a survivor, is loveable and that she is important.

1.4 The aims of the study

The primary aims of this study are to explore adult survivors experience of abuse and how this has impacted on their lives and to explore their reasons for entering into a healing journey. Furthermore, the aim is also to explore their experiences of the healing process.

The secondary, and more covered, aims are to:

* break the taboo of silence by further bringing the subject of abuse out into the open.
* focusing not only on the group but also the individual to acknowledge individual differences.
* Reiterate that abuse is not deserved; survivors are not to blame and can recover from the aftermath
* To demystify the healing process which can and should take place.

In essence, the basic theme being to acknowledge and describe how abuse hurts and affects the survivor, but also to better understand and emphasise that understanding and healing from the aftermath in adulthood is possible. This is attempted in the South African context. Especially whilst doing research I was struck by the lack of South African resources - personal accounts, workbooks etc. Enlightening American and British publications were found, but they reflected the language and culture of a different country, which made it difficult for survivors to identify with.

Chapter 2:
The causes and effects of childhood abuse

2.1 Introduction:

"*In days gone by, and possibly even today in many instances, the view has prevailed that children should "be seen and not heard". The time has come for our children to be seen and to be very clearly heard. The cries of our abused and exploited children must no longer fall on deaf ears or closed minds*" (Mandela, 1996).

The abuse of a child violates one of our most cardinal and fundamental tenet of society. These acts vary from "*aggressive defilement and entrapment during sexual abuse to pernicious insults during psychological abuse to brutal bombardment through physical harm"* (Pollock, 2001, p. 3). Various forms of **abuse** are thus often **amalgamated** into one by the perpetrator. The harm inflicted taking a plethora of forms, where at one end of the continuum the child is exposed to violent degradation, to the other end of the continuum where abuse occurs under the pretence of tenderness, emotional need and affection. Ney, Fung and Wickett (1994) found that only 6 % of abusive cases involved a single form of abuse. Rather a combination of physical neglect, other abuse and verbal abuse were manifested.

Since empirical research has indicated that single forms of abuse in childhood are rarely evident in the majority of cases, it was deducted that a study which focuses exclusively on one form of childhood abuse (e.g. incest) would be denying the reality. Therefore this study focuses on childhood abuse and trauma that includes sexual, physical and emotional abuse in various situations and contexts.

Olafson, Corwin and Summit (1993) write that the reality of child sexual assault has repeatedly surfaced into public and professional **awareness** in the past century and a half, but has been suppressed due to the negative reaction that it elicits. While sexual abuse has received extensive attention from the international research community, the causes remain complex and elusive. The South African research evidence concerning this topic is extremely limited and it is necessary to mostly rely on data gathered abroad in any attempt to cast some light on the local situation (Richter, Dawes & Higson-Smith, 2004).

Although daily monitoring portrays a definite increase of child abuse and related issues, it was interesting to see that the case of Baby Tshepang (the infant who was raped by 6 men) was initially afforded minimal coverage. It wasn't until communities became outraged, a one-woman e-mail campaign was launched and furious gender activists spoke out, that the Baby Tshepang case made World headlines (Richter, Dawes & Higson-Smith, 2004).

Unfortunately coverage then became sensation oriented and revealed horrid details. The emphasis on the dramatic and intimate details was understandable due to the nature of news in general. However, whilst striving and struggling to truly understand and deal with the phenomenon of child abuse, more needs to be assessed than just case after case of horror. "*Such representation supports a broader discourse of victim hood in crime-reporting, it also limits the way people see and understand children as human beings with the same rights, deserving of the same respect as other people*" (Richter, Dawes & Higson-Smith, 2004, p. 39).

It was interesting to note the unfair representation of Baby Tshepang's mother in the media. She was seen and described as a very young and immoral person, who whilst intoxicated had left her baby neglected. When focusing on her age, the implication was that she was too young to be a good mother. The media neglected to point out that because of her age she was actually a victim of statutory rape and thus in essence herself a child sexual abuse survivor (Richter, Dawes & Higson-Smith, 2004).

Representation in the media is often fragmented and biased, awareness and prevention not being the main focus. The following piece in the Sunday Independent (2000) (as cited in Richter, Dawes & Higson-Smith, 2004, p. 43) was a more accurate and balanced article, which focused on creating awareness and not only sensation.

"*We have grappled as a nation to understand this barbarism. Reasons given for it ranges from alcoholism and unemployment to moral depravity. But these were sane men, and they straddle the class spectrum. Unable to make sense of that, we have vented our anger over child abuse without being precise about the monster we are confronting. Sure, little boys, even men, may be victims of sexual offences. But the majority of cases concern the abuse of the girl child, the most vulnerable member of our society, the starkest illustration of gender inequality*".

Many studies have been done on different aspects of childhood abuse, although most seem to have focused on one aspect, many times negating factors such as the relationship between perpetrator and survivor and other family dynamics - leading to literature many times being contradictory. Nonetheless it is worth mentioning some of the following studies.

Binder, McNeil and Goldstone (1996) using multivariate analysis identified the following variables as predicators of psychological well-being for the adult survivor of abuse: short duration of abuse, absence of perceived pressure, absence of family conflict in spite of the type of abuse.

Briggs and Joyce (1997) sought to determine characteristics of childhood sexual abuse related to Post Traumatic Stress Disorder (PTSD) symptomology. The conclusion being that multiple abusive episodes, that involved intercourse, significantly predicted scores on hyper arousal, intrusive thoughts and dissociation. The study however did not control for the relationship between perpetrator and survivor and other family dynamics.

Flemming, Sibthorpe and Bammer (1999) concluded that women who had been exposed to childhood sexual abuse involving penetration were at greater risk of later victimisation, such as rape and domestic violence. It was deducted that a history of childhood sexual abuse was associated with poor quality of women's relationships in adult life and that their partners were highly controlling.

The sexual abuse of a child is an assault, not only on the body but also on all psychological aspects of the child. It engenders a feeling of alienation, of living in a world, which is neither safe nor accepting. Childhood sexual abuse can determine the way a child perceives herself and therefore the person she becomes. The mind takes extraordinarily creative measures to allow her to function, but being a good partner, parent or social worker takes more effort from someone struggling with low self-esteem, extreme mood swings, destructive urges and mistrust instilled in her while still a child (Wade, 2000).

Review of childhood sexual abuse literature reflects a mixed and confusing picture. A steady increase in journal publications concerned with the issue of child sexual abuse, since the middle of the 1980's, has taken place, yet few studies of the sequela of childhood sexual abuse has been undertaken and even less concerning healing.

Publications on the prevalence of childhood sexual abuse, those concerned with its long-term effects, suffer with the same methodological problems, such as self-selected samples; lack of appropriate controls; small or "captive" populations; the use of arbitrary, non-inclusive and differential variables; inadequate statistical analyses, and differential definitions of what is meant by sexual abuse (Richter, Dawes & Higson-Smith, 2004). Flemming, Sibthorpe and Bammer (1999) suggest that the issue of the exact role of childhood sexual abuse in the aetiology of adverse negative outcomes will remain highly controversial and contentious. This should, however, not thwart commitment in this important area of investigation.

The healing process is an important element, which is rarely focused on in literature. According to Baker (2003) the following **description** (in case example 1) is of circumstances and presenting problems that is true of a survivor coping badly with her childhood abuse in adulthood.

Case Example 1:

Concerning the context of her abuse, the perpetrator was likely to have been a family member - namely father or stepfather, grandfather, brother or uncle. Many times additional abuse from other figures outside the family home occurred - e.g. neighbour, friend of the family. Usually all types of abuse including penetration occurred with the abuse starting well before puberty, it is likely to have been carried out on a regular basis and over an extended period of time. Intercourse usually (but not always) ended during puberty.

The abuse resulted in the following: Perception of being different to peers, poor self-image, poor educational achievement, isolation and lack of peer support, alcohol/substance abuse, self-mutilation, suicide attempts, assuming responsibility for siblings and/or parent, physical and/or emotional neglect, exposure to psychiatric and psychological services.

Presenting problems would usually include the following:

* **Psychiatric**: Clinical depression, PTSD, Obsessive Compulsive Disorder, Anxiety, eating disorders, alcohol/drug addiction.

* **Psychological**: Low self-esteem, self blame, anxiety, depression, agoraphobia, social anxiety, sexual problems, marital/relationship problems, parenting c concerns, negative body image, lack of self-confidence, gender dysphoria.

* **Behavioural**: Poor self-efficacy (e.g. home management, finances, parenting, employment), poor self-care, social avoidance, alcohol/substance abuse, self-harm, suicidal attempts, revictimisation (i.e. domestic violence and/or sexual assault), poor communication skills and inability to have personal needs met, poor personal boundaries, aggression, mistrust, dependent and manipulative behaviour.

Although prevention is important, a healing journey is the only answer to alleviate the aftermath of the abuse, which was not prevented, and to facilitate functional change. It is important to keep salutogenic factors in mind, which could have a buffering effect for the individual survivor, these effects impacting the healing process intensely. Morrow and Sorell (1989) specifically emphasised the importance of subjective factors and coping behaviour. Survivors who held the perpetrators responsible for the abuse reported fewer psychiatric symptoms.

La Fontaine (1990, p. 68) comments on the methodological limitations of earlier studies but concludes that: "*there has been enough research to show that the sexual abuse of children is not a negligible issue or a question of public hysteria but a serious social problem. Even the lowest estimate of its prevalence indicates that a large number of children are involved*".

In this study the term "survivor" rather than "victim" will be used, although it must be stressed that many adults who have been abused in childhood have not contemplated that they have been victimised and still conceive that they were contributors and participants in their own trauma. Movement towards perceiving themselves as a "victim" often precedes the transition to becoming a "survivor".

The pronoun "she" will refer to survivors due to the participants all being female. The pronoun "he" will refer to the perpetrator due to the fact that in the majority of cases the male figure is the aggressor.

2.2 Sexual abuse defined

While having a number of commonalities, the meaning of sexual abuse is a variable across cultures (Korbin, 1990). In all cultures though, it is the meaning of the contact that is important when defining it as abusive or not (Richter, Dawes & Higson-Smith, 2004). However, Korbin (1990) comments that where the purpose of the act is the sexual arousal of the initiator (adult), then it should be defined as a sexually abusive act.

Child abuse is commonly divided into four categories - physical abuse, emotional abuse, sexual abuse and neglect. According to Ratner (1990) there is no true scale by which to measure abuse, and it is difficult to say that some form or type of abuse is more devastating than the other. The more effective route to follow would be where all abuse is seen as long lasting, damaging, painful and able to cause stunted growth. All abuse needs to be talked about and worked through.

2.2.1 Sexual abuse:

Sexual abuse is defined as any sexual act directed at a child involving sexual contact, assault or exploitation. Sexual abuse is divided into two categories: contact and non-contact. Acts of contact child sexual abuse include fondling, rape, incest, sodomy, lewd or lascivious acts, oral copulation, intercourse and penetration of a genital or anal opening by a foreign object. Examples of non-contact sexual abuse include exhibitionism, presenting of pornographic pictures, telling of sexual stories, allowing the child to witness adult sexual relations, treating the child in a sexually provocative way or promoting prostitution in minors (Men & Women Against Child abuse, 1993).

Sexual abuse can thus take a variety of forms, such as the following (Lewis, 1999, p. 98):

* Exhibitionism
* Voyeurism
* Verbal abuse
* Sexual touching
* Oral Sex
* Vaginal and anal penetration
* Child prostitution and child sex rings
* Child pornography

* Genital mutilation of girls
* Statutory rape

According to Baker (2003) the primary elements involved in child abuse are the following:

Inequality of situation, advantage of power in perpetrator's favour, his psychological and physical coercion and exploitation of the child for the purpose of the perpetrator's sexual gratification.

Atwood and Donheiser (1997, p. 196) state that the child who undergoes sexual victimisation is faced with complex social, emotional and cognitive tasks when attempting to make sense out of the experiences that threaten *"body, integrity and life itself"*.

Most children who have been sexually abused describe the process as moving from non - sexual (massaging, wrestling) to sexual (fondling, masturbation) to more intrusive forms of sexual activity (oral and sexual activity, intercourse), which is known as the grooming process. This process has an insidious effect on the child, above and beyond the actual sexual acts, because it sets the child up to believe in her own complicity in the activity and makes it harder for the child to disclose. As the child matures and becomes more aware of what is happening, initially non-violent offenders will resort to force, threats or fear to maintain the secrecy of the relationship. Young children do not realise these perpetrators are endeavouring into taboos and that what they are experiencing is not normal (Lotter, 2004, Garbarino & Eckenrode, 1997).

Physical signs that may suggest sexual abuse of children include sexually transmitted diseases; genital discharge or infection, physical injury of the oral, anal or genital areas, pain when urinating or defecating, difficulty walking or sitting due to genital or anal pain, stomach-aches, headaches or other psychosomatic symptoms (Men & Women against child abuse, 1993).

Behavioural signs that may result from sexual abuse include age-inappropriate sexual behaviour with peers or toys, excessive curiosity about sexual matters, overly advanced understanding of sexual behaviour, compulsive masturbation, prostitution or promiscuity, and incontinence (Men & Women against child abuse, 1993).

The following list of symptoms is highly indicative of having been traumatised sexually according to Lewis (1999).

* The child may tell an adult or peers about their experience - children rarely make up these stories.
* The child might suddenly become pre-occupied with her own genitals, or are interested in other's private parts.
* The child may become fearful of undressing or may show signs of distress at bath time.
* Inappropriate conversations are held concerning sexual behaviour for her age group.
* Sudden increase in masturbation at inappropriate times e.g., in front of others, in the classroom.
* Sexual abuse of other children.
* The child may not want to undress in front of other people, or may wear lots of unnecessary and bulky clothing.
* The child may become very anxious about harm to her genitals or to her body in general.
* Infants may develop a fear of having their nappy changed.
* Young children, who need help bathing, may become anxious when an adult tries to wash their genitals.
* The child may have a negative body image, and feel ugly or "bad". These feelings may be expressed in behaviour such as eating problems, pulling out eyebrows, eyelashes and hair, or harming the body in other ways.
* The child may suddenly start to fear an adult they know, adults in general or fear going to a specific place (where the abuse had happened).
* Adolescents become sexually promiscuous or may avoid sexual involvement and relationships completely.

2.2.1.1 Satanist Ritual Abuse

Nelson (1998) writes that over the past decade, many people working with sexual abuse have been confronted with disturbing evidence of a form of organised abuse (satanist and ritual) which is particularly shocking, disorienting and different - however experienced they may be in working with sexual violence against women and children.

One of the most widely-quoted definitions of ritual abuse comes from the McFadyen, Hanks and James (1993, p. 36) paper: "*The involvement of children in physical, psychological and sexual abuse associated with repeated activities (rituals) which purport to relate the abuse to contexts of religious, magical or supernatural kind*".

This kind of abuse according to Cox, Kershaw and Trotter (2000) include sexual, physical and emotional abuse of extreme severity and perversity, which evoke horror and nauseated revulsion. Examples of these acts include: forced consumption of blood, faeces and body fluids, deprivation of sleep and food, consumption of animal and human flesh, bondage and electric shocks, imprisonment in confined spaces, killing of pets, coercion of children to torture other children. The whole structure of the abuse is designed to maintain loyalty and secrecy for life. Systematic techniques include the use of drugs and hypnosis, psychological confusion, torture and near death experiences. The effects of this on survivors of these types of mind control techniques are often bizarre and frightening even to those who work with them. It can manifest as extreme terror, dissociative states, dissociative identity disorders, gross self-harm as well as visual and auditory hallucinations. It is important to realise that these occurrences are not flights of fantasy but includes members of respectable families, wealthy and powerful people, and members of respected and trusted professions, e.g. judges, lawyers, social workers, police, politicians, doctors and pathologists.

2.2.2 Physical Abuse:

Physical abuse is any kind of physical injury or harm that is committed by someone who is in a position of power in relation to a child (Lewis, 1999). Types of physical abuse include the following: bruising, human bites, injuries to the child's mouth, welts caused by a sjambok, stick or belt, burns caused by cigarettes or by submerging a child in hot water or chemicals and suffocation. Internal injuries such as fractured bones or brain damage might furthermore occur (Lewis, 1999). Ratner (1990) points out further instances of physical abuse:

* not allowing the child to defecate or urinate,
* tying or locking a child up,
* making the child sit or stand for unreasonable periods of time,
* using hunger as a consistent punishment,

* forcing the child to eat unhealthy or unsanitary food,
* locking the child out of the house as punishment,
* forcing the child into child labour,
* hurting or killing the child's pets,
* serving the child's pet(s) to her as food,
* cutting,
* pushing,
* poking,
* burning,
* twisting,
* shaking,
* pinching,
* squeezing,
* whipping,
* kicking,
* pulling of the hair.

Bodily signs that may indicate physical abuse include bruises, burns, bite marks, welts, skin punctures, cuts, abrasions, bleeding, broken bones, spiral fractures, tearing of the skin, internal haemorrhaging, and loss of hair.

Behavioural signs that may indicate physical abuse include extreme vigilance, fearfulness, scanning the environment for perceived threats, flinching in a self protective way, either avoidance or unusually quick attachment to people, hostile or aggressive behaviour, self destructive behaviour and other destructive behaviour such as setting fires and maiming or killing animals (Men & Women against child abuse, 1993). The manifestation of physical abuse can occur in a variety of settings as can be seen in Case

Example 2:

Case Example 2:

These behaviours manifest even in the classroom as pointed out by Hyman and Snook (1999). Seventeen-year-old Bria Rose was bent over and the powerful man (her teacher) administered a powerful blow with a paddle to her behind. The force of the blow caused the child to loose her grip and fall against the table she was leaning against. She bled for twenty days as a result of internal damage that had occurred to her reproductive system. Pain, tears, shame and humiliation overwhelmed her. She was a model student, an example, yet this experience left her feeling like one of the "bad kids". That was a feeling she could not easily forget.

Garbarino and Eckenrode (1997) stipulate that physical abuse involves inappropriate and development damaging use of force. The actual injury is not as important as the way it comes about. In contemporary education most professionals recognise, and hopefully parents will follow their suit, that children are harmed by discipline that inflicts severe physical pain.

2.2.3 Emotional abuse

Emotional abuse is any act that denies the child the experiences of being loved, wanted and of feeling secure in him/herself (Lewis, 1999). This kind of abuse takes the form of repeated rejections, verbal abuse, insults and intimidation. Instances of emotional abuse could be the following: calling the child names, making the child the object of malicious or sadistic jokes, punishing the child unfairly, forcing the child to perform cruel or degrading tasks, criticising the child's independent thoughts and feelings, telling the child that she has no right to be alive or that she is unworthy, telling the child that she is usually wrong, punishing the child publicly, forcing the child to eat something she has spilled on the floor, deliberately raising the child as a member of the opposite sex, isolating the child from others, rejecting the child openly by preferring her siblings (Ratner, 1990). Rejection meets two criteria of abuse - it is inappropriate and damaging (Garbarino & Eckenrode, 1997).

Hyman and Snook (1997) defines psychological abuse as serious mental injury produced by disciplinary/motivational practise, usually compromising the child's ability to accomplish age appropriate development and social tasks. It is important to realise that

children, and even adolescents, have not fully developed their sense of self. They are still in a process where they measure themselves against the demands and evaluation of adults. This should be done in a way that supports rather than demolishes their developing self-esteem.

It is important to remember that the experience of stress in reaction to any type of trauma, especially verbal and physical assault, is idiosyncratic.

2.2.4 Neglect

Concerning infants, neglect can mean a variety of situations leading to damage and needless risk, due to infants' total dependency on their parents. With older children, neglect can mean physical and psychological impoverishment when basic necessities of life are denied. Neglect is rendered a distinct form of abuse, due to the fact that it is not identified by inappropriate contact between adult and child, and it appears more passive than active. Indifference, forgotten promises and withdrawal are all inappropriate parental behaviour, which lead to damage being caused to children. Neglect of this sort may lead to these children endeavouring in very destructive behaviour (Garbarino & Eckenrode, 1999).

Neglect thus refers to the instances where a child is not being provided with a place of safety and care, e.g. the child is left alone for weeks in the care of others or alone, and where physical needs are ignored.

2.3 The family as an important cause of abuse

Garbarino and Eckenrode (1997) postulate that sexual abuse is frequently a symptom of family dysfunction. Many sexually abusive families tend to have diffused boundaries and unclear separation of the parental, spousal and child roles.

Marshall, Serran and Cortoni (2000), Melchert (2000) and Crawford (1999) focused on incestual disclosure. They believe this field to be of enormous complexity due to the profoundly private nature of family structure and the endemic rule of secrecy (and coercion) that governs abusive families in particular.

Abusive families seem to be governed by the following rules:

* Inadequate parenting and abdication of responsibilities
* Poor parental personal resources
* Couple dissatisfaction and unstable power dynamics
* Loss of one or both parental figures (leading to interfamilial as well as external abuse)
* Verbal and/or physical abuse occurring together with sexual abuse
* Physical and emotional neglect
* If an older sibling - they take responsibility for younger members of the family.

According to Baker (2003) incongruous homes are rife with double standards. They adopt a strict moral code, many times being church devotees, yet the behaviour being condemned by these parents are imposed on the children by the same parents. It seems as if one parent usually holds the power whilst the other is absent. Due to the fact that these families seem to function well to the greater community, abuse is rarely detected.

Alexander (1992) believes in the initial premise that sexual abuse is frequently linked to the intergenerational transmission of **insecure attachment** (this is when the infant avoided contact with the caretaker and paid attention to the environment in order to minimise anger and interest felt towards the caretaker, (Wicks-Nelson & Israel, 2000)), consisting of role reversal, fear and rejection, (whether or not abuse manifests).

Levang (1989) supports this theory. It is described, as a process whereby the child is parentified to the extent that she is abused by a parent who harbours the expectation that the child should meet his sexual and emotional needs. Conditions are enforced by the inability of the non-abusing parent to attend to their child's emotional needs. The parents may be lacking in the appropriate emotional and/or cognitive resources, which would enable her (mostly) to stop the abuse from happening. According to Baker (2003) the majority of survivors hold a strong belief that their mothers were and are in fact on some level aware of the abuse.

In the case where the parent(s) are struggling with unresolved trauma, **disorganised attachment** will result. Disorganised attachment refers to when the infant displays contradictory behaviours such as a sequence of contact seeking, anger, avoidance and distress in the face of need for comfort and security. The infant shows freezing of expression and movement and might show disoriented wondering and change of affect

(Wicks-Nelson & Israel, 2000). Parents attempt to deal with their own fear of abandonment and history of childhood sexual abuse through e.g. dissociation and substance abuse, which leads to a reduction in impulse control. The non-abusing parent many times has to deal with a similar background. Her (mostly) own fear of abandonment and dissolution of the family may reinforce her own helplessness and lack of resources to defend the child (Baker, 2003).

Levendosky and Graham-Bermann (2000) proposed two types of factors that could possibly impact parenting by providing either risk or protection. This includes **contextual variables** such as work, social network, marital problems and antigenic variables, such as parent's developmental history, personality, and child characteristics.

Environmental factors which attribute to the risk of abuse are the following: non-existent parental core; a lack of safety and protection and exposure to potential perpetrators (Pollock, 2001). If physical abuse commences during the onset of adolescence, it usually centres on issues of adolescent autonomy and independence. In contrast sexual abuse seems to stem more from dysfunctional interpersonal relationships and history of perpetration, while emotional and physical abuse may result from conflict (Garbarino & Eckenrode, 1997).

When placing the family setting in a **broader context** it can be seen that privacy has become much more freely available due to the international focus on individualism, freedom and authority, as well as reliance on mass media and personal services. This provides a potentially dangerous context for parent-child relationships, especially in stressful circumstances (Garbarino & Eckenrode, 1997). Incest carries so much shame; the word itself is a taboo and enough to generate feelings of shame and worthlessness. The vilification associated with incest intensifies the excruciating shame of the abusive act and leaves the survivor feeling embarrassed and alone, due to something which was not her fault or responsibility (Wade, 2000).

Shame originates and maintains status quo within abusive families. Shame originates interpersonally, primarily in significant relationships, usually occurring in families. Families are where children first learn about themselves. Their core identity comes first from the mirroring eyes of their primary caretakers (Bradshaw, 1988). Power and shame links closely in these family structures according to Bradshaw (1988).

Shame-based family rules usually lead to at least one form of abuse, if not all. The rules consciously shame all the members, and generally the children receive the major brunt of the shame.

Rules of importance in these families are the following (Bradshaw, 1988):

* **Control** - Parent(s) must be in control of all interactions, feelings and personal behaviour at all times.

* **Perfectionism** - The child must always be right in everything she does. The fear and avoidance of the negative is the organising principle of life. Life is lived according to an externalised image.

* **Blame** - whenever things do not turn out as planned, blame oneself or others. Blame maintains status quo when control has broken down.

* **Denial of freedoms** as to full personal functionality. These freedoms relate to the power to perceive, to think and interpret, to feel, to want and choose and the power to imagine.

* **No talk rule**. This rule prohibits the full expression of any feeling, need or want.

* **Unreliability**. Do not expect reliability in relationships. Do not trust anyone and never be disappointed.

Concerning the family and more specifically the battered mother, Levendosky and Graham-Berman (2000) believe that research; assessment and interventions should avoid pathologising women who have suffered from domestic violence. The focus should rather be on learning about the ways that their functioning may be inhibited, stressed or damaged by battering. Then only will the result be parenting programs, which address enhancement of protective factors, as well as reduction of risk factors associated with parenting for battered women.

The **impact of family violence on the child** is multi-layered. Pepler, Catall and Moore (2000) found that children exposed to family violence show the propensity for a wide

range of both internalising as well as externalising behaviour. Children exposed to family violence tend to have an external locus of control, they thus perceive to have a lower sense of predictability and control over events in their lives. Issues of control seem to be salient in the lives of children exposed to family violence, yet there is little they can do to stop the violence surrounding them. This paradox manifesting in children blaming themselves for the violence and occasionally taking on considerable "parental" responsibility to maintain a semblance of order in their lives. When a child is abused and betrayed by both parents the child is effectively orphaned. The inclusion in the parents' intimate lives creates a false equity that a child is too young to handle and should not need to handle. The child is left with no choice in her sexual development and the ability to develop naturally is destroyed (Wade, 2000).

Garbarino and Eckenrode (1997) furthermore enunciate that the coercive climate in which sexual and physical abuse takes place produces an emotional threat to the child. It is recognised that the heart of the matter lies not in the physical but in the emotional and psychological domains. Children may be very ambivalent towards the offending parent, relative or brother due to their need for love and affection that the abuser offers them, if others in their lives keep rejecting them. Children have rarely ended incestuous relationships through official means. Most children feel that they have to run away or marry as soon as possible. This cause of action compounds the normal problems of the sexually abused child concerning establishing sexual relationships outside the home, especially given the vast amount of exploiting adults waiting to capitalise upon the child's vulnerability.

Schwarz (2002) points out that the healthy expression of **anger/power** is often actively punished in abusive families and is thus taught to be an aversive experience. Power and violence are viewed as identical. The child and later the adult survivor, believes that if they become angry, they will become violent and rageful. Since they devalue power and anger, survivors tend to end up in positions that again lead to victimisation, which increases anger at some level - strengthening the cycle.

2.4 Short term effects of childhood abuse

This aspect will be briefly focused on, due to the fact that the main focus of this study is on the long-term aftermath and healing after these traumatic events. The effects differ in

manifestation depending on the developmental phase in which a child finds herself at the time of the abuse.

Table 2.1: Developmental stages related to signs of abuse:

Developmental Stage:	Signs: (Lewis, 1999).
In infants and toddlers symptoms such as the following can be seen (Lewis, 1999):	* An increase in crying, irritability and needing attention. * Regression: the child might loose skills that were previously mastered. This may include aspects such as speech, bladder control and motor skills (e.g. sitting, walking). * Eating problems * Disrupted sleep * The child becomes easily startled * A reluctance to be separated from caregivers suddenly manifest. * The children may become anxious if they are in contact with something or someone that reminds them of the trauma. * At the older end of this age group, the child's play may involve aspects of the trauma.

Table 2.1: Developmental stages related to signs of abuse (continued):

Developmental Stage:	Signs: (Lewis, 1999).
Pre-school children (2 - 6 Years):	* Separation Anxiety. * Post-traumatic play - friends might be involved in these activities. * Behavioural problems - these problems may occur at school or home and might include problems relating to friends. * The child becomes withdrawn. * A loss of interest in activities that the child previously enjoyed can be seen. * Eating problems. * Sleep disturbances such as nightmares, screaming during sleep, sleep walking, fear of going to sleep and being alone at night. * The experience of psychosomatic illnesses - e.g. headaches or stomachaches that have no medical cause. * The child might be extremely forgetful. * Irritable or aggressive behaviour - physical and/or verbally aggressive behaviour towards parents and/or friends might manifest. Destructiveness towards toys. * The child may experience distressing, intrusive memories of the trauma. * The child may become more fearful than usual. * The child is easily startled. * Regression.

Table 2.1: Developmental stages related to signs of abuse (continued):

Developmental Stage:	Signs: (Lewis, 1999).
Primary school age children (7 - 12 years)	* The traumatic story might repeatedly be told. * The children may experience guilt for things they did or did not due during the trauma. * The child may become more fearful than usual. * The child is easily startled. * Regression - bedwetting and thumb sucking might occur. * Post-traumatic play, which involves siblings or friends. * Problems at school - the child's schoolwork might deteriorate, or the child might become disruptive in the classroom. * Difficulty concentrating and coping with schoolwork, forgetful and poor memory. * Behavioural problems. * Sleep disturbances. * The child eats too much or too little. * Psychosomatic symptoms. * Intrusive thoughts might be experienced

Table 2.1: Developmental stages related to signs of abuse (continued):

Developmental Stage:	Signs: (Lewis, 1999).
Adolescents (13 to 18 years)	* Intrusive and distressing memories of the trauma. In some cases this may be so strong that the adolescent has the sense of reliving the trauma. * Revenge fantasies. * Fear and anxiety are experienced concerning reoccurrence of the trauma. * Hyper arousal - being easily startled or frightened. * Acting out - the adolescent may engage in reckless and risk-taking behaviour. * Feelings of shame, guilt and humiliation. * The adolescent may become overly active. They may engage in non-stop activities, or socialising or become completely withdrawn. * Increased or decreased appetite. * Sleep disturbance - hypersomnia, insomnia, or nightmares. * Feelings of helplessness might be experienced, a sense of being out of control and powerless. * Mistrustful, negative views of people and the future. * The adolescent may regress, lose some independence and become dependent on parents. * Running away from home. * Depressed feelings and thoughts of suicide. * Increased irritability and aggression, including more arguments with parents. * Difficulty concentrating, poor memory, forgetfulness.

In general, irrelevant of age, the following thus seems to be key characteristics/symptoms of the child's reaction to abuse (Pollock, 2001).

- Anxiety;
- Depression symptoms;
- Inappropriate sexualised behaviour;
- Nightmares;
- Social withdrawal;
- Sleeping difficulties;
- Anger and aggression;
- Delinquency;
- School adjustment problems;
- Physical condition;
- Unfortunately for the abused child in modern society, the risk of AIDS is furthermore ever-present.

2.5 The Aftermath of Abuse:

"*The profile of psychological dysfunction exhibited by a child is a reflection of attempts to cope with the impact of the perpetrator's imposed reality. In essence, the perpetrator defines a part of the survivor's reality. Sometimes persisting into adulthood with respite only attained through the false solutions of symptoms*" (Pollock, 2001, p. 4).

Parry (1996) states that abusive experiences in childhood are a good predictor of problematic health. 34 % to 53 % of patients portraying severe mental illness report childhood sexual/physical abuse, representing much higher rates of trauma than those cited for the general population (Mueser et al, 1998).

According to Bass and Davis (1997), who are well known for their intensive workshops with survivors of child sexual abuse, the aftermath of these experiences can broadly be divided into five sub-divisions.

2.5.1 Self-esteem and belief in personal power

For many survivors the negative emotions generated by abuse - shame, anger, fear, guilt and betrayal, corrode their sense of self-worth. Their belief in having control over their bodies and lives usually dies a slow death. Due to the fact that the perpetrators objectify these victims, they are left with a vision of themselves as being *"a thing to be used, misused and then discarded*" (Doyle, 1994, p. 216). Even those survivors, who seem on the surface to be successful, attractive and talented, often put themselves under a lot of pressure. The reason for this being their need to prove that they deserve respect, love and understanding (Doyle, 1994).

This belief of needing to deserve these natural feelings of love and acceptance etc., arises from the fact that these survivors have the belief that they are intrinsically bad. This is believed due to the fact that, often, the perpetrators tell these children that it was their fault that the adult acted the way he did. Sentences such as: *"You're a bad, nasty little girl. That's why I'm doing this". "You're such a sexy little girl, I just can't help myself*" all lay the blame at the child's door (Bass & Davis, 1997, p. 104).

The rape or abuse of a child leads to children building this experience into their perception of themselves. The bad feelings are often experienced as their own "badness", because children learn about themselves from the moment they were born (Wade, 2000). Because everything children experience involves them, they are unable to separate what they feel from what they are. Therefore, if adults abuse young children, they believe the hurt and the bad feelings are caused by events they initiated or created. Very young children do not understand yet, that feelings are not visible, due to the fact that they are still in the preoperational or barely in the concrete operational stage of cognitive growth according to Piaget (as cited in Flavell, 1963). They believe that their badness shows and so they feel ashamed. The feeling of shame then shapes their behaviour by reinforcing the original belief that they are not likeable. In turn, this can create a defensive, aggressive or cringing attitude towards other people, which leads to rejection (Wade, 2000).

This permeating sense of being bad or dirty sometimes lasts a lifetime - leading survivors to feel that they did not and still do not deserve love and respect.

Even when children, at times, do have the courage to tell somebody of the abuse, they might get punished, or told that they shouldn't lie. This happens especially when the

abuse is interfamilial. This leaves the children convinced that they did have something to do with the abuse in the first place. Bass and Davis (1997) point out that the child can sometimes use this idea in a positive way. Thinking that they were bad, that they had some influence in how they were treated, gives a sense of control, even if illusory.
A problem closely related to low self-esteem is **anxiety**. Abuse survivors tend to think that they are undeserving and not worthwhile, leading them to be overly dependant on external opinions. They are thus very aware of the signals they send out, as well as being very self-critical. This, in essence, is self-protective and reduces anxiety. " *It prefaces every action with a negative appraisal and thus eliminates the hearer's option to devalue the act*" (Garbarino & Eckenrode, 1997, p.176). By devaluing their own worth, the abused place them beneath the value they have assigned to others. In essence, they are grateful that anyone is speaking to them. They do not ask anything for themselves and blame themselves for anything that goes wrong.

Feelings of worthlessness can have another effect, namely that of **aggression**. Survivors with low self-esteem may attempt to convince others that they count for something by making others obey their wishes in fear of them (Pollock, 2001).

For many women their low self-esteem and feelings of isolation result in periods of **depression**. Increased feelings of worthlessness and despair are experienced, they withdraw even further from friends and family and experience an inner deadness and loss of emotional response, believing life is not worth living (Twerski, 1995) as illustrated in Case Example 3.

Case Example 3:

"*I did not want to sit on the roof, though I was also aware that if I didn't allow myself the relief of considering suicide, I would soon explode from within and commit suicide. I felt the fatal tentacles of this despair wrapping themselves around my arms and legs. Soon they would hold the fingers I would need to take the right pills or to pull the trigger, and when I had died, they would be the only motion left. I knew that the voice of reason was the voice of reason, but I also knew that by reason I would deny all the poison within me, and I felt already some strange despairing ecstasy at the thought of the end. If only I had been disposable like yesterday's paper! I would have thrown myself away so quietly then and been glad of the absence glad in the grave if that was the only place that would allow*

some gladness. My own awareness that depression is maudlin and laughable helped me to get off the roof" (Solomon, 2002, p. 68).

The beginnings of the survivor's depression can often be traced back to her abusive family environment. It was a place where she had no control over her life, no sense of circumstances being able to change, leading to helplessness and hopelessness. Depression often being the result of anger turned inward on itself (Davies, Andrew & Pearce, 1995).

Table 2.2: Causes of depression:

Sources: (Twerski, 1995, Russel, 1997, Davies, Andrew & Pearce, 1995).

Causes of depression:	
Chemical changes:	Medications such as decongestants, appetite suppressants, antihistamines.
Internal body changes:	Hepatitis, infectious mononucleosis, severe viral illness, surgical procedures, hormonal changes of the pre-menstrual, postpartum, menopausal changes, sleep disturbance.
Genetic origin	
Grief reactions	
Biochemical changes	
Trauma:	Child sexual abuse, rape, domestic violence etc.

Along with depression, **suicidal ideation** is prevalent among childhood sexual abuse and rape victims. Cross sectional studies report suicidal ideation of between 33% and 50% in individuals with a history of sexual assault (Lotter, 2004, Koss, Dinero, Seibel & Cox, 1988).

Wade (2000) furthermore believes that abuse impacts self-perception in the following ways:

* feeling hollow, as if there is no "real her".
* believing others to have an "x" factor missing from the self.

2.5.1.1 Self-sabotage

"*The body is perceived to be a tainted object, which is disgusting and is rejected or attacked through starvation, neglect or self-harm*" (Pollock, 2004, p. 44). The psychological self can also be symbolically rejected and mistreated through sabotage.

Where low self-esteem is the primary feeling of the adult survivor, self-sabotage is the corresponding behaviour pattern in the external world. Self-sabotage is any kind of conscious or unconscious behaviour that undermines the survivor's successful functioning in the world. Self-sabotage may range from buying a used car, which promises to give trouble, losing one's chequebook, becoming involved with an alcoholic partner, to engaging in life threatening activities. The survivor might allow herself to be exploited by a superior or engage in physically harmful or potentially dangerous activities such as cutting herself or engaging in unsafe sex (Men & Women against child abuse, 1993).

Typically, the pattern of self-sabotage is closely related to the survivor's personal issues and family history. Survivors who grew up in addictive families may self-sabotage by driving while under the influence of a substance or getting caught with illegal drugs. Survivors from violent families may tend to get them beaten or injured. Survivors from wealthy families often find themselves losing money, getting swindled or making bad investments (Men & Women against child abuse, 1993).

Self-sabotage is linked to the survivor's instinct to become re-victimised in a way that continues or replicates the abuse. Sometimes the self-sabotage is not directed against the survivor, but rather against someone the survivor loves. For example, the adult survivor of interfamilial sexual abuse who is now a mother may be surprised to find that her husband or a friend of the family is molesting her daughter. In this case, the self-sabotaging behaviour is the mother's inability or failure to see what is happening and to protect her child (Men and Women against child abuse, 1993).

Wade (2000) states that self-sabotage are a battle between striving for better things, fearing change and self-discipline.

2.5.2 Emotions/Affect

Feelings often experienced by the victim of sexual abuse are powerlessness, guilt, shame, self-blame and a loss of self-esteem (Blume, 1990). Other outcomes include a lack of boundaries, feelings of being "damaged goods" or worthlessness, a difficulty in trusting and sustaining relationships, self-mutilation and self-doubt (Castel, Fuhr, Siqosa, Thomas & Wright, 1997).

Abused children are in a state of loss - if these children are not helped in their childhood to come to terms with these feelings they will carry them into adulthood. These feelings tend to be compounded by the belief that a happy childhood was forfeited (Doyle, 1994). It leaves the survivor with the perception and feeling that she has been depleted/stripped of certain psychological capacities e.g. spontaneity, creativity and the ability to reflect upon events and their own behaviour (Pollock, 2001).

Even in adulthood these survivors experience strong feelings of shame, guilt and badness. They, on some level, still blame themselves for the abuse and are therefore left feeling dirty and worthless. It is common to find a high rate of depression, as well as, thoughts concerning suicide in these survivors. It is important to realise that beneath this depression is a suppressed rage about what has happened to them. During therapy the therapist must validate this **anger** and lead the patient to effective expression thereof (Castel, et al., 1997).

Many survivors experience **panic attacks** since childhood, persisting into adulthood. It usually occurs in situations where they feel as if there is no escape from - resembling the circumstances of their abuse. Pollock (2001) relates these attacks to intense anger that has had to be held down for a very long time. He believes that explosive anger can be hard to manage and if suppressed for a long enough time could manifest as panic attacks. He, furthermore, postulates that many survivors feel dangerous, as if they are capable of murder, and that if they ever do release their anger it would be uncontrollable, overwhelming them and destroying others. Constantly trying to contain such an intense emotion is draining and exhausting.

Even if survivors were functioning relatively well, trauma in adulthood and specifically the rape of someone who was abused as a child can activate old self-loathing and guilt as well as release repressed anger from past assaults (Wade, 2000).

The course of **anxiety** and fear post- rape, suggest that these may be relatively long-term induced problems. Peterson, Olasov, and Foa (1987) suggest that the anxiety induced by assault reaches maximum levels in the third week, after which there are no further increases, but significant decrements may not begin for a long time.

Petrak and Hedge (2002) point out specific psychological and social responses of post-sexual assault, which include anxiety and fear, depression, suicidal ideation and attempts, social adjustment problems, and sexual dysfunction. Anxiety and fear predominate among psychological responses to rape; this may be intense fear of rape-associated situations and general diffused anxiety (Steketee & Foa, 1987). Feeling scared and even terrified, having racing thoughts, shaking, trembling and palpitations may all manifest as a result.

One very important emotion that needs to be discussed in depth is that of **shame**, since many behaviour patterns of survivors in adulthood are shame based.

Kaufman (as cited in Bradshaw, 1988, p. viii) defines shame in the following way: "*Shame is the affect which is the source of many complex and disturbing inner states: depression, alienation, self-doubt, isolating loneliness, paranoid and schizoid phenomena, compulsive disorders, splitting of the self, perfectionism, a deep sense of inferiority, inadequacy or failure, the so-called borderline conditions and disorders of narcissism*".

Although the terms guilt and shame are used interchangeably in psychological literature, a clear distinction exists which is important to mention. Guilt relates to remorse and regret concerning the abusive act itself. Shame, in contrast to this, is where survivors internalises a sense of "a bad self". They thus evaluate themselves negatively. Shame is furthermore a difficult emotional response to address for many survivors and attributing blame correctly is rarely achieved through logical reasoning or simple discussion. Experiential techniques assume a central role where this is concerned (Pollock, 2001).

Shame manifests itself as seeing the self as defective, occurring most frequently when the survivors believe themselves to have revealed a "broken/defective" part to a social group that is actually or psychologically present. While seeing the self as defective, relevant others are judged as flawless. This leading to an inability to comprehend why those flawless beings would interact with such a defective person - deducting that others silently wish to exclude/ostracise the self (Dryden, 1997).

Actions endeavoured in when experiencing shame, according to Dryden (1997), are the following:

* **Physically withdrawing from others** - in order to escape criticism/judgement - whether or not others are actually critical.
* **Adverting eyes from the gaze of others** - a way of partially withdrawing from others and hiding what a shameful person she is.
* **Isolating the self from others for two reasons**: Holding a self-depreciation belief and feeling socially repellent and believing others hold a negative attitude towards the self.
* **Acting in self-defeating ways** - shame is a painful emotion from which a person wants to escape. This is achieved through the use of e.g. mood altering substances such as alcohol and various drugs.
* **Concealing the self verbally and physically** - by disclosing very little of the self and endeavouring in superficial relationships. Physically by wearing loose fitting clothes especially when Body Dysmorphic Disorder occurs.
* **Tend to attack** others in order to save face.
* **Conform** to the wishes of a social group even when not agreeing.
* **Tend to act submissively** and non-assertively with others whom they think have the power to shame the person.

Bradshaw (1988) concluded by stating that the child who was mercilessly beaten felt powerless, was humiliated and ashamed. As the child was beaten continuously and extensively, the child became more ashamed. The more internalised shame, the greater is the belief in adulthood, and in themselves as defective and flawed and the more their choices diminish. Internalised shame destroys a person's boundaries. Without boundaries a person has no protection. Sexual abuse generates intense and crippling shame, which can result in a splitting of the self.

2.5.3 Physical body and appearance

Bass and Davis (1997, p. 207) point out that abuse effects the person on many levels. "*The way you breathe, the way you eat, the way you feel, and in fact your entire relationship to your own body was affected by the abuse. You were abused on many levels, and healing should take place on many levels*".

They postulate that children learn about themselves and the world through their bodies. All that can be described as emotion began with sensation and movement on the body level. Thus trust, intimacy, protection and nourishment were learnt through the body. This concept links closely with Piaget's sensorimotor stage (as cited in Flavell, 1963) as well as Erikson's basic trust versus mistrust developmental phase, which if not conquered will hinder development (Erikson, 1963). When abused it was deducted that the world was not a safe place where needs were met. To survive the child can do a multitude of things e.g. splitting, numbing, becoming addicted and self-mutilation. This emotional separateness from the body - although it might have been functional - needs to be bridged. "*You need to move from estrangement from your body to integration, to move from self-hate and rejection of your body to self -love and acceptance*" (Bass & Davis, 1997, p. 208).

The relationship with the body is a complex one for the abused child, and for the adult survivor the relationship does not necessarily become easier.

In a study done by Walsh and Burns (2000) the correlation between adults who experienced child sexual abuse and the manifestation of eating disorders were investigated. A correlation was found and the development of these disorders seemed to have definite functions. In the case of bulimia, behaviours such as bingeing and vomiting served to reduce awareness of abuse related schemata as well as to metaphorically cleanse the body of the abusive experiences.

Anorexic behaviour imbues the individual with a sense of control over some aspect of their lives. A second important function would be that, due to the fact that self-starvation provides a route back to the pre-adolescent body and suppression of secondary sexual characteristics, reminders of sexual abuse are diluted.

Compulsive eating or binge-eating is overlooked in most literature when describing eating disorders, even though the emotions elicited are just as intense as with other eating disturbances, as can be seen in Case Example 4.

Case Example 4:

A participant in Cooper's study (1995, p. 8) describes a binge as follows: "*It starts off with me thinking about the food that I deny myself when I am dieting. This soon changes into a strong desire to eat. First of all it is a relief and a comfort to eat, and I feel quite high. But then I can't stop and binge. I eat and eat frantically until I am absolutely full. Afterwards I feel so guilty and angry with myself.*"

It seems as if emotions and the body exists in a negative symbiotic relationship, where the one impacts the other consistently. Emotions manifesting as acts committed against the body, leading to more intense emotions being experienced.

According to Cooper (1995) a binge is marked by two distinctive features. Firstly, the amount eaten is excessively large and secondly, the eating is accompanied by a subjective sense of loss of control. The desperation felt driving the persons to behave in ways quite alien to their character.

The binges are usually triggered and Cooper (1995) divides these causes into three categories:

- Those concerned with food and eating, e.g.:

    * breaking a dietary rule
    * having fattening foods available
    * thinking about food

- Those linked to concern about body weight and shape e.g.:

    * discovering weight to be higher than expected
    * feeling fat
    * discovering clothes to be too tight or too small.

- Negative mood states, which seems to be a more important reason featured in this study, e.g.:

* feeling depressed
* feeling lonely or isolated
* feeling tense, anxious or fearful
* feeling angry or irritable

These emotions often being intensified after a binge, which almost always takes place in secrecy. The secrecy, feelings of loneliness and disgust experienced by the eating disordered person, are the same feelings as experienced by a survivor of childhood abuse. Thereby if a survivor of both, the feelings combine to become even more intense and painful. After the immediate sense of relief feelings of guilt, shame and disgust are experienced. View Case Example 5.

Case Example 5:

In the words of a compulsive eater after a binge: "*After a binge I feel agitated, annoyed and frightened. My stomach and backache and I feel hot and panicky. I am terrified about the weight I have gained. I feel full of anger towards myself for allowing it to happen yet again. I feel unclean inside. Dirty. I don't want anyone to see me. I hate myself*" (Cooper, 1995, p. 11).

Another destructive act committed against the body is that of **self-mutilation** or cutting, (Case Example 6).

Case Example 6:

Self-mutilation according to Bass and Davis (1997, p. 48) might be seen as one way the survivors control their experiences of pain. The words of one survivor summarises this: "I*f I cut myself, other people will know the pain I'm in. Otherwise they don't notice especially since I try to cover it up emotionally. Another thing is that physical pain distracts from emotional pain. So I could focus on that instead of the emotional pain, which makes me feel so trapped and hopeless.*"

Various behavioural explanations concerning self-harm can be found. Linehan (1993) stresses the importance of the functional consequences of self-harm in terms of attention or care, escaping from interpersonal demands, or tension relief on an intrapersonal level. Clinical observation suggests that self-harm may serve the dual function of inducing and obtaining relief from dissociative states. Self-harm thus occurs for a variety of reasons and the potential range of functions it can serve should be patiently and intensively investigated for every survivor (Pollock, 2001). It furthermore seems as if any notion of self-care is foreign to the survivor, rather perpetuation of abuse is endeavoured in.

Survivors often experience it as illogical to take respectful care of something without value (themselves). "*Thus many survivors report worrying levels of self-neglect, depriving themselves of food, sleep, comfort or any form of self-nurture which most people would take for granted*" (Pollock, 2001, p. 200).

Many survivors were never taught as children how to reduce negative affect without resorting to problematic behaviour e.g. drugs, alcohol, self-mutilation etc. This does not portray a masochistic tendency on the survivor's side; they simply have no language or experience concerning how to calm down (Briere, 1992).

It is not simply that these survivors were repeatedly beaten and/or sexually abused, they were never taught appropriate self-regulation strategies, taught how to put feelings into words and were not comforted sufficiently and were mostly left in a state of constant arousal and vigilance (Schwarz, 2002).

Healthy self-soothing acts are a source of decreased arousal and pleasant sensations and calming affect. According to Schwarz (2002) self-soothing acts have some of the following characteristics: slow, gentle, or rhythmical in speed or movement; soft in texture; tone or hue; quiet in volume. They include meditative practises including having a safe place, using calming self-talk, accessing calming positive sensations including warm baths and showers, appropriate use of food such as a warm cup of tea/hot chocolate, listening to gentle calming sounds or music, yoga, stretching, holding or gently touching oneself gently rocking, seeking out a friend or other support to say soothing things or actions to comfort the self, going for a calming walk.

Healthy self-care activities are not limited to quieting types of responses. There is a class of self-care activities that lead to a sense of accomplishment, strength and increased self-

esteem. They include exercise, sport, dance, gardening, painting, playing music, grooming etc. (Schwarz, 2002).

It is also important to notice that due to the fact that abusers skew the child's sense of reality by misusing their own power, the survivor many times leaves her own rational processes, manifesting in **Dissociative Identity Disorder** (DID) (Pollock, 2001). Ross (1998) claims that persons with DID seem to be the most self-destructive diagnostic group. The continued use of dissociation as a coping mechanism prevents the development of more adaptive ways of coping.

Most people diagnosed with DID reported to have experienced childhood abuse, at which time the disorder manifested for the first time. "*DID reflect an inability to integrate memories and aspects of identity into an autobiographical whole. Each personality state may be experienced as though he or she had his or her own distinct history, self-image, mannerisms and moods*" (Resick, 2001, p. 22).

It seems as if DID interferes with later life abilities concerning risk assessment, risk reduction and self-defence. This leaves the survivor more vulnerable to secondary risk in later life (Resick, 2001).

Sexual child abuse has thus been implicated as a source for the development of Dissociative experiences (Startup, 1999), Eating Disorders (Walsh & Burns, 2000), Chronic Fatigue Syndrome and Fybromyalgia (Friedberg & Jason, 2001).

The medical and psychological consequences of sexual assault are wide ranging. These may include physical injury, sexually transmitted diseases, risk of pregnancy, gynaecological trauma, medically explained and unexplained somatic symptoms, chronic illness, emotional disturbance, sexual dysfunction, suicide and substance abuse (Petrak & Hedge, 2002).

Further studies highlighted the fact that altered Pituitary-Adrenal Responses to provocative challenge tests can be found among survivors of child sexual abuse. "*Women with a history of childhood abuse may hyper secrete CRF, resulting in down-regulation of adenohypphyseal CRF receptors and symptoms of depression and anxiety*" (Heim, Newport, Bonsall, Miller & Nemeroff (2001, p. 57). The interaction between body and

mind as a consequence of child sexual abuse still needs further investigation. Only the first steps have yet been taken.

Some people are sexually traumatised but have no **memory** of being abused. They feel fraudulent and unable to trust their own perceptions. Rage, fear and self-loathing vie for control. Often siblings have emotional and social difficulties. Siblings might have conflicting memories of early family life, as if each grew up in a different family. This indicates that each child "edited" what was happening to create a reality in which she could have some of her needs met. It is not necessary to regain memory in order to change the way the survivor feels. Many people are now thriving, who were once governed by feelings for which they have never known the cause (Wade, 2000).

Impacting these feelings for the survivors is the fact that there has been a lively and often polarised debate surrounding the issue of recovered memories, which centres around two questions:

The first being whether it is possible that someone who was abused as a child can have amnesia in later life of that event, and if so, whether it is possible to later recover a memory of the event previously amnesic for? Secondly, it is asked whether it is possible that there are instances when memory reports on childhood sexual abuse are substantial distortions of the original event or complete confabulations of the event, that never actually occurred (Davies & Dalgleish, 2001).

Concerning this debate about the nature and reliability of recovered memories of childhood sexual abuse - evidence for both reliability and the unreliability of these memories have been obtained. It, thus, rests on the elements of a certain case.

The characterisation of a memory, as recovered, involves a variety of assumptions regarding the encoding, retention interval, retrieval, and post-retrieval phases of memory. It is thus important to focus on what appears to be the defining characteristic of "recovered" memories, namely, that individuals perceive themselves to have made profound discoveries about their past. In this context the various encoding, retention, interval, retrieval and post-encoding factors, that contribute to an individual's perceptions that they have discovered long lost memories of abuse, can be scrutinised (Davies & Dalgleish, 2001). Schooler (2000) furthermore, adds that the term "discovered" memory is more acceptable. By that is meant, the perception by an individual, that memories of

experiences have been discovered which they think they had previously been unaware of. It is important to highlight the fact that in many instances of recovered memories, corroborative evidence by others, through e.g. investigating past circumstances, does support recovered memories by individuals. Nonetheless, it seems as if this will still be a topic of contention for quite some time.

Davies, Andrew and Pearce (1995) point out the following triggers, which may provoke memories:

* Death of a parent	* Commitment to an intimate relationship
* Struggles with an authority figure	* Children/pregnancy
* Invasive surgery	* Physical illness
* Abandonment	* Sex
* Smell and other sensory stimuli	* Death of abuser
* Change in life circumstances	* Change in life circumstances
* Promotion/inheritance	* Learning self defence
* Becoming physically fit	* Admission to a psychiatric hospital
* Start of a sexual relationship	* Rape
* Films/media	* Other person disclosure
* Miscarriage	* Abortion

2.5.4 Boundaries

Most survivors have problems with trust. Erikson (1965) emphasised the fact that with child sexual abuse betrayal of trust is a key feature. This leads to difficulty in forming any intimate relationship. According to Doyle (1994) relationships are formed with people they can control or dominate; they are then able to trust their partners only due to the fact that they believe that they have a complete hold over him.

Even friendships seem to be problematic due to the fact that the other person is always mistrusted. The survivor might find herself constantly wondering what the other person wants from her - not really understanding the dynamics of healthy relationships, which include the principle of give and take, and respecting boundaries. Combined with the feelings of worthlessness experienced, the probability of experiencing healthy, intimate, even if non-sexual, relationships are diminished (Bass & Davis, 1997).

The concept of boundaries is often used, yet rarely defined. Boundary violations are central aspects of any abusive situation. A boundary is the line of distinction between any two separate things - the most basic distinction for humans is between that which is I and that which is not I. Boundaries are semi-permeable, allowing for the exchange of information. Schwarz (2002) postulates that boundaries can be impaired in one of two ways. The non-functioning boundary allows too much information to cross the boundary, to the extent that at some stage no boundary exists. The second instance is an over functioning boundary, which becomes insufficiently flexible. People who have been tortured, raped and victimised have had their boundaries penetrated. The natural reaction when a person feels vulnerable and threatened is to strengthen boundaries to the point of being a wall.

Generally boundaries are thought of as membranes that stop intrusion from the outside. It is important to recognise that this also means that boundaries contain what is inside. People with boundary problems do not know how to contain and maintain internal positive states, yet negative affect accumulates with ease (Schwarz, 2002).

Dutton (2000, p. 59) in summary suggests that childhood traumas create insecure attachment and a life long sense of shame, arousal modulation problems, and cognitive problem solving deficits, externalising attribution styles, aggression and dissociative states. Child abuse is furthermore described as an "*overwhelming life experience*" leading children to incorporate defence mechanisms such as hyper vigilance, projection, splitting and denial to deal with parental abuse. Dutton (2000), furthermore, believes that shaming, conceptualised as verbal or behavioural attacks on the self, generates life-long shame proneness or defences involving rage, which impacts relationships survivors are trying to establish or maintain.

Co-dependency is furthermore a challenge for some survivors. The term co-dependence initially described a family member, usually a spouse, of an alcoholic or other chemically dependent person. The addict was thus the "dependent" person (on a chemical). The co-dependent was the significant other, who was viewed as an "enabler", catering to the addict's needs and whims (Twerski, 1995).

Recently co-dependency has been applied to relationships where one person is not doing what she really wants to, but rather what her partner expects of her. If she lacks a firm

sense of self, the individual is vulnerable to allowing others to define who she is (Twerski, 1995).

Subby (1987) defines co-dependence in the following way. Co-dependence is the denial or repression of the authentic self. It is falsely based on the belief that love, acceptance, security, success, closeness and salvation are all dependent upon the person's ability to do "the right thing". In the process the co-dependent denies who she really is. This often leaving the person believing that the only way to be loved is to be of service to others. Her identity being totally dependent on what others think of her, rather than what she thinks of herself.

Wade (2000) furthermore points out other behavioural patterns that tend to be displayed by survivors, linking with the concept of boundaries:

* being a victim of rape or violence in later life.
* spending a large proportion of time in fantasy.
* having friends who have been sexually abused.
* frequent short-lived relationships.
* choosing exploitative friends.

Wade (2000) believes that humans have a powerful unconscious drive to reconstruct the circumstances of childhood, even if consciously striving to do the opposite. Unconsciously humans search for aspects of their parents when selecting their partners. Children of abusers who have unwittingly chosen an abusive partner, report a feeling of familiarity and bonding from the first meeting. One lesson they did take from childhood was the fact that they had to accept abuse. Having had no experience of preventing abuse, they find that in their adult life and relationships they still allowed for abuse to continue.

A number of studies have observed difficulties in **social functioning** and in the availability of support post-rape (Baker, Skolkni, Davis & Brickman, 1991). Restricted social involvement was noted, as well as victims only going out when accompanied by friends.

Learning that "being close is dangerous" leads most survivors to adopt a strategy of keeping people away because they cannot be trusted not to hurt them. This stance is

generalised to all people and situations. Keeping secrets fuels the need to keep away from others due to the fear of being found out (Pollock, 2001).

2.5.5 Sexual relations

According to Castel et al. (1997) a variety of sexual problems become part of the survivor's life. These problems vary from flashbacks to their abuse experience in sexual situations, which disturb and inhibit them, frigidity, promiscuity and sometimes sexual addiction. Wade (2000) furthermore points out that confusion surrounding sexual orientation may manifest.

As pointed out in Gilliland and James (1997), in addition to survivors portraying certain criteria of PTSD, a tendency to a loss of sexual interest can also be seen. Female survivors also experience an increase in rape and wife battery in adulthood (Coons, Bowman, Pellow & Schneider, 1989), and are prone to use alcohol and drugs to submerge bad memories from awareness.

Due to the shattered trust displayed by survivors, relationships and especially sexual relationships are difficult to sustain. Their defence mechanisms that were used to protect them during the abuse, such as denial and dissociation, interfere with their attempts to work out their sexual problems. Their feelings of worthlessness and badness arising from their abuse might complicate their choice of partner and their attitude towards sex (Castel, et al., 1997).

Himelein, Vogel and Wachaowiak (1994) suggest that child sexual abuse is an underlying risk factor for both heightened sexual activity and sexual victimisation in dating that is child sexual abuse sequelae.

Wade (2000) adds the following signs and symptoms to the above-mentioned literature:

* presenting the self as childlike in intimate situations.
* experiencing the presence of the abuser during sex.
* a compulsion to comply with sexual demands from people to whom she is not attracted.
* pain during sexual intercourse with no medical cause.
* being unaware of own sexually inviting behaviour and being devastated by the response

to it.

* attraction to elderly people.

2.6 Being realistic about the aftermath

The following important warning/cautionary advise is given by Wachs (1999): To infer that direct linear pathways exist from childhood victimisation to adult psychopathology is an over-simplistic notion, which is not supported by empirical evidence.

Furthermore sequelae such as depression or vulnerability can be the result of other types of childhood trauma, e.g. parental loss, domestic violence and/or alcoholism, parental mental illness and poor parenting (Weiss, Longhurst & Mazure, 1999). Melchert (2000) attempted to clarify the effects of childhood sexual abuse, parental substance abuse, and parental care giving on adult adjustment, and concluded that an absence of respectful approval by parents was at least as important a factor in predicting adult psychological stress as childhood sexual abuse.

The linear deduction and diagnosis of symptoms and the attribution thereof to childhood sexual abuse should be questioned. As point in case Lange, De Beurs, Dolan, Lachnit, Sjollema and Hanewald (1999) found that the emotional atmosphere in the family of origin, reactions after disclosure and self-blaming were more strongly associated with later psychopathology than objective characteristics of the abuse itself.

It would be absurd to claim that childhood sexual abuse by itself causes all the mentioned symptoms. Other factors such as parenting, economic difficulties etc. all impact the child. People may develop these symptoms without abuse ever having taken place in their lives, furthermore significant numbers of abuse survivors do not appear to develop any psychological sequelae.

"*Nevertheless, it does appear that childhood sexual abuse is linked directly to a variety of forms of personal distress, and that the existence of some link is now established beyond question*" (Pollock, p.108).

The next step would be to focus on how healing of the aftermath can be facilitated. Certain models have been put to the fore concerning the explanation and alleviation of

the consequences of childhood abuse in adulthood. These models, and limited literature concerning the healing process, will be focused on.

Chapter 3:
Interventions for victims of childhood abuse

3.1 Introduction

Although literature seems to cover most aspects of the aftermath, extensively, literature, which focuses on models dealing with the aftermath of childhood abuse in a therapeutic setting, was more rare to find. Since the aim of the study was to explore the healing process of survivors, it was essential to include a theoretical knowledge base on the topic, yet, it was impossible to obtain extensive knowledge, due the fact that it seems to be a "forgotten aspect" in literature.

This Chapter, nonetheless, aims to provide a theoretical base for the above-mentioned aspects, as thoroughly as possible.

Various aspects seem to influence the extent of the aftermath of abuse, as no linear causality or simplistic explanations are part of this topic or study. Broader/more general aspects such as the culture and community, to more personal resources can all play a part.

Lewis (1999), for instance, emphasises the following factors, which relates abuse to practises, which are community, based and should not be ignored. Prevention according to her should be focusing on this level:

* The patriarchal society.
* Women's economic dependence on men.
* Racism.
* Unemployment and work dissatisfaction.
* Relative deprivation and poverty.
* Alcohol and drug abuse.
* The culture of violence.
* Problems with the criminal justice system.
* The cycle of violence: vigilantism and revenge.

The structure of this chapter moves from a general feminist approach, which aims to explain the occurrence of abuse, to theoretical models explaining the aftermath of abuse. Theoretical approaches concerning specific treatment approaches for alleviating the aftermath are then scrutinised, as well as, highlighting important themes which occur in therapy, especially when working with survivors. Lastly, it was attempted to extract elements, which seemed to form part of healing.

3.1.1 Feminist theory - addressing the culture as culprit for abuse manifesting:

Cox, Kershaw and Trotter (2000) states that over two decades have passed since feminists first became aware of incest in families. They wonder exactly what has been the outcome of all their efforts to raise awareness and prevent further abuse, because they do not believe that anything has really changed. They query the fact that, on the one hand, child sexual assault and its activities (pornography, sex tourism and the trafficking of children) are still attracting media attention; yet, on the other hand, many accounts of sexual assault (which they believe should be front page and headline news) have been relegated to inside pages, or even receive no coverage at all.

Kelly (1998) furthermore, in a previous study, pointed out that many abusers are apparently "family men". For many women, irrespective of sexual orientation, this means a fundamental re-evaluation of close relationships with men, whether as sons, partners, brothers and other relatives. For men, it is easier to think of individual abusers than to examine the power structures, which makes sexual assault possible. Some men express their discomfort in either disagreement with or even an outright attack on this view. Resistance to this issue is a major challenge and problem concerning sexual assault on children, which has an implication for how well children, can be protected.

Feminists have had some success in attempting to redefine the power relations in child sexual assault by shifting the focus from a "family problem" to one of masculinity, since it is well documented that men predominantly commit sexual assaults on children. Research (Kelly, Regan & Burton, 1991) found that among younger abusers, 85 % were male, and among adults, 95 % were male. Cox, Kershaw and Trotter (2000) point out that patterns of violence tend to reflect and reinforce existing power relations in society and groups and that child abuse is no different. Cox, Kershaw and Trotter (2000) furthermore believe that there is a tendency to blame women for men's behaviour. An example would

be where it is common to hear that women do not give their male partners sexual satisfaction and are driving them to incest and other types of sexual assault (Westcott & Merry, 1996).

The feminist perspective has a very structured way of looking towards the causes of sexual assault towards children. Firstly, feminism provided a structural analysis concerning this phenomenon by revealing it as a patriarchy's shameful secret. Secondly, it wanted to eradicate the myth that child sexual abuse is an example of the dysfunctional family, or an example of excessive individual male sexual behaviour. The cause according to the feminists are thus a patriarchal culture which "*...lies in normal family values, not in deviate ones*" (Nelson, 1982, p. 79). Thirdly, feminists have deconstructed the term motherhood. It is revealed as a social institution of which there is expected that women assume the role of guardian of their child's health (emotional, physical and sexual) as well as that of their male partners. Following on this point, feminists have demonstrated that the current literature in this field is "*preoccupied with the mother's direct or indirect responsibility for child abuse*" (Parton, Thorpe & Wattam, 1997, p.43) and that "*mother-blame is a consistent feature of all the non-feminist literature on incest...*" (Waldby, Clancy, Emetchi & Summerfield, 1997, p. 90). This result is the assumption of women's culpability, taking away the blame from a culture of male abuse.

The difficulties in establishing a relationship between specific long-term effects of childhood sexual abuse and the variables that were highlighted earlier, is the issue of mediational factors - which are also important when focusing on healing and recovery. A multitude of internal and external influences could be involved e.g. the child's personal resources and degree of self-sufficiency; circumstances of the disclosure or lack of it; other people's reactions to survivors and sexual abuse in general; and the level of parental validation and support (Baker, 2003). Some models are thus put to the fore, which attempts explanation for these phenomena.

3.2 Theoretical approaches enunciating the aftermath of childhood abuse

3.2.1 Traumagenic Dynamics - explaining the aftermath of abuse

Finkelhor and Browne (1986) attempts to explain a broad range of childhood sexual abuse sequelae. This model poses that sexual abuse negatively affects a child's cognitive and affective orientations to the world - four dynamics being negatively influenced.

The traumagenic model (based on the work of Finkelhor and Browne, 1986, as well as Baker 2003).

Dynamics	Psychological Impacts	Behavioural Sequelae
Betrayal		
Violation of expectation of care and protection from others; there is no support and protection from parents trust and vulnerability are manipulated.	Depression, mistrust and impaired ability to judge trustworthiness, anger, dependency.	Delinquency, isolation, re-victimisation, insecurity, marital/relationship problems, inadequate parenting, aggression.

Dynamics	Psychological Impacts	Behavioural Sequelae
Powerlessness		
Body territory is invaded against the child's wishes, inability to make others believe disclosures, living with perpetual fear and vulnerability, and the adult's needs are superior to the child's	Fear and anxiety, identification with the perpetrator, depression, nightmares, phobias.	Bullying, becoming a perpetrator, and subjugation of personal needs, lack of assertiveness, poor personal boundaries, learned helplessness.

Dynamics	Psychological Impacts	Behavioural Sequelae
Stigmatisation		
Others behave in any one (or combination) of the following ways: pressure children for secrecy, blame children for the abuse and/ or react negatively to dis-closure, perpetrators humiliate and blame the victims for the abuse.	Internalisation of feelings of guilt and shame about the abuse, feeling different from other people, low self-esteem, perceived defectiveness, social anxiety and undesirability.	Social isolation and avoidance, alcohol and substance abuse, self-harm suicide attempts, and poor social integration.

Dynamics	Psychological Impacts	Behavioural Sequelae
Traumatic sexualisation		
Perpetrators "groom" children through the use of attention and affection in order to gratify their sexual needs, harbour fetishes about child parts, they convey a distorted picture of sexual morality, they reward their victims for sexual acts that are inappropriate to their developmental level.	Sex is associated with ne-gative emotions, confusion about the role of sex in loving and caring relation-ships, disrupted sexual identity, confusion about sexual norms, aversion to sex, fear of intimacy.	Preoccupation with sex; compulsive sexual beha-viours, avoidance of sex and/or phobias about specific acts, promiscuity, prostitution, impaired arousal, flashbacks, and either inappropriate sexualisation of parenting, or excessive preoccupation with safety of children, fear of becoming a perpetrator.

3.2.2 Briggs and Joyce's model concerning the aftermath of childhood sexual abuse focusing on PTSD.

Briggs and Joyce (1997) concluded the severity of PTSD symptoms was associated with the extent to which childhood sexual abuse involved sexual intercourse. It seemed that severe and prolonged abuse - especially when in conjunction with violence and a generally chaotic family environment, led to greater symptomology and dissociative symptoms. 30% of the women who qualified for PTSD had histories of severe sexual abuse, criminal and violent behaviour in the family environment and multiple forms of abuse. Their symptomology included depression, PTSD symptoms, dissociative symptoms, alcohol abuse and somatic complaints.

Some studies suggest a lifetime prevalence of PTSD in the region of 80% associated with rape. In a retrospective study Kilpatrick, Saunders, Veronen, Best and Von (1997) reported a lifetime prevalence of PTSD in a community sample of female rape victims as 57%, in the same study PTSD criteria was met by 16.5% of victims, on average 17 years post-rape. Rothbaum, Foa, Riggs, Murdock and Walsh (1992) found that, within the first few weeks after assault, 94% of rape survivors met symptomatic criteria for PTSD, this decreased to approximately 65% at approximately 1 month, and, 3 months after the assault, 47% of survivors continued to experience PTSD and related psychopathology.

Other factors in relation to the development of PTSD post-sexual assault include anger, controllability of the event, and initial reactions to stress. Riggs, Dancu, Gershuny, Greenberg and Foa (1992) found that levels of anger were related to various aspects of the assault (e.g. used weapon, reaction to the assault etc.). Elated anger was positively related to development of PTSD. Dunmore, Clark and Ehlers (1999) emphasise the importance of cognitive appraisal of the assault situation in the development and maintenance of PTSD. Further work emphasises the importance of screening for persistent shame reactions, in addition to fear reactions underpinning PTSD, with implications for psychological therapy (Adshead, 2000). Cognitive therapies for addressing shame and guilt need to proceed before fear- and anxiety focused therapies are used. More empirical work is needed for this relatively new model.

3.2.3 Biosocial aspects explaining the aftermath of abuse focusing on Borderline Personality Disorder (BPD)

Wagner and Linehan's (1997) believe that BPD manifest in survivors because of biological vulnerability to emotions and an invalidating environment, but not that it is a causal relationship.

Biological components such as genetic influences (e.g. affective disorder, alcoholism and drug abuse in first degree relatives), harmful intrauterine events (e.g. malnutrition, environmental stress, substance abuse) and developmental factors (e.g. neurological development and childhood trauma) can "dysregulate" physiological and emotional development. It is hypothesised that childhood trauma and childhood sexual abuse might overwhelm the limbic system in such a fashion that heightened emotional arousal and emotion dysregulation in response to events could be the result - thus causing biological vulnerability in abused children by permanently altering their central nervous system.

According to this theory, children who grew up in an environment where this vulnerability was disrespected, ignored and invalidated might be more prone to develop BPD.

Childhood sexual abuse represents the ultimate invalidation due to three factors previously identified by Finkelhor and Browne (1986):

* Invasion of the child's body.
* Confusion about the meaning of the abuse. For example, society or the family might express condemnation about childhood sexual abuse, while a family member is abusing the child.
* Breach of trust, the child is either let down in her expectation of safety in the family environment, or is not protected by the family when the perpetrator is outside it.

The issues of secrecy and inappropriate responses by the family when disclosure occurs are an important factor to focus on (Courtois, 1988). Due to the kept secret the child cannot seek external validation for her experienced feelings and reactions, thus creating

dependency on the perpetrator. If/when abuse is disclosed, typically the environment will deny, rationalise, minimise the abuse, especially when incest occurred - invalidating the child further.

3.2.4 Alexander's conceptualisation concerning the aftermath of abuse.

According to Alexander (1992) three areas of impact in a survivor's personality functioning are seen. The three areas being disturbance of the self, affect and interpersonal problems. A description of how these areas are affected follows:

Disturbance of the self

discontinuity in self-experience	sexual dysfunction
incoherence in identity	eating disorders
intense, unstable moods	dissociative symptoms
poor self-reflection/introspection	intimacy problems
low self-worth	psychosomatic symptoms
impaired reality testing	impulsivity/unpredictability
self-hatred/suicidal ideation	self-injury
Affect Dysregulation:	
depression	guilt/shame
anxiety states	self-blame
impulsive aggression	powerlessness
trauma symptoms (re-experiencing/arousal)	
Interpersonal Problems	
prostitution/promiscuity	delinquency/criminality
revictimisation	violent conduct
alcohol/substance misuse	marital difficulties
compulsions/addictions	social withdrawal/avoidance
academic/occupational under achievement	

It is important to note that all three domains can be linked within the same problem; e.g. self-hatred leads to depressed mood, managed through alcohol misuse; intimacy problems relates to guilt/shame causing revictimisation.

3.2.5 Attachment theory - focusing on the aftermath of childhood sexual abuse especially concerning attachment.

Bowlby (1969, 1973) proposed that a child develops internal working models, which manifests as mental constructions, which form the basis of personality. Stroufe and Rutler (1984) stated that these working models are relationship bound and that the child internalises both roles of the "attachment figure-to-attached-person" experience and learns care giving while receiving care. These models then seem to form the "blue-print" for emotionally significant relationships in adulthood, which demonstrates stability, consistency and elaboration as time progresses. Crittenden (1985) proposed that early-acquired working models are resistant to change due to self-confirming experiences and maintenance. Alexander, Anderson, Brand, Schaeffer, Grelling and Kretz (1998) report that survivors exhibit insecure attachment. These patterns emerging from general family dysfunction and interdependence of negative attachment patterns amongst family members affecting perceptions and relational balances within the family. The relational imbalance and internalised patterns of attachment produced by the abusive environment itself persist and pervade the survivors' adult relationships.

3.3 Theoretical models concerning specific treatment approaches:

"*Our lexicon of words can appear bankrupt and facile in its attempt to crystallise abusive experiences into meaningful versions of the adult and once child's reality*" (Pollock, 2001, p. 4)

Model integration in the treatment of childhood sexual abuse is important because a therapist's theoretical orientation can influence the manner in which the treatment of sexual abuse will be formulated and then addressed (Courtois, 1988). If this argument is correct there will be pitfalls in the adherence to inflexible theoretical approaches. Baker (2003) furthermore found that the immense complexity of the issues, difficulties, and distress that survivors of sexual abuse presented with in therapy, as well as the spectrum

of varying degrees of severity, could not be responded to adequately by any one individual approach. Furthermore the therapist alliance/relationship lies at the heart of Baker's work (2003), which include factors such as congruence, empathy and positive regard. Although these elements are inspired by Carl Rogers, they are not adopted as a primary vehicle for change in any one individual.

Some models will be put to the fore, which focus on facilitating healing of childhood abuse. Whether they are effective is unanswerable since the group in this study was based on the Adult Survivors Of Childhood Abuse (ASCA) intervention model. That stated, the following is important when working with survivors:

The therapist needs to be extremely adaptable, since no two clients are alike. However, certain themes do recur with survivors such as poor self-esteem, inability to assert themselves and poor self-management skills. These issues should be addressed whilst respecting the clients existing coping strategies, as well as the survivor's ability to function well in other areas of life (Pollock, 2001).

The impact of sexual assault is wide ranging and extends beyond the stress disorder diagnosis. Little is known of those individuals who demonstrate particular resilience to trauma, but it would seem that some individuals may reappraise negative life events, including sexual assault, as an opportunity for increasing personal cohesion and self-worth. The importance of prior history upon response to sexual assault is emphasised. A therapist would thus benefit from a deeper understanding of the individual's background concerning sexual abuse, substance misuse and psychiatric problems (Petrak & Hedge, 2002).

In response to chronic or cumulative stressors, people exhibit a range of physical, behavioural, cognitive and emotional responses. When the stressful situation abates, the reaction lessens, but poor coping styles and rigid or faulty thinking patterns, which had most probably developed, will be used and abused in future stressful situations. "*On the other hand, if someone develops new healthy coping strategies, they may be left stronger and more resilient to face future stressors*" (Resick, 2001, p. 3).

A major neglected area of understanding is of the particular resilience individuals may demonstrate in coping with trauma in the aftermath (Petrak & Hedge, 2002). This is an important element for further study.

According to Baker (2003) the roles and responsibilities held as therapist to female survivors of abuse includes, providing safety and trust, guidance through limited re-parenting and leading clients to personal autonomy.

3.3.1 The three-stage integrated working model for working with survivors (Baker, 2003). (This model correlates very strongly with the stages and steps of ASCA group work).

Engagement

This is particularly crucial and may well determine "staying power" and outcome on completion.

Engagement is very fragile, emphatically with survivors of abuse. With others (e.g. exam stress) one must earn respect and trust towards expertise. This is diametrically opposed to the requirements for engagement where survivors of child abuse are concerned. Engagement with the therapist as a person is not only the primary requirement for a collaborative therapeutic relationship, but it also becomes the perpetual vehicle for consistency and eventual recovery: "*It is only later when maladaptive patterns of behaviour are resolved that "liking the therapist" becomes incidental*" (Baker, 2003, p. 115).

This does not simply necessitate that the survivor likes the therapist and is comfortable, but that even when "the going gets tough" and the therapist may not be particularly likeable, she trusts that she will be guided with appropriate care and knowledge through the process.

Challenge

Both survivor and therapist now enter uncharted territory. The past is disclosed and its relationship to the present is examined. The challenge lies in the fact that these issues are addressed in a way that has the potential to de stabilise the survivor's emotional and cognitive status quo. Survivors are guided towards undertaking practical, emotional and behavioural challenges. Cognitive Behavioural Therapy plays an important role in this stage, as well as Young's schema focused cognitive behavioural therapy, experiential

mediums are furthermore utilised. For the therapist, the challenge is to maintain engagement with the survivor at all times. The role of "limited parent" being crucial, due to the fact that it provides the means of regulating this engagement even during periods when the "parent" may be perceived as disapproving, punitive and confrontational.

Individualism and growth

Maslow (as cited in Baker, 2003) hypothesises that as human beings we have an innate hunger as well as capacity towards personal growth. Survivors according to Baker (2003) show a gradual development of this potential and willingness for growth.

Survivors can learn to embrace personal responsibility and personal effectiveness. Pain and suffering are then accepted and viewed as existential "double-edged" necessities which previously gave rise to a host of negative psychological symptoms, now it becomes the vehicle for personal understanding and freedom towards making informed choices.

3.3.2 Cognitive Analytic Theory

This is a very structured way of working with survivors consisting out of the following format:

Reformulating

* Presenting complaints, personal history, semi-structured interviews
* Psychotherapy file, self-monitoring diaries, psychometric testing, repertory grids
* Naturalistic observation of therapist-patient interactions, extraction of narrative themes from previous relationships, sequences and patterns of thinking, feeling and behaving
* Presentation of reformulation letter, agreement about target problems and underlying target problem procedures (TPP's)
* Joint construction, discussions and refinement of sequential diagram including identification and naming of prominent self-states and their reciprocal role procedures (RRPs)

Recognition

* Recurrent use of diagram outside and within sessions to improve accuracy of reformulation
* Review of themes within self-monitoring diaries
* Ratings of recognition (and revision) for TPP's using target problems (TP) rating chart
* Agreement about between session tasks (homework)
* Reference to transference and counter transference RRPs
* Monitoring dilemmas, traps and snags

Revision

* Encouraging and practising new ways of thinking, feeling and behaving
* Identifying "exists" from TPs
* Use of cognitive, experiential, behavioural and interpersonal techniques to achieve change
* Use of transference-counter transference understanding to actively avoid collusion
* Breaking patterns within dilemmas, traps and snags
* Discussion of termination of therapy and "good-bye letter"

Important advice concerning CAT is that therapy does not have to focus on the abuse itself, but rather on the disturbed interpersonal relationship and self-management issues as the consequences of the abuse. Survivors are often much more willing to talk about current problems rather than immediately divulging information and details concerning their abuse. It, furthermore, emphasises support and empowerment to the survivor (Pollock, 2001).

3.3.3 Zen Buddhist Meditation

Linehan's (1993) work acutely combines behavioural skills with Zen Buddhist meditation in an attempt at increasing the personal effectiveness and empowerment of clients who have experienced abusive upbringings, particularly clients with BPD. This method has also received attention for potential toward reducing relapse in depression (Teasdale, 2000).

3.3.4 Animals

There are slow therapeutic advantages of having a loving animal in proximity. Trust will build up between the animal and survivor, which is a good way to learn to trust again. It

has also been shown that physical contact with animals can reduce stress. Feeling safe will influence the survivor's body language and thus the subliminal messages conveyed (Wade, 2000).

3.3.5 Group Therapy

In the early 80's the first self-help group for survivors emerged in London. They coined the term "survivor" in contrast to victim to move away from the negative connotation, which is attached to the word, but rather to recognise the strengths that coping with abuse at that time and later, requires. Unfortunately, "*the preferred story now is one of damage - of survivors who populate prisons, mental health services, who have problems with alcohol and drugs. One consequence of this disconnection has been a "re-silencing" - with professionals becoming increasingly reluctant to name themselves as survivors. Silence has once again become a form of survival - since one's own experience is no longer understood as a resource to be drawn on, enabling an informed advocacy, but viewed as dangerous partiality, which will interfere with professional judgement*" (Cox, Kershaw & Trotter, 2000, p. xiii).

"*Group work with survivors is seen not just as a valuable adjunct to individual therapy but as a powerful treatment in its own right"* (Pollock, 2001, p. 190). Group therapy seems to provide a forum where survivors can meet, share experiences and most important, know that they are not alone, not different and not worse than others. Thus addressing the crippling feelings of stigmatism. It, furthermore, sets a stage where they can form new relationships and develop a sense of trust in others. Having access to and participating in a shared discourse is a means by which all human beings make sense of their experience. For many survivors the abuser to ensure that the child was rendered powerless engineered an absence of others. This resource is provided in a group context through the experience of building a shared understanding with others.

Davies, Andrews and Pearce (1995) believe that by having the survivor's feelings confirmed by other survivors she can learn to develop trust in her own feelings and understand that they and she, herself, are normal, as can be seen in Case Example 7.

Case Example 7:

As one survivor described in Davies, Andrews & Pearce (1995, p. 173): "*The most useful aspect of my healing was the group meetings I went to - I realised I wasn't the only one, and we are all normal and can learn to live normally".*

Survivors seem to find it easier to resolve their feelings within the group. "*This comes from being able to see that their view of how other survivors behaved in coping with abuse is different to the way they perceive their own behaviour. By applying adult thinking to another's situation they are able to view their own experiences differently*" (Davies, Andrews & Pearce, 1995, p. 174).

Survivors have true potential to help each other. They seem to have the ability to be both understanding adults and caring parents to the "child" within other survivors and to provide a support network.

Richter, Dawes and Higson-Smith (2004), in summary, points out the following advantages of group therapy:

It

* diminishes feelings of isolation and alienation from peers.
* facilitates the development of trust and self-disclosure, catalysing exploration and expression of feelings.
* alleviates the sense of guilt and shame through identifying with other's stories.
* minimises the fear of intimacy with the therapist, as the focus of attention is seldom on the individual.
* meets the needs of group dependency and solidarity.
* converts the sense of helplessness to a sense of mastery if participants practise their assertiveness and supportive skills.
* facilitates the development of social skills.

3.3.6 The Theopostic model

The Theopostic model focuses on bringing people to the point where they can receive freeing truth from the Lord Jesus. They believe that the process of becoming completely

whole finishes at one of two places, either when a person dies, or when the Lord returns. Mind renewal is thus a lifelong journey (Smith, 1999).

They believe that unless Jesus chooses to act and heal, nothing significant can or will happen. It is allowing the spirit of Christ to replace darkness with light. Victory is when the battle is over and the struggle disappears (Smith, 1999).

This view holds that non-Christian counselling is fallible due to the fact that they view this process in the following fashion (Smith, 1999):

* Go to counsellor with problems.
* Counsellor offers a solution.
* Survivor goes out and tries to apply it.
* Person ultimately fails and returns for more counselling.
* The person becomes more defeated and then ashamed for lack of success.
* Person goes out and tries again and so the cycle continues.

If humans could overcome struggle themselves, then they would need no Jesus. If sin was not the human being's fault, the cross was in vain. Thereby not saying that the abuse is the survivor’s fault, but the reason for remaining a victim is where she looks for healing (Smith, 1999).

A distinction between genuine and tolerable recovery is further made. Genuine recovery is not the removal or changing of the memory or act, but rather the reinterpretation of the memory by replacing the embedded lie (that it is the child's fault) with truth. If this does not happen the child will self-destruct by repeating the lie over and over to herself throughout her entire life. The victory is to act appropriately in the moment and to have emotions that match the behaviour, based on truth, and not have emotions and actions be dictated to by past hurt, viewed in the light of deception and lies (Smith, 1999).

Three basic components of Theopostic ministry include a memory picture, matching emotion and the embedded original lie. They view every feeling moment experienced by the survivor as an open window, looking into where she has already been and experienced. It is through this open window, they believe, that she is able to see the original wound and discern the original lie. It is also through this open window that she is able to see and to receive God's redeeming truth (Smith, 1999).

Categories of lies taught to the survivor by external parties include fear, abandonment, shame, taintedness, hopelessness, invalidation and lack of confidence, which are many times reinforced by the guardians, parents etc. (Smith, 1999).

Healing according to the Theopostic model includes the following components:

* It is permanent - if it is not then another lie still needs to be expelled.
* Results in a lifestyle change - by eventually living in the truth.
* Provides the power to confront the monsters in her life - e.g. confronting the abuser.
* Impacts her present relationships - it thus heals the past and redeems the present.
* Does not require any effort to maintain. It is done through what God does - not self-effort.
* Inevitably results in forgiveness of the self and others.

Even when the survivor does not seek religious counselling, spirituality seems to be an important resource for many survivors on their healing journey. This is true because as the survivor explores the appraisal and meaning given to the trauma, they usually get to the following question: "*Where was God?*". The answer to this question often has a tremendous impact on the eventual outcome of the experience. If the survivor believes that God was with her and helped her through the event, she is likely to have better adjustment. If she feels abandoned by God, or even punished by him, positive adjustment is compromised (Schwarz, 2002, p. 10).

The experience of feeling connected to God becomes a powerful resource that has "*an almost unlimited ability to calm and regulate affect*". If that connection is maintained the spiritual bond is strengthened and the resource becomes even more powerful. If not, the survivor does not benefit from this calming presence but feels even more abandoned, intensifying the previously held belief (caused by the abuse) of feeling abandoned and punished - leading to vulnerability for a negative spiral. The survivor might react with anger toward God and herself. "*The fear associated with the trauma itself becomes part of a much larger scope of fear about being alone in a hostile universe*" (Schwarz, 2002, p. 11).

3.4 Important themes to be aware of when working with survivors

When working with survivors, especially when focusing intensely upon traumatic memories and negative childhood experiences in order to trace the source and nature of the survivor's unresolved residue of emotional pain, a profound **deterioration** in her mood and self-perception might occur. An intense sense of sadness, loss, hopelessness and regret might accompany these memories. The meaning of this for the survivor must be acknowledged and explored (Pollock, 2001).

3.4.1 Inner child

In adulthood it is believed that one's childhood is left behind, but deep inside every survivor is the little girl who lived through the abuse (her inner child). It is there, in this inner child, where all the feelings of pain, insecurity, fear, confusion, terror and tears resulting from the abuse are stored.

Case Example 8:

"*She had always found it easier to disavow that she and the little girl were one and the same*" (Pollock, 2001, p. 27).

Case Example 9:

"*The nicest thing that my counsellor has said to me so far is that if my child (the child within) could see me now, she would be proud of what I am doing*"(Davies, Andrews & Pearce, 1995, p.183).

The inner child can thus be described as the part of the survivor which is her real self, who she truly is, even though she is filled with pain, she is also ultimately alive, energetic, creative and fulfilled (Whitfield, 1989).

The child that was acceptable to her family and which helped her survive developed a “false self”. The real self was not shown because she was not accepted. The false self

then became what the child, and ultimately the women felt she should be. Whilst the "false self" is on the foreground, the inner child remains concealed and she is prevented from expressing herself, she remains wounded. She previously had to keep the family secret and had to neglect her true feelings resulting in a build-up of unresolved and unfinished business. As an adult the survivor feels empty and numb - as if she could never be completely whole.

When the inner child is disregarded for a long time she becomes less accessible - to the point where she splits off completely. Survivors might even harbour feelings of anger towards this child and blame her for the abuse happening, rebuking her for not being strong enough to tell/run away.

The inner child will, until healing occurs, remain fearful that the abuse might re-occur. She will remain frightened (Case Example 10).

Case Example 10:

For the following survivor (Davies, Andrews & Pearce, 1995, p. 185) accessing her inner child was crucial for her healing process. Carole believed that she had to be reunited with her inner child so that she could understand the experience from an adult perspective. She had to repair the damage and hurts of her childhood and gives her real self a voice and permission to grieve for the losses sustained in childhood. By doing that she could begin to fulfil her unmet needs.

Helping her understand how this pool of emotional pain had shaped her patterns of behaviour throughout adulthood, allowed her to reassign responsibility and blame where it belonged. She could then think about integrating the adult part of herself with the lost, confused little girl.

3.4.2 Other aspects:

When working with survivors, **transference** themes are of great importance. A re-enactment of the abusive relationship might occur. Fantasies that the survivor will be ideally cared for occurs, as well as the belief that the therapist will be ever protective and

rescuing. Tracking the sequential path transference themes take is vital to adequate containment and undertaking of the survivors' experiences according to Pollock (2001).

Sexuality can furthermore become a prominent part of transference, because sexuality and attachment are often confused. This pattern might be indicative of the survivor's prominent way of relating with others. It lingers after the abusive experience and is the result of the perpetrator's grooming of this victim into this learned behaviour (Pollock, 2001).

Secrecy can also become a prominent feature, it is thus important that confidentiality within the therapy is not distorted to become similar to how the perpetrator's reality was imposed upon the survivor. Confidentiality, might furthermore, be a fickle concept for a survivor who was threatened to maintain secrecy, and that disclosure would violate the "agreement" between the perpetrator and the survivor. In the therapeutic setting disclosure must be encouraged in a climate of confidentiality differing from that of the perpetrator (Pollock, 2001).

It is of the utmost importance to acknowledge the adult survivor's sense of vulnerability within the relationship, as well as sensitivities regarding safety. Joint collaborations become an important guiding light where the survivor is allowed to dictate the pace of therapy, and that every intervention is explained, discussed and agreed (Pollock, 2001).

Reframing **suicidal idealism** could be a successful deterrent. Showing the survivor that suicide will be the ultimate concession of power and control to the deviant perpetrator.

"***Self-injury*** *is commonly a representation of enactment of the abuser-victim scenario towards oneself, because the survivor feels deserving, defiled and worthy of punishment and attack due to guilt, blame and shame*" (Pollock, 2001, p. 49). Paradoxically, it is with great surprise that they realise that they are now in complete control over the abuse and thus can put an end to it at any time, even though their self-harming impulse might be very strong.

The degree of **self-loathing** expressed by survivors is as startling as relative absence of anger and rage towards the perpetrator. They are often afraid of the intensity of rage and hatred felt towards the perpetrator and acts of abuse itself, and then suppress or convert these feelings into self-disgust.

3.5 Healing Ritualistic Abuse

The Canadian Panel on Violence against Women (1993, p. 47) undertook a large-scale consultation with women and their support organisation and heard compelling testimonies of Ritualistic abuse (RA) survivors. They point out: "*Survivors of ritual abuse continue to pay a high price for the disbelief they encounter. Without recognition and support it will be impossible for many to come to terms with their experiences. Adding further pain to those who have already been so injured seems at odds with any notion of a just or more equitable society*".

The large scale use of deception and lies in this type of abuse provides mundane explanations of incredible accounts, and explain why survivors lose trust in their own perceptions of what is real (Cox, Kershaw & Trotter, 2000).

Those who have advocated RA have been lonely voices and been effectively silenced by the intimidation and ridicule of the vocal sceptics. This has led lawyers, social workers and police to hold back from presenting evidence of RA in child protection court cases, due to the fear that they and the evidence will be discredited. Although this is understandable it also creates a form of collusion. In her survey of Ritual Abuse, Information, Network and Support (RAINS), the psychologist Sheila Youngson (1994) found reactions of fear, intimidation and disorientation among professionals. What she heard when working with these survivors was overwhelming and induced feelings of nausea, disgust, fear, professional helplessness and inadequacy. This creating an even more intense experience of isolation, of possessing a terrible secret which nobody else wants to hear (Cox, Kershaw & Trotter, 2000).

3.6 Empowering survivors and respecting their knowledge.

Work should be closely informed by survivor knowledge and aim towards empowerment rather than the creation of further dependency. This is an important issue in therapy and counselling, especially the problems raised by indoctrination, mind control and dissociation in Satanist Ritual Abuse (SRA). The survivor activist Caryn Stardancer (1996) emphasises the importance and empowering effect of encouraging survivors to

take control of their healing. She believes that the key to recovery from mind control is restoration of self-awareness and critical thinking of behaviour and actions. She furthermore describes RA as a rigid and ruthless hierarchy of power, which is maintained through torture and terror and sustained by an elaborate series of lies. She views the cult in essence as a microcosm of the denied reality of the dominant culture. She believes that it acts out society's blaming and subjugation of the weak, its objectification of and bias towards the female gender and its abuse of children. Cox, Kershaw and Trotter (2000), furthermore, point out that SRA should be viewed as a specific form of purposeful torture akin to thought reform. The destruction of the Jewish people by the Nazis is used as an analogy to RA. It is important to note that various forms of sexual torture including humiliation of forced nakedness, rape, use of degrading language, pregnancy, threats of death, and the "good guy" routine which gives experience of dashed hope and general mistrust even towards agents of goodwill. Brenda Roberts (1996) points out that it is important to understand that ritualistic abuse is a human, rather than demonic agency and to place the blame where it belongs.

3.7 An attempt to define healing

Lotter (2004) compares childhood abuse to being tortured, but also points out that healing is about making a choice to move on. Matsakis (1996) believes that healing occurs in three stages:

* Remembering the trauma and reconstructing it mentally (Cognitive stage).
* Feeling the feelings associated with the trauma (Emotional stage).
* Empowerment - the mastery stage - finding meaning in the trauma, developing survivor rather than victim mentality.

He enunciates clearly that this process could be lifelong.

Healing takes time and hard work, but it can be exciting, breathtakingly so. How long and difficult the task, will depend on the depth of hurt. It is important that a survivor does not overestimate the depth of her hurt in order to give the self the permission to stay in a place of self-hurt, etc. It is important for a survivor not to underestimate her fragility born out of misplaced shame (Wade, 2000).

The objective of healing is not to become perfect. If abuse happened as a child the objective would be to rid the survivor of the feelings and behaviour caused by the abuse and to reclaim her talents and well being that is rightfully hers.

It is important that the survivor understands why, and adopts an uncritical stance towards her coping strategies developed during adversity. It is thus important to point out that despite counter productivity of these strategies in adulthood, they were created at a time when maintaining any semblance of integrity to the child's experience was severely challenged (Pollock, 2001).

Important changes concerning functionality after treatment included the following (Pollock, 2001, p. 236):

* Decreases in scores obtained concerning avoidance, depressive, self-defeating and borderline scales.
* Decreases in dissociation scores.
* Decreases in Post Traumatic Stress Disorder symptoms.
* Incidents of self-injury and suicide attempts diminished.
* Improvements concerning insight, recognition and revision of problem areas and goals.
* Separation was observed between self-now, self as victim, perpetrator and person who feels guilty. Self as survivor was closer to ideal self and self-now, with perpetrator closer to person who should feel guilty.

3.7.1 The Holistic Self

The process according to Schwarz (2002), of the holistic self-developing is also the process of healing. This is to have internal rules that allow a person to stay connected to different aspects of ongoing experiences, especially in the face of trauma. A typical response to trauma is being disconnected from the rules of the holistic self.

These rules include (Schwarz, 2002):

Maintain access to resources and be able to apply them to appropriate contexts:	* This means having access to good feelings, relatively positive belief systems, and good self-images. * These are applied and maintained by supportive relationships to other people, satisfying life tasks, etc.
Maintain appropriate boundaries:	* Internal between ego states. * External with others.
Honour and value previously dissociated parts of the self:	* Be able to associate back into devalued and dissociated parts with resources. * Have empathy for the dissociated or injured parts of the self. * Do and be in the present in manners that value all parts.
Learn to place the self in a larger context:	* Identify social pressures and modulate their influence on the person so that the person can choose how to live life. * Learn to dissociate from the abused self and associate into a larger self. * Learn to shift attention from past to present and future. * Find learning from the abuse or trauma.
To know the "truth" or "that what is":	* Can acknowledge and accept painful feelings and actions. * Can acknowledge and accept positive feelings and actions. * Can create stories of understanding and forgiveness.

3.8 Conclusion

The literature mentioned showed again and again how extensive the aftermath of abuse can be, and how deeply it affects each and every individual. This led to the realisation that although it is of great importance to scrutinise this subject/field extensively, whilst viewing survivors as a group, attention should also be given to the individual process and the individual journeys of survivors. The method in which this study was done was, thus, chosen to support that notion. To give credit to the group and the individual and to receive input and knowledge from the participants without them being inhibited by the researcher's guidelines.

Chapter 4:
Methodology

4.1 Introduction

Humans have the extraordinary drive to make meaning of their environment and events. This is evident in the history of man, where, from the earliest times they tried to find reasons for phenomena, as reflected in the myths and legends, in a myriad of cultures. As their explanations became more complex, so too did their lives, and in doing so there were more phenomena that needed to be explained. This ultimately resulted in humans questioning their own existence. This in turn resulted in the evolution of a discipline called philosophy and the earliest philosophers, such as Plato, Aristotle and Socrates struggled with questions such as: knowledge, perception, politics, art, death, immortality, the nature of the mind, change and the underlying order of things (Monk & Raphael, 2000). Out of philosophy, a multitude of scientific disciplines developed as the question became more complex, and the answers more specialised. Our search for meaning and answers became so specialised and organised that each discipline developed paradigms and specialised "*research methods"*. The driving force behind any research is really to construct meaning and find answers. This study was born out of inquisitiveness, and set out to create a better understanding of adult survivors of childhood abuse and their experiences of a healing process.

The literature review at most, sets a platform and often creates more questions than answers. When reading widely and in depth on a topic, one often gradually becomes more aware of the intricacies and multitude of interactive factors of the topic. One often sets out on a research project with a clear research problem, but as the process evolves the initial research problem may become vague. It is therefore, imperative to reflect, and sometimes reformulate the research problem clearly. This study set out with a broad research question, which was to better understand adult survivors of childhood abuse, however, such a question is so broad that it would be impossible to research. It is for this reason, that the research question must be refined and operationalised in terms of the specific aims of the research. In this regard, Mouton (2001, p. 48) states that the research

problem should be a "...*clear and unambiguous statement of the object of study (the unit of analysis) and research objectives*".

The primary aims of this study were to explore adult survivors experience of abuse, and how this has impacted on their lives and to explore their reasons for entering into a healing journey. The aim was also to explore their experiences of the healing process.

The secondary, and more covered, aims were to:

* break the taboo of silence by further bringing the subject of abuse out into the open.
* focusing not only on the group but also the individual to acknowledge individual differences.
* Reiterate that abuse is not deserved; survivors are not to blame and can recover from the aftermath
* To demystify the healing process which can and should take place.

The formulation of a research question, the aims of the study and doing a literature review of the selected topic are only the first step in the research process. This is, however, an important step as it influences the selection unit(s) of the study, as well as, the research aims and methodology. The aim of the literature review is not only to learn about the results of previous studies, but also to learn about the different ways in which this phenomenon has been studied (Mouton, 2001). The operationalisation of the research question is an important step, as research designs are tailored to address different kinds of research questions. Although the statement may seem to be a linear formulation, the relationship between the research question and the research design is a reciprocal process (see figure 4.1).

In the literature survey, the extent of child abuse was outlined, as were the short and long term effects on adult survivors. The different therapeutic approaches that could be used when working with adult survivors were discussed. As the process of reviewing the literature unfolded it became clear that although there may have been an abundance of research on this topic, information on adult survivors in terms of their experience of a healing process was lacking. This lack of information then led to the research question and aims of the study. Although one could approach the study in a quantitative way, it was felt that important results would have gone astray if it was merely reduced to numbers, and it was decided to use a qualitative approach as the study was more about

experience than the efficacy of a given program. The ultimate idea was not necessarily to provide answers, but more to describe adult survivors' experience of abuse and the healing process, and where necessary, to formulate hypotheses that could form the basis of further research.

Figure 4.1 Refining the research question and design

Figure 4.2: Typology of research design types (Mouton, 2001, p. 57)

4.2 Method

4.2.1 Participants

8 female survivors formed part of the study. 7 of these participants were white and the ages ranged between 27 and 48 years, most of the participants were in their 30's. All 8 participants completed the first questionnaire, although only 7 completed the second questionnaire. All of the participants were survivors of emotional and sexual abuse and/or physical abuse, which mostly occurred within the family structure.

All of the participants were part of the ASCA program that was run by Men and Women Against child abuse (which will be discussed in more depth under point 4.3)

All the participants had committed to the program for the full duration of 18 months and some were enrolled in the program for a second or third time.

4.2.2 Information gathering

Two open-ended questionnaires were used, which were based on themes extracted from literature. Sub-headings/guidelines were given under each heading, but it was strongly emphasised that participants could feel free to elaborate in their answers beyond those parameters and could mention any aspect they viewed as important.

The first questionnaire focused on why participants had entered into a healing journey, as well as, the aftermath of their abuse as reflected in the themes chosen (see Appendix A).

The second questionnaire (see Appendix B) moved beyond the scope of the first questionnaire, and although it included the same themes as the first questionnaire, the focus was on the shift or changes that had been made. A reflection on the healing process, including elements such as the difficulty of the process, whether participants felt that their experiences of the journey were met, what kept them committed to their journeys, as well as, how they would define healing was also included.

The first questionnaire was given to the participants approximately halfway through the program and the second questionnaire 3 weeks before the group terminated. On both

occasions participants had approximately 3 weeks to complete the questionnaires. Ample space was provided for the participants if they felt that they needed to elaborate on a specific theme.

In the first questionnaire participants thus had to reflect back on how the abuse affected them before they had entered into a healing journey, whereas, the second questionnaire focused on tracking the changes, the progress and the growth they experienced, brought about by the intervention model.

4.3 Intervention

The intervention method was an already existing support group program, which was presented by Men and Women against child abuse in South Africa, even though the Morris Centre in America originally created it. This program was created specifically to address the particular needs of adult survivors of childhood abuse. The program provides a psychological framework for the complex process of healing from child abuse, allowing the survivors to move beyond the aftermath of abuse. It focuses on existentialism, self-actualisation and transcendence of previously inflicted pain. Adult Survivor of Childhood Abuse (ASCA) combines elements drawn from the recovery movement (e.g. programs such as Alcoholics Anonymous), with an approach which emphasises elements such as recognising and resolving past pain, identifying maladaptive coping behaviours and developing new skills which will eventually lead to an improved and more healthy way of living.

ASCA meetings are held once a week and follow carefully and clearly scripted meeting formats and are presented in transcendent phases and steps. The meetings are run by lay facilitators, who receive training to equip them to handle problems that may arise during meetings and also provide a safe, structured environment for fellow survivors. ASCA meetings, are open to survivors of all types of child abuse: physical, sexual, emotional and neglect. The only pre-requisite being that survivors cannot be perpetrators, as no perpetrators are allowed in the group under any circumstances.

This programme can be seen as the fruit of a collaborative effort between Men and Women against child abuse, the Morris Centre, survivors, volunteers, professionals, community agencies and the community at large. As such, it benefits from a broad range of experiences and skills.

The goal of the meetings are to provide a platform where survivors are allowed to share their abuse and recovery experiences; to not only receive support but also affirmation for their efforts to grow; to try out new, more adaptive behaviours, and to ultimately gain insight and awareness concerning their recovery or healing journeys.

As survivors progress on their respective journeys, they develop healthier behaviour and relationship patterns. Those patterns are put to the test within the group setting. As the participants gain an increased sense of mastery, confidence and sense of responsibility, those skills can hopefully be transferred to the larger world in which they live.

The programme strongly relies on the principle of "addition, not competition" concerning other support systems. It is, thus, not anti-therapy or anti-professionals, but is designed to work in conjunction with individual and/or group therapy. It is believed that recovery usually proceeds more quickly and more safely if survivors are also working with a skilled professional.

Although it is not opposed to 12-step programs, ASCA is viewed as separate from the usual 12-step programs. Nonetheless, ASCA believes that 12-step groups are useful and appropriate for persons facing addictions, and that some ideas in 12-step programs are useful for survivors, yet, other principles are not accepted. In particular, many survivors have difficulty with the idea of "surrendering to a higher power". The challenge for many survivors is to find their own power, to bring about change by utilising their inner strength, instead of constantly relying on external sources. This is such an important element due to the fact that, for most survivors, the source of power and control was always located outside of themselves. Power and control were weapons used by their abuser(s). For survivors to find the power to change from within is to break old, persistent patterns.

Other aspects of 12-step programs that survivors find problematic are the recurring themes of forgiveness, blame and misplaced responsibility. 12-step programs start with the belief that the individual has committed "sins" or wrongful acts for which they are responsible and must atone for. Those beliefs are not applicable to survivors, but rather feed into their misplaced feelings of responsibility and shame. Adult survivors were abused as children, and as children, they had no control or choice over their abuse, and it was not their fault that the abuse occurred. The abuse was the result of another person(s)

actions, thus, many adult survivors do not feel that they should make amends for behaviour that was not their responsibility and over which they had no control. It was for those reasons, amongst others, that the Morris Centre believes that ASCA's psychological approach is more suitable for recovery from childhood abuse.

ASCA is structured as step work, whereby the survivor concentrates on one particular step at a time, as set out in the recovery program. It is essentially an organising tool to focus the survivor's attention on one issue at a time. This is done in order to prevent the number and enormity of the tasks that comprise a recovery journey to be overwhelming for the individual.

ASCA's 12-steps are a statement of the tasks and issues that most adult survivors face during their recovery from child abuse, and are broadly used as guidelines for the survivors. ASCA does not require that participants work through the steps if they do not choose to do so, or that the steps are worked through in a set order. Survivors often spiral through several steps simultaneously and may return to earlier steps after they have reached closure on later ones, or as new material or memories surface in their recovery. Their concept of step work might be to emphasise a particular step when they share in ASCA meetings, or in their individual or group therapy sessions.

The ASCA stages and steps are fashioned in the following way:

1. Stage one: Remembering

1. I am in a breakthrough crisis, having gained some sense of my abuse.
2. I have determined that I was physically, sexually or emotionally abused as a child.
3. I have made a commitment to recovery from my childhood abuse.
4. I shall re-experience each set of memories as they surface in my mind.
5. I accept that I was powerless over my abuser's actions, which holds them responsible.
6. I can respect my shame and anger as a consequence of my abuse, but I shall try not to turn it against others or myself.
7. I can sense my inner child whose efforts to survive can now be appreciated.

2. Stage two: Mourning

8. I have made an inventory of the problem areas in my adult life.

9. I have identified the parts of myself connected to self-sabotage.
10. I can control my anger and find healthy outlets for my aggression.
11. I can identify faulty beliefs and distorted perceptions in others and myself.
12. I am facing my shame and developing self-compassion.
13. I accept that I have the right to be who I want to be and live the way I want to live.
14. I am able to grieve my childhood and mourn the loss of those who failed me.

3. Stage three: Healing

15. I am entitled to take the initiative to share in life's riches.
16. I am strengthening the healthy parts of myself, adding to my self-esteem.
17. I can make necessary changes in my behaviour and relationships at home and work.
18. I have resolved the abuse with my offenders to the extent that it is acceptable to me.
19. I hold my own meaning about the abuse that releases me from the legacy of the past.
20. I see myself as a "thriver" in all aspects of life - love, work, parenting and play.
21. I am resolved in the reunion of my new self and eternal soul.

Steps of Stage 1 are concerned with the memories survivors have concerning their childhood abuse. According to ASCA, acknowledgement of the past is needed before there can be moved forward in recovery. ASCA believes that Stage 1 is the foundation on which recovery is built.

Stage 2 focuses on examining participants' adult behaviour, connecting their present strengths and weaknesses to the abuse they suffered and the coping mechanisms they adopted, and allowing the child within them to grieve the aspects of childhood that never existed for them.

Stage 3 involves consolidating participants new, healthier feelings and behaviours, their feelings about the abuse and their adult goals into a new sense of self. Beyond this, they are then able to live authentically outside of ASCA, and carry the changes they made into the world.

Not all of the 21 steps will have an equal impact on all survivors or have equal relevance to their lives and abuse history. Depending on their personal experience, some steps will have a more profound significance for a person and those are the ones the individual survivor chooses to focus on more for her. A participant might choose to work on one

issue at a particular time, because it is the issue that is most relevant to her life at the specific time. They might work on several steps together; they might even feel that some steps have no relevance to their particular experience. They are ultimately the judges of which steps to work on, as well as, when to work on them.

ASCA creates the structure in which recovery can take place, but allows the individual to choose how to work within that structure. The individuals are given a space to journey in their own way, in their own time.

4.4 Research process

The researcher met with the director of Men and Women against child abuse who spoke to the group of women about this project during one of their weekly meetings. 8 participants volunteered to form part of the study and were given their first questionnaire the following week. The researcher received it back after 3 weeks and the results of the first questionnaire were viewed as the data for the pre-intervention analysis.

The usual ASCA meetings continued and only 3 weeks before the group terminated, at the end of the intervention model, was the second questionnaire given to the participants. Their reflection on their changes and progress throughout the programme was viewed as the data for the post-intervention analysis.

As a result of a mutual wish by the researcher and participants to meet each other, a feedback session was scheduled after the last meeting of the group. This meeting allowed for the participants to ask questions, concerning the research process and/or the researcher.

Aspects such as confidentiality and anonymity were again emphasised. The researcher respected each participant's individual right to decide whether she wanted her real name revealed or not. Some participants had reasons, including fear of personal or legal retribution, which prevented them from revealing their real names, nonetheless that did not prevent them from being part of this project.

This session allowed the researcher to interact with the participants in the group setting, but also on an individual basis during the course of the evening.

4.5 Analysis

As was discussed previously (see par. 4.2.2) the information was gained by using two questionnaires that consisted of open-ended questions. The questions covered themes that were reported in existing literature. The analysis of this information consisted firstly of identifying and extracting themes from these questionnaires for each individual separately, and then seeing to which extent these themes were consistent for the group. The findings will also be reported in such a way, that the individual participants' themes will be discussed first, and then common themes for the group will be discussed.

Chapter 5:

Results

5.1 Introduction to the participants and a summary of their individual journeys

In this chapter the words of the participants were analysed. The chapter is divided into 4 sub-divisions.

Firstly, participants are introduced (in a subjective fashion by the researcher, based on the meeting that took place) and a brief summary is given of each individual's journey.
The following section covers data concerning the pre-intervention analysis. This section is divided into themes (that was identified by the researcher) after which part (a) focused on individual analysis for each theme and part (b) was the analysis of the group as a whole. Themes identified by the participants were then extracted and enunciated.

The following section covers the post-intervention data. Although the structure is similar to the section concerning pre-intervention analysis, the themes identified by participants were divided into the following 4 categories:

* Elements/thoughts/behaviours ceased/ended.
* Aspects in process of change.
* Elements concerning which participants seemed to be "stuck"
* Outcomes participants felt that they had achieved

This was done due to the fact that participants made a distinction in their answers, which reflected the above division. They explicitly mentioned certain elements, which had ceased. Elements they were struggling with, yet in process of change, in contrast with elements they were struggling with and at that point still unable to change. Proudly, they also mentioned changes that they had been able to make.

All participants did not comment to all the themes and if an individual participant's answer was not reflected under a certain theme, it per implication shows that the specific participant made no comment.

Direct quotations of participants were used, if applicable, to emphasis a point and to make their personal voices heard. When focusing on the group analysis 2 - 4 quotations of

participants were used, to utilise their strongly put words as an introduction for the analysis to come. The researcher felt that it would be arrogant to presume that she could relay their precise message and intensity by only using her own words.

The last division focuses on the participants' reflection and experiences concerning the healing process. This part being almost untouched in most literature. The same structure was used for this section as for the part covering pre-intervention analysis.

5.1.1 A summary of participants individual journeys

Participant A:

A was the youngest participant in the group. She viewed herself as an "ugly duckling" and was very conventionally dressed even though she was very young. She quietly watched the interaction that happened amongst the members of the group and the researcher. She was very untrusting and the researcher felt as if she had to prove herself. At the end of the discussion she proclaimed that now the researcher could know her name as well as have her second booklet. She was at ease with her fellow group members and definitely derived security and acceptance from them. A blended in with the group and it was clear that unless she was very comfortable with a person, she did not allow them to get to close to her. Moreover she was a survivor, one who felt proud of what she had achieved through ASCA.

Summary of participant A's journey

Although A completed the questionnaire she struggled to put her thoughts and feelings into words - she explicitly apologised for this and it could be seen that A was not in a positive space in her life. She could not go deeper yet - beyond the researcher's words on paper. Confusion and insecurity was very prominent.

Nonetheless A deeply yearned for more - a life more positive, fulfilling and "normal" where she would not endeavour into so many destructive behaviours towards herself (physically and emotionally). A life where she could be herself because she would at last know who she was without all the sorrow and pain.

A showed a clear lack of self-confidence, self-belief and self-esteem. Unworthiness, invisibility, failure and rejection being the words and feelings she was more familiar with.

She deemed her appearance and body inferior - judging it with intensity. Many physical ailments were part of her life.

Confusion concerning her sexuality was noticed and a neglect of her sexual needs became evident. Emotions being a taboo - confusion and neglect again being noticed. A lack of resources concerning the identification of her needs as well as how to satisfy these needs were noted.

Ambiguity concerning her abusers became evident - a theme of confusion - being pulled/torn between contrasting emotions ran through her first booklet like a golden thread. This leading to almost an inability to form positive and healthy relationships on an interpersonal as well as intrapersonal level. Her tendency to trust, yet not trust at all due to fear and hurt was leading to paradoxical situations in her life.

A deep need to find her "lost" childhood was evident. Her need to be a child manifesting in a wide variety of contexts - even when being intimate. A showed no sense of nurturance/caring for herself - loneliness, lostness, brokenness and feeling completely different and isolated from others being the beacons in her life.

A's journey continued:

Tremendous changes in A's thinking and behaviour could be seen on completion of the second questionnaire. Broadly speaking she seemed much more accepting and forgiving of herself (physically and emotionally).

She started to realise that she was much more than her outer appearance - moreover concluding that others did not judge her as harshly as she judged herself. An important insight was gained.

She still sometimes felt uncomfortable in her own skin - but this occurred less frequently than before. She was also taking responsibility for her body by "committing" to her diagnosis and medication - feeling she was leading a more normal life where she was not constantly suicidal - finding other ways of coping, other resources!

Although she seemed slightly stuck concerning her feelings towards her abusers - she was able to allocate blame more accurately and responsibly. Concerning her sexuality - if/when she felt uncomfortable she was more tolerant of these feelings - of herself. She was allowing herself to be in whichever space she needed to be in. She had grown emotionally to a place where she felt more grounded. Although she felt that there were still areas in which she had to grow and develop - she was aware of her strengths, her weaknesses, and her journey. She kept herself much safer - untangling herself from abusive relationships, attracting more positive, healthy situations and people into her life.

The changes in her life have not all been only part of her process. She has made the conscious choice to feel more worthy and more part of situations - especially her family. She was starting to embrace her sense of self-worth and uniqueness, instead of feeling bad and dirty!

Most importantly she now understood that she was the most important person in her life - if she was not there for herself - she could not hope to rely on others. She was beginning to understand, accept and lastly like the unique individual she was blossoming into. Taking time out to nurture this being, keep her safe, gain control over her life and being excited about all the changes that she still had to go through was important to her.

She seemed to already have conquered the most difficult step - mourning the childhood she lost, acknowledging she was a helpless child but most importantly that she as an adult could protect this inner child and made more informative, healthy and proper choices.

Participant B

B was the oldest member of the group. It could immediately be seen that every member in the group loved B. She had a very guarded look in her eyes, but was an active participant concerning questions towards the researcher. B clearly tested the researcher whether she did have knowledge and expertise in her field of study. B was the "mother figure" of the group. They all showed respect for the intense physical, sexual and emotional abuse that she had endured for so many years at the hand of her father. She radiated goodness, love and care for the other members "of her family". She spoke one-on-one to the researcher after the group feedback and was very supportive. This was the second time they spoke. B had phoned the researcher on a previous occasion to hear whether the research was going well and to introduce herself. Though B was soft spoken

and loving, her strength and ability to push onwards and forwards through her pain and hurt was palpable to the researcher.

Summary of participant B's journey

B needed to find out the truth about her pain that she was carrying for a lifetime and wanted to stop being a victim and to be a "thriver".

B's sense of self was very evident, but it was extremely negative. She showed no belief in her personal power and did not believe that she had personal choices.

Her hatred towards her body and sexuality seemed to be the only emotion that filled her emptiness. She was trapped in an abusive marriage of which she could not extricate herself which intensified these feelings. She still suppressed and negated her own emotions and needs - no matter how intense they were. She set herself up for failure in relationships - giving in abundance without receiving anything in return. She shockingly had to realise that she not only did not trust others, but she did not trust herself either!

She seemed to feel extremely alone - not feeling safe anywhere - not feeling as if she belonged anywhere. Her sense of badness, unworthiness, lostness and emptiness shining through again and again. To life, to find a reason to live seemed to be a daily struggle - one that she sometimes lost.

Her need to be a child and to give and receive unconditional love was overwhelming. She though was not able to give this gift to herself - no elements of self-care ever came to the fore. B thus perpetuating her own abuse towards herself.

B's journey continued

Although B clearly had not made complete peace with her body, she was able to stop her destructive acts that she committed against her body. She had also managed to lose weight and felt healthier.

Her fear of rejection within her family setting concerning the abuse still occurred, but she was now able to accept that it happened. She feels her assertiveness still has to grow in this area but she has started to find her voice even in her family setting.

She was still stuck in her marriage - thus also her sexual unhappiness. She shifted from having her emotions deal with her to be able to deal with her emotions!
B still does not always manage to look after herself or to give herself the emotional space she needs but she started to trust herself and her instincts more. Slowly but surely, changing the situations and her behaviours because she was listening to her inner voice - which was reflecting her higher and more positive sense of self and self-value. Nonetheless she still struggled to find her own space where she felt nurtured and loved. She tried to create this space for herself, but was not yet adapt in this art. B is nurturing and in close relationship with her inner child.

B also believes that she is the person she is because of all her experiences - revelling in the fact that she is rebuilding her life.

Participant C

C was a petite brunette, who had phoned me on a previous occasion to ask exactly how this project was progressing and whether I could e-mail through a brief on the project. I spoke to her at length over the phone and told her I would prefer to meet her personally

to discuss the project rather than to e-mail a summary through to her. That evening I personally met her for the first time.

She was direct and almost brusque when questioning me. She pointed out shortcomings rather than the positives of the study and was clearly set in her way of thinking. She was also analytical and to the point. I spoke to her after the group session and she was truly a marvellous woman with clear ideas, direction and drive. She was focused on effectiveness and results, and clearly worked for what she wanted. She portrayed success and intelligence. Moreover, she was a survivor, proud of her progress and enthusiastic about everything that was still lying ahead on her journey. She had clearly overcome so many of her obstacles relating to her history of Satanist Ritualistic Abuse at the hands of professionals. She had clearly come a long way on her healing journey. Travelling out of her dark places to a point where her light, her strength, her wisdom shines brightly.

Summary of C's journey

C was so miserable with her life that she was leading that she started to believe her only true option was suicide. She needed to find some happiness, a sense of belonging and answers to her existential crisis. She wanted to become normal and was prepared to commit to a healing journey in order to achieve that.

C felt inhibited by others concerning her own choice making abilities and opportunities and showed a very fatalistic outlook on life. She had yet to find a sense of self and acted like a chameleon - changing colours whenever and wherever necessary to fit in with others - many times feeling inferior to other women. She showed clear indications of truly hating her body by committing destructive and compulsive acts against it. She struggled to integrate a feminine side into her life. She seemed to be struggling with many illnesses but battled to keep her knowledge of her body to herself - not wanting to disclose it. She drew rigid boundaries concerning this topic by not trusting anyone at all. Yet, she endeavoured into sexual relations with her partners without gaining pleasure from it - many times yearning to be able to stop placing value on the act. She wanted to avoid intimacy and wanted to experiment with sex and her sexuality.

C seemed to live in a world marked by intensity and extremes that she tried to suppress due to the fear of being overwhelmed by her emotions. Her anger (especially towards her perpetrators) draining her energy.

An inability to sustain healthy and nurturing relationships was noted - rather co-dependency and contradictions characterised her thoughts and actions. C definitely felt isolated and alone - feeling as if she was never taught the basic principles of life. Her need to be a child, but also to be a responsible adult with clarity and focus became evident. She seemed to be unable to take care of herself - pushing herself beyond her limits in an attempt not to disappoint others. She felt as if she had lost so many years and needed to relearn the principles of working, living, engaging in relationships.

C's journey continued

C changed most of her behaviours and thought patterns, yet she felt that the last place that she would be able to achieve this was her body. She found a new perspective, which included a new list of priorities, cellulite not being placed high on this list.

In general she showed more insight and awareness of/in what happened to her, her reactions and her ways of thinking. Most importantly she had slowed down and allowed herself to struggle with concepts. She was more lenient with herself, paced herself better and could thus enjoy her journey and process more.

C was able to communicate more about her feelings, sexual experiences etc. C viewed her needs as more healthy and normal, and did not judge herself harshly anymore. She decided to take her power back and showed a stronger internal locus of control, embracing her uniqueness and difference.

Her emotions seemed to be more stable and she was becoming more assertive and found a personal definition as sense of self.

Slowly but surely she was starting to relate to others - realising everyone had weaknesses. She was also able to distance herself from rejection/criticism - not allowing this to enter into her self-concept.

She showed a more optimistic outlook on life - now believing it was not too late to gain back some of what she believed was lost due to her abuse. Even though she still found it easy to forget to self-nurture, she was trying to structure her daily life so that it became more positive.

She had connected with her inner child, understood "her" actions and through this gained a clearer understanding of her own actions and behaviours. She was able to separate her adult self, which could make better decisions and showed compassion for herself.

C was starting to enjoy her feminism, was discovering new sources of support and had found the truth. From her darkest places her light now shone the brightest. She could be good and was part of a community, part of life and humanity!

Participant D

Upon entering the room I immediately noticed the beautiful blonde woman who sat nearest to the door. She weighed next to nothing, wore sexy clothing but had a look of sadness in her eyes. I immediately felt drawn to her, possibly because I could really feel

her woundedness. She was absolutely silent throughout the group session and I had to go up to her afterwards to engage her in any form of conversation. I was pleased to find that she was more than willing to talk to me and her directness was refreshing. I learned that participant G was her sister, and that interfamilial abuse occurred. Their reverend father was the abuser, but D could not remember the abuse herself - this troubled her. She seemed to feel out of place and like an intruder at times because she could not access her memories. She experienced so many of the same things as the other participants and her sister could clearly remember incidents of abuse where they were both involved. She knew she belonged, but felt like a fraud for not remembering. D was a survivor who truly ached for healing and was trying her best to stay in this journey.

Summary of D's journey

D seemed to really have been struggling to function healthily in her life. She felt empty, isolated herself and found herself unable to give and receive love.

She showed a strong need for control - whether in relationships or concerning herself and her body (almost obsessively so). Her self-concept was firmly entrenched but extremely negative, D believed that her future would always be bleak.

She lived in a world where she either controlled or detached her memories and emotions.

She found it hard to trust anyone or to stand up for herself - her fear of rejection being stronger than her need to be treated decently. She seemed to be caught in a world of isolation, not belonging and trying to run away from her past.

Sex and sexuality seemed to frequently throw her into crisis.

D's journey continued

D gained understanding and insight into her actions and behaviour but still seemed to struggle to make changes, to speak out, to really face her hidden demons.

She still obsessed about her body, feared rejection and had not yet shifted to an internal locus of control. Sex was still only a means for her partner to have pleasure, and her fear for and of her emotions were still palpable.

She showed a clearer awareness of boundaries, yet struggled to enforce it. She was starting to take responsibility for her actions e.g. in her relationships, she was not blame shifting anymore, rather she was owning up to her responsibility.

She still yearned to get in touch with her inner child. She rationalised and intellectualised concerning this topic. She again feared whether she would be able to handle and deal with her emotions once released.

D felt disappointed that she was not making as much progress as she wanted to, because she was still "stuck in her head", intellectualising everything. Her fear held her back from exploring her emotions - to move beyond her hidden hurt.

Participant E

E was a formidable figure and facilitated the group. She was calm, collected and totally in control of her group as well as her own emotions. She introduced me to the group and then sat back and listened attentively as the group asked me questions. It was clear by the few comments that she did make, that the safety, anonymity and confidentiality of her group were of the utmost importance to her. She would protect the group as a tigress her

child. Her intellectual ability and analytical mind manifested in clear-cut questions and comments. Although she was friendly, supportive and helpful, I could not clearly grasp where I was standing with her since she came across as relatively emotionless. I instinctively knew that this could not be further from the truth and deducted that she just preferred to keep people at bay. Her boundaries were definitely and clearly in place, visible to all.

E was a survivor of extreme physical abuse and sexual assault within her family system as well as by strangers. She clearly used her experience to facilitate a group, which she believed could lead to positive changes for the individual survivors.

I had the great privilege of interacting with E on a more personal level and found her to be an inspiring woman on a variety of levels.

Summary of E's journey

E struggled to find any meaning in her life and life in general, her intense emotions overwhelmed her and she became a non-functioning entity.

She hated her body and endeavoured in a variety of destructive acts in order to punish this body and self she despised so intensely.

E believed that she had no self, no power and ultimately no worth - she thus refused and denied herself the privilege to connect to other people on any level - socially as well as sexually.

Not only did she build walls around herself but also around some of her emotions - meticulously controlling what she would/could allow herself to feel. Living in fear of her intense emotions and labelling them as bad - thus also herself for harbouring them.

She feared to insist on boundaries - being afraid of what the consequences might be. She lived in a world where she did not trust. She lived a separate life from others, isolated - believing that it should be so, that aloneness was a fitting punishment for making someone abuse her. She denied her inner child and could not look back upon this child's pain. She took no care of herself because she believed she deserved no care.

E's journey continued

Although E really struggled to change her eating patterns, she made real changes by stopping each and everyone of the other destructive behaviours that she endeavoured in. She showed clearer insight into herself and her behaviour - realising that her obesity related intimately with her fear of sex and sexuality.

She had developed a strong and solid sense of self, and was an adult who realised that she had power - power of choice and mind - who could choose how to react to situations, people and her own emotions. She had faced her own emotions to its intensity without dissociating. She had found the resources to cope with herself, others and whatever may come next.

She had grasped that she was worthy enough and strong enough to say no and take responsibility for the fact that one taught others how to treat oneself. As an adult she was able to break the cycle of allowing others to abuse her. She had accepted that she would always feel different from others - but wondrously did not feel separate and alone anymore. She could thus celebrate her uniqueness and relate authentically to others.

E found the courage to face her inner child's pain, because she knew her adult side could take care of this wounded child. She respected her own needs and responded to it. She refused to perpetuate her own abuse.

Participant F

F came across as serious, about the session but also life in general. F had survived being raped by her father, as well as other children in her neighbourhood. She asked many questions during the feedback session. She seemed to view the group as a "closed domain", yet was courteous when being addressed. When speaking to her after the feedback session on a one-to-one basis I realised that she was extremely serious about her healing and recovery and that was clearly reflected in everything she said. As a recovered alcoholic her determination to make changes in her life was very clear, and it seemed as if nothing could stand in her way. She also held a high-powered job and was a successful woman inside, as well as, outside that room.

She was a survivor, completely committed to her journey of healing.

A summary of F's journey

F experienced so much hate towards the self and was so caught up in her circumstances that she could not imagine not entering into a healing journey.

Her need for control, indifference to her body and undisputed negative view of herself influenced all relationships she endeavoured in. She felt pressurised to forgive her father and believed that if she forgave him she would, in essence, be condoning his behaviour.

Her confidence on a sexual level was non-existent. She never felt safe but rather hid behind a tomboy-like mask. She suppressed her natural femininity and denied her emotions. She labelled and judged her emotions - and ultimately herself.

F did not believe she had/was entitled to rights/boundaries - this topic upsetting her so much that she literally started questioning her own behaviour.

She always put others needs first - negating herself any pleasures because she believed she was different - which meant she was bad. Her pure self being murdered a long time ago.

F's journey continued

F showed much more confidence, acceptance and awareness of her own body - celebrating her femininity. The only habit in this area, which seemed to still at times trip her up, was her instinct to use food as a punishment. She was much more aware of this habit and intervened before she was destructive towards her body.

She had taken back her power and turned her negative self-view into a positive one where she did not need to control so much anymore. She was able to distinguish between memories and reality and was not permanently in the clutch of her past anymore. She had started to value her own opinion - not only concerning external experiences but also concerning the self.

She had cultivated the art of honouring her feelings. By not rejecting/suppressing them she had released herself from the legacy of silence. She had realised they would not kill her and was respecting rather than fearing her feelings.

F has also managed to put clear boundaries around herself allowing herself to not only enforce her own boundaries but to respect other people's boundaries as well. Her ability to celebrate her own uniqueness rather than label it had furthermore allowed her to accept herself. As she nurtured her inner child she nurtured herself as well.

Participant G

G was absent on that night. She was D's sister and thus suffered at the hands of her own father. G had taken time off from the group to re-group and re-energise herself. She experienced her healing journey as too intense at that stage and thus retreated slightly to nurture herself before moving on again.

Summary of G's journey

Participant G believed that there must be a better life somewhere out there where she did not hate herself and feel so unworthy and trapped.

She yearned to discover ways in which she could cope with and manage her emotions effectively and develop an inner locus of control.

G was torn apart by loving and hating her father. Feeling as though she protected her family from the secret she carried which was, in turn, killing her slowly.

She could never trust anyone, including herself and felt a strong need to control. She could not even enter into spontaneous interaction with her daughter.

She seemed to have always felt alone. Sexually this was no different - she was numb and hated the experience.

She always felt old before her time - not acting or feeling her chronological age, yet sometimes making irrational, almost child-like decisions.

G's journey continued

G unfortunately did not complete the second manual because at that stage she was not attending the group anymore. She had felt that she did not have enough energy and resources to continue the journey at that stage. She was pacing herself, was being gentle with herself and not expecting too much from herself. She did vow to continue her journey as soon as the new group started again.

Participant H

Participant H was a vibrant woman with a great sense of humour. She phoned me before the night that the feedback session was held and spontaneously spoke to me for about 45 minutes. During the session she listened attentively and asked insightful questions. She was warm, bubbly and fun-loving and immediately tried to make me feel more at ease. She had clearly come a long way, yet she definitely felt that there was more work to be done. She still lacked self-confidence and at times felt intimidated by others.

Summary of H's journey

Participant H was almost 40 years old, had a great sense of humour and quick wit, yet that laughter often hid her insecurity, low self-esteem and firm belief that others would be disgusted by her if they had to get to know the real her. She mostly felt unsafe and powerless in the world.

H hated her body and deemed it inferior and revolting. She had to control relationships completely, fuse with others or basically prostitute herself in order to feel part of a relationship. Her co-dependency was a very destructive force in her life. Although she was quite comfortable having sex, afterwards she would not feel satisfied; she would rather feel more needy and desperate.

H felt very different from the people around her and had felt like an outsider for most of her life. She felt worthless, useless and was unable to commit to anyone. Her sadness concerning her robbed childhood was clear, as well as her belief that she had lost important characteristics due to the abuse. H seriously doubted whether she would ever be able to retrieve those elements.

Emotions was a minefield where H was concerned, she had no control over her emotions and was constantly at the mercy of her emotions. Especially her rage and hostility was problematic for H, due to the fact that she had no skills, which could help her deal with emotions. She made irrational decisions and felt that she often acted child-like.

She harboured strong feelings concerning her perpetrator and showed a strong need for justice to be served.

She believed that abuse had negatively impacted every aspect of her life. She was negative concerning herself and showed no elements of self-care. She expected and wanted to find her niche in life, self-esteem and self-confidence.

H's journey continued

H made tremendous changes in some areas but felt unable to make any changes in others. She felt that she had grown and gained maturity, as well as, insight into herself and her behaviour. This led her to be able to make desired changes in her life.

She was able to tackle issues such as her co-dependency, boundaries and personal power head on, and was for the first time able to make self-protecting choices. She had ceased all destructive acts that she had committed against herself and was more able to deal with reality than escaping into her fantasy world.

She attempted to be more authentic in relationships, not finding her worth in men and sex anymore. She was still confused surrounding the role sex was supposed to play in her relationships but did not substitute love for sex anymore.

She still struggled with her feelings of being different from others, untamed and ignorant concerning social rules. She was though more able to constructively manage her emotions and was starting to trust her own instinct. She often felt empty and alone and then overworked in order not to feel the pain concerning those emotions.

H was able to make more rational and appropriate decisions and was more aware of her issues e.g. co-dependence, being alert so that she could take preventative measures when

needed. She had found ways to self-nurture and refused to take responsibility for things that was not her fault.

H had grown and blossomed, yet knew that her journey had not ended; she was excited to learn and grow more.

5.2 Pre-intervention Analysis

5.2.1 Reasons why the participants entered into a healing journey:

a) Individual Analysis:

Participant A:

"I knew there must be a better life for me".

It seemed as if A had had enough of the way she was living her life. It seemed as if her life was characterised by self-destructive behaviours on different levels. A deep longing which manifested in A "knowing" there must be something better out there, drove A to enter the group program. She seemed to realise that "healing" was not naturally going to come over time but that it would be something she would have to commit herself to and put some effort into.

Participant B:

"I wanted to find a person who was not a victim in me".

B acknowledged that she had experienced flashbacks, nightmares as well as feelings of being lost. She at times experienced blackouts and could not remember parts of days etc. She felt driven to find out the truth about her pain. A longing to stop being a victim was noted - a need to move beyond the status of survivor to being a "thriver".

Participant C:

"My life was desperately miserable and I'd rather have taken my own life than continue without any real answers".

C entered a healing journey due to the fact that she viewed her life as desperately miserable. She would rather have committed suicide than longer live the way she had, and was desperately seeking for some meaning, happiness and a sense of belonging. Achieving success in life did not alleviate her pain and she did not know why she was unhappy. C experimented with some drugs; she then had flashbacks after which she committed to a healing process in the hope of gaining more clarity and focus.

Participant D:

"Very closed and hard".

D entered her healing journey because she permanently experienced a feeling of emptiness; she believed something was wrong with her. She was in an abusive relationship, described her thought patterns as distorted, admitted that she had no self-esteem and boundaries and found it almost impossible to stand up for herself. She described herself as being cold and hard - having built high walls around herself. She furthermore felt unable to express or accept feelings - she especially struggled to accept love and to love herself.

Participant E:

"I simply refused to function".

E entered a healing journey after she was institutionalised, received Electro Convulsive Therapy (ECT) and was tranquillised. She described herself as unable to function - she literally had to be bathed and fed, she had attempted suicide and did not care about or for anything - life to her had no meaning. She gave up and gave into the tremendous feelings of pain, shame and guilt that she harboured - yet somehow she knew that she did not deserve to live in such a fashion. She described herself as having a "silent pulse" which kept her moving forward, searching for the better life she knew had to be obtainable.

Participant F:

"I started to attend (12 step programmes)*, but the pain did not stop. The hurt did not stop. The triggers and its effect on my body and emotions did not stop".*

F entered a healing journey due to the fact that she hated her own reflection in the mirror and could not understand why her father's reflection stared back at her many times. She was depressed and hated almost every aspect of her life. To her, life seemed to be one long struggle and even though she joined other 12 step programmes she found no release from her inner pain.

Participant G:

"The need to understand and acknowledge the essence of me is very alluring".

G entered into a healing journey because she believed that there must be a life better than the one she was leading. She had an urge to purge and be free, and was tired of trying to get by. She was furthermore constantly suppressing feelings of despair, anger and deep hurt. She needed to discover who she was without all the deep-seated pain and anguish. She periodically experienced a sense of freedom and joy and wanted to discover the "other" her. She wanted to be an integrated person who could love herself and feel peaceful and content.

Participant H:

"I could not understand why my life was not working".

H realised that she was in an unproductive cycle where the same behavioural patterns resulted in the same outcome, yet she constantly yearned for this result to be different. She even thought that she was cursed, (by her stepfather who was into things, such as Satanism and witchcraft), and destined to always have "bad luck". Although she benefited from a 12-step program that she had joined due to overeating, she felt unable to implement these changes into her life in a consistent fashion. She then went to Adult Survivor of Child Abuse (ASCA), in order to try and address her issues of co-dependency.

b) Group Analysis

"Doing the same things over and over again - expecting a different result". Participant H

"I was so dysfunctional in both my private and business life that those around me feared for my safety". Participant E

"Normal things and even great successes I'd achieved did not stop the internal angst and suffering". Participant C

It could be seen that the participants experienced a low, negative or distorted view of the self, which often lead to an inability to enter into positive, healthy situations/relations. This intensified their feelings of aloneness and isolation causing even more pain.

Participants showed the deepest, most basic need - they wanted to be acknowledged, accepted and validated. They needed to move from an external locus of control, which was distorted through negative perceptions, to an inner locus of control where they could acknowledge and integrate the truth (about their past) without it being tainted by pain and self-blame.

They wanted to stop negative and destructive behaviours committed against themselves and others. These behaviours being related to a victim state of mind. They wanted this mentality to be replaced by an understanding of the truth as well as the skills and ability to face and manage that truth.

Participants thus seemed to have entered the journey due to three distinct needs:

Participants yearned to free themselves of the deep-seated feelings of pain, hatred of the self and meaninglessness that overshadowed their lives, thus **alleviating certain emotions experienced. They wanted to obtain an elusive "something"**. This "something" seemed to be almost impossible for participants to clearly describe. It seemed as if they longed for "realness", authenticity and to be free from the shackles of their abuse. Lastly

They wanted to stop some behaviour patterns they endeavoured in. They wanted to be able to break free from behavioural and cognitive patterns that were destructive towards the self, but rather to live as survivors who overcame their dysfunctions.

5.2.2 Self-concept and belief in personal power:

a) Individual Analysis

Participant A:

"My self-esteem was close to non-existent. I would often walk into a place and feel completely invisible and unworthy of all those around me".

A showed a lack of self-confidence, self-belief and self-esteem. A deep belief that she would fail and that she could not succeed in anything seemed to be entrenched in her belief system. This led her to see her life as one big failure, and inhibited her when facing challenges or grasping opportunities to endeavour into something new. The fear of failure, judgement or rejection being an overriding factor in making decisions in her life.

She furthermore felt almost forced to take responsibility for having been abused - since no one else took responsibility for it. In her case she did not so much feel it was her fault that she was abused, rather than when such a huge event occurred, someone needed to take responsibility for it - because no one else would, she stepped up to the plate and took it on her shoulders.

Participant B:

"I did believe that the abuse was my own fault - after all - "it was my mistake" that I was born, that I was soft, a very sensitive child and this was totally unacceptable in my family".

B believed strongly that she was intrinsically bad - and that no matter what she did she would never be able to please her family. She firmly believed that the abuse was her fault.

She did not have a sense of personal power and showed no belief that she had personal choices - rather she believed that they were taken from her by her abusers.

Participant C:

"I remember as a child and teenager feeling I must be evil, possessed by evil spirits, being punished by God for my sins".

C felt that she only had choices if allowed by her family and others, and that as a woman; she found many choices to be off limits. C seemed to have no sense of personal power and expected the worst to happen to her no matter how hard she tried.

She seemed to have no self-esteem, mostly due to the fact that she did not know who or what "self" was. She lived and survived by fitting in with others, by being what she thought they wanted her to be, whoever that may be.

Participant D:

"Always believed I was bad and nothing good would come my way. Always believed I never deserved anything good".

D showed a contradictory view towards her choice making in life - believing that she had limited choices yet often making selfish choices. She undoubtedly believed that she was bad and that nothing good would ever come her way. D had wondered many times what she had done to deserve that which had crossed her path.

Participant E:

"My mind was so full of blame, shame, guilt, anger, pain, sorrow and responsibility that for 30 years I functioned without a sense of self, I functioned on automatic pilot, never letting in or letting anyone help.

I gave all my power to my perpetrators. They gorged themselves on my innocence, they drank from my self-esteem and they left me with an empty cup".

E did not have any sense of self or self-esteem. Her personal power was violated and furthermore she took full responsibility for the abuse. She believed that she had deserved it (the abuse) and she gave her power away to her abusers.

Participant F:

"I will never be able to wear a white wedding dress with pride. I saw myself as being bad, wrong, filthy".

F struggled with the concept of self-esteem and believed she was powerless - she overcompensated for these feelings by having an obsessive need to be in control of everything surrounding her. She believed that if her father (her abuser) were out of the picture, her life would be perfect.

Participant G:

"I turned all my anger inward. I hated myself. I felt so alone and trapped".
G had a definite sense of being bad and unworthy of any love. She resented herself for being so insecure and wished she could be like her older sister, whom she believed, was more confident. G was overwhelmed by feelings of guilt and shame.

Participant H:

"Some of these insults (that her parents called her) were -- stupid cow, arsehole, the lightning should strike you while you are having a shit".

H (who is German) related how her parents, often called her insulting names. They referred to her in bestial terms leaving her with no self-esteem. She believed that God and everyone else she came into contact with wanted to deceive or hurt her and would be repulsed and revolted if they knew the real her. The deep shame concerning the acts committed against her in childhood, and H's extreme feelings of humiliation became palpable. She only felt safe enough to share these intimate details with the other members of ASCA.

H had no idea of what personal power meant or entailed and threw her energy into affirming her wealth, to such an extent that she missed out on healthy soul mates entering into her life. H would allow people to criticise her and played the role of victim perfectly - since that was basically the only role she knew - this gave others the opportunity to bully her.

She mentioned that she had never really felt safe in this world - always waiting for a catastrophe to befall her.

b) Group Analysis:

"I saw myself as bad, wrong, filthy". Participant F

"There was always a disconnectedness between a deep inner thought that I could be successful - and the way I actually felt inside. When I was a success in the world, I felt like a fraud. Guilty and afraid I'd be caught out, locked up, hurt, maimed, killed". Participant C

"I turned all my anger inward. I hated myself, I felt so alone and trapped". Participant G

" I would often walk into a place and feel completely invisible and unworthy of all those around me". Participant A

Participants showed contempt and disregard in their description of the self. This reflected the same principles with which their abusers treated them as children. No belief that they (participants) portrayed any good characteristics/attributes was noted. They rather described their perceived badness, filthiness, invisibility and lack of human dignity.

Participants did not know the self and had no sense of self-esteem; this might have been due to the fact that they did not deem it necessary to get to know something (themselves) with so little worth. Insecurity, aloneness and a feeling of "brokenness" being the essence and cornerstones of their self-concept.

Participants expected themselves to fail and the worst to befall them no matter what they did. Their external loci of control being very visible.

That belief was not surprising when taking into consideration what they thought/believed concerning themselves.

Firmly entrenched beliefs held by participants related strongly to how they felt about themselves. No sense of personal power was noted - rather participants believed others "had it in for them" and that they had no choices and could do nothing about anything happening in their lives. They believed they deserved past and present abuse and did not deserve anything good (including love). That was understandable in the context of how they felt (irrationally, yet not fully so because they were taught by others that they had no worth) about themselves. How could something with no worth, barely human, deserve anything? Not realising that they should not need to deserve love from e.g. families and friends, it should be a given, a part of life.

Participants found some methods through which they gained some sense of worthiness. Unfortunately this was done through betrayal of the self, becoming what others wanted them to be. As their boundaries and needs were neglected by their abusers, they were now themselves, again betraying their own boundaries and needs by placing the needs of others first.

The following clear themes thus came to the fore:

How participants described/felt about the self, all participants commented on this theme. In general participants seemed to feel that they were struggling, being trapped in insecurities and fear. They described a self which seemed to be broken and had elements missing. A clear **expectation surrounding the self** was seen, where participants believed that no matter what they did, something terrible would happen to them.

Another theme that came to the fore was **what participants believed about the self**, all seven participants commented on this theme. Participants viewed themselves as failures, who had no choices and could thus not change that status of being undeserving of love. They also pointed out that **they needed to do** certain things **in order to feel good about the self**. Participants both needed to control everything around them or are completely merged with someone else and follow his/her lead completely.

5.2.3 Participants relationships with and perceptions concerning their bodies:

a) Individual Analysis

Participant A:

"My body to this day is not good enough. I have no real respect for it. I looked at myself with disgust. Often I won't even look at myself in the mirror".

A harboured intense feeling towards her body. She deemed her body unworthy and she judged it harshly. She refused to look after her physical body - her skin was flaky in winter and she struggled with eczema. She seemed to be realising that she was destroying her body by not taking care of it - but felt nothing but disappointment in this regard. She could not convince herself to change this.

Health problems such as the following seemed to occur:

* Skin disorders
* Crohn's Disease
* Kidney Stones

Participant B:

"Every cell seems to have a miniature tap on it and at times I feel as though all the pain is stored in them and the memories and the tap gets turned on and I bleed with heartache and tears".

B was revolted and disgusted by her body. Her body was described as being the vessel in which her pain and hurt was locked in and carried. B tried to commit suicide three times, mutilated herself by cutting, and did not allow her body to feel anything.

Health problems diagnosed by health professionals such as the following seemed to occur:

* Dissociative Disorders
* Eating Disorders (firstly anorexia after which weight was rapidly gained)
* Fybromyalgia
* Insulin Resistance
* Skeletal Damage (due to the physical abuse)
* Deafness (in one ear)

Participant C:

"I always felt inferior to the real women, the popular girls, the beautiful and desirable".

C reported that she was health conscious until she was approximately 18 years old. Thereafter, she started eating when she was anxious and comfort ate when she was at university. She compulsively picked her skin, bumps and pimples on her body. She felt inferior to the "real", popular women, feeling that she was too short, plain, flat chested etc.

When she was 15 she started self-mutilating and used a hand held massager as a vibrator - she believed that to have been a form of addiction and self-hatred. C furthermore did not like being a woman.

Health problems that were noted:

* Sugar addiction
* Eating disorders
* Depression including symptoms such as;
    - low energy
    - mood swings
    - being suicidal
* Headaches/migraines

In spite of the fact that C experienced these health problems she refused to trust a doctor enough to help her, due to the fact that her abuse occurred at the hands of a " so-called professional". She thus preferred knowing more about her own body than anyone else and not giving any knowledge or power concerning her body to anyone.

Participant D:

"Always been very conscious of my body and obsessed about getting fat, but not to the point of starving myself".

Although D described herself as a nicotine addict, she did not have the tendency towards using drugs and alcohol. She was very afraid of getting addicted or of loosing control.

She was extremely, almost obsessively, conscious of her body - not wanting to gain weight. D described herself as being accident-prone and having problems with her female organs. This became worse during her healing journey - she had to have a hysterectomy. She had previously undergone various operations.

Participant E:

"I wanted to find a sharp edge and propel myself onto it (my body). I wanted to unzip my skin and discard it like last night's pyjamas. I wanted to run screaming in circles and gouge my eyes for seeing so much abuse. I wanted to hurt someone, I wanted to punish someone. I wanted to bleed. I wanted to smell the copper of bright red blood. Blood speaks a testimony - a token of the "appreciation" I had for my body".

E hated her body, blamed it for responding and held it in contempt. She was addicted to sleeping tablets for 3 years because she viewed sleep as the only mechanism, which allowed her to cope.

She was a binge-eater - she binged behind closed doors and ate until she felt extremely uncomfortable. E did not purge, finding some sense of solace and comfort in this extreme sense of uncomfortability. E self-mutilated - she felt an intense need to hurt and punish someone.

E was diagnosed with Post-Traumatic Stress Disorder.

Participant F:

"I had feelings of indifference to my body. Never really aware of it. I hated getting my period yet never wanted it not to arrive".

F's father was an alcoholic and thus she became obsessed with not being addicted to anything. She felt very indifferent about her body and was never really aware of it - she hated her period though. F described herself as borderline anorexic - by controlling her eating she felt as if she had some sense of control over her chaotic life. F was very depressed.

Participant G:

"I became anorexic when I was eighteen and in six months I weighed a mere 35 kg's and was taken to Tara".

G turned all her anger inward and hated herself - especially her body. She was anorexic and ended up in hospital. She had a need for control - and for her, anorexia was a way of coping. As an adult she experienced anxiety, heart palpitations and hyperventilation. She described herself as being obsessively clean - her house and person had to be immaculate at all times. She displayed compulsive, obsessive behaviour.

Participant H:

"Loathe my stomach as its not convex. Bite my nails down to the quick, addicted to sugar, self-mutilate, hate my bags under my eyes, the size of my hands and feet (too large) and am constantly convinced that I have an STD".

H voiced strong feelings of loathing and hate towards her body. Her genital area always felt dirty and she felt as if she had a sexually transmitted disease although a doctor had confirmed that that was not true.

H is almost 40 years old, had not had one serious relationship and had no children. A definite sadness could be felt and she seemed to feel as if she had missed out on something - that she had never been part of a family. She was furthermore co-dependent in relationships, which left her feeling desperate and afraid of being alone. The only way she found rest during those times was by using tranquillisers and alcohol. Last year she flew to London to be with a man that she had met only twice before. She paid for almost everything and thought she could and would make him love her.

H was uncomfortable with hugging strangers and in general felt that people should keep their distance. She can not stand the fact that the South African culture entailed people constantly kissing each other on the mouth, e.g. at birthdays, Christmas etc.

H had had a spastic colon since the age of 13. She ate whenever she experienced a happy or upsetting emotion or feeling. She had learnt to control her emotions better so she felt that she was eating less over them. She was addicted to sugar.

b) Group Analysis:

"I hated my body". Participant G

"Read all the beauty tips in magazines and strived for tanned, long-haired, clear skinned, muscle toned perfection". Participant C

"Total hatred of my body". Participant B

"I hated my body". Participant E

The participants - linking in with the mind-body duality, experienced a myriad of illnesses. Participants acknowledged that many times symptoms of illnesses minimised or

disappeared when they productively dealt with repressed/suppressed issues surrounding their abuse.

A basic hatred, disgust and negative view of the body seemed to be the underlying factor for destructive acts committed against the body. They all seemed to punish their bodies in a multitude of ways such as starving, cutting, etc. Due to their lack of self-respect and need for control, they wished to be invisible and to stop existing. They did not allow their bodies to feel, to be nourished or to be healthy. A sense was created where the body had become the enemy and where "body" or "body image" had not been integrated into a "whole/self-concept".

There was a strong theme of emotion concerning this topic, where a desperate need to hide their emotions was emphasised - especially the need to avoid crying. It seemed as if they did not want to portray any weakness for the fear of being deliberately hurt by others. They would rather control or hide their emotions and if these mechanisms did not work anymore, eat, starve or cut their emotions away. The participants drew no clear distinction between the topics of feelings and bodies. Their feelings/memories many times either being stored in the body or their unexpressed emotions being inflicted on their bodies e.g. starving, cutting etc. These two themes entertwining much more closely than expected.

An inability of how to deal with basic emotions was noted. The participants mentioning that the role models they had, had many times only unleashed anger and threats.

Three themes thus came to the fore, on which all eight participants commented:

Intense hatred was harboured towards the body and their physical selves were only seen in a negative light. **Participants thus harboured strong emotions towards their physical selves**. They **committed acts against or harboured destructive thoughts towards the body.** Punishing and destructive thoughts was harboured which resulted in destructive behaviour taking place. **The participants experienced a variety of illnesses**. For the complete list, view Table 5.1.

5.2.4 Participants' understanding and experience of boundaries:

a) Individual Analysis

Participant A:

"I felt that I trusted people far too easily without even knowing them, but in the same breath not trusting at all".

The concept of boundaries was foreign to A - she just knew that she did not like physical contact. A paradox manifested itself where she trusted others too easily, even when she did not know the person. Yet in the same breath she did not trust at all, because she was suspicious of the motives of everyone. Living within this paradox seemed confusing to A.

Participant B:

"I really don't trust at all. I did not know until ASCA what trust in myself is".

B seemed to have lost the ability to trust - this in essence proved to be painful and scary for her. She admitted that she had no idea what it meant to be able to trust herself. She found it difficult, not only to set boundaries, but also to respect them. Her marital situation did not prove to be beneficial either - B seemed to be legally married yet emotionally single. She received no emotional support from her husband, but rather experienced ridicule and judgement. She emphasised that she had no trust in her deceased parents.

Participant C:

"No boundaries in lover relationships".

C did not trust anyone. She did not use drugs because she did not want to lose control (she only briefly experimented with drugs when she was dating a drug addict).

She had no idea what boundaries were and was co-dependent in her relationships. She did not know when or why boundaries were necessary. On the other hand, she overcompensated by having huge boundaries - not trusting anyone. C would have sex in a relationship even when she did not want to. No boundaries were present in her sexual relationships.

Participant D:

"Afraid if I stand up for myself or say what I really feel, I'll be rejected".

D could never trust anyone with ease and even though she did trust her own instincts, she rarely acted upon them. A clear fear of being rejected if she stood up for herself was noted.

Participant E:

"My physical boundaries were violated by the sexual abuse and my emotional boundaries were destroyed by those who believed I deserved nothing better".

E did not acknowledge that she had the right to say "no" - rather she had learnt previously that refusing made her situation worse. She almost feared the word "no". She had felt out of control even in adulthood and never believed that she had choices. She had not trusted her peers or adults.

Participant F:

"Having spent years convincing myself that I was bad it was hard for me to at first know that I have rights, believe that what I'm feeling and thinking is right for me".

F found it hard to believe that she had rights since she had internalised a sense of badness. This topic really frightened her and F only went back to and completed this section after 10 days.

She found it hard to respect other people's boundaries and many times felt rejected if others enforced boundaries. In her sexual relationship it seemed to be very challenging to communicate and enforce boundaries lovingly. F did learn, though, that she had the right to enforce boundaries and that people would respect her and not reject her when she enforced her own boundaries lovingly and respectfully.

Participant G:

"I was never able to trust anyone, including myself. There was a deep cry within that at the time I did not identify".

G was unable to confide in and trust anyone - especially herself. She felt the need to control her relationships, experiencing an unbearable fear to be left stranded without a relationship, without someone to define her. She found herself hypersensitive in all relationships and had no idea what boundaries were.

Participant H:

"In romantic relationships, I trust the man immediately to make me feel whole, and to allow me to "fuse" with him and his life".

H had already started her process to trust her own judgement when making decisions whether to trust others. She felt that she used to trust too easily but mentioned again that she was co-dependent on men.

She admitted to having the need to control her external environment, but felt that this need did not manifest in her friendships. Concerning men, she had been horrified with herself due to the fact that she had stalked men in her past.

She mentioned that she had only two good friends. Her other friend had passed away only two weeks previous to receiving the second questionnaire - she felt that she was able to handle that experience in a mature and rational way, instead of feeling abandoned.

To H boundaries meant being separate from others - she did not experience a sense of separateness from her parents (who were her abusers) and that was an aspect she still wanted to work on. In romantic relationships, her complete trust in men was an artificial means to make her feel whole and healed. When she did not feel healed or whole, she would feel so desperate, that she would be unable to function in other areas of her life.

b) Group Analysis:

"Overcompensated on one hand - huge boundaries because I didn't trust anyone... yet would have sex, to be in a relationship even when I didn't want to". Participant C

"I was never able to trust anyone, including myself". Participant G

"I really don't trust at all. It has become a deep, deep pain and is very scary. Now people must stay far away". Participant B

"My physical boundaries were violated by the sexual abuse and my emotional boundaries were destroyed by those who believed I deserved nothing better!" Participant E

Trust and boundaries entertwined very closely due to the fact that participants did not trust themselves or others to enforce boundaries or feel safe in doing it. Seven participants commented strongly that they experienced a complete inability to trust others at all. Many surprisingly (for themselves) admitted that they had never even thought about trusting themselves and were certainly not doing it. A paradox many times manifested in participant's behaviour where they "trusted" completely (entering into relationships, having sex etc.) yet, not trusting at all (keeping others emotionally at bay), this phenomenon relating to relationships experienced with adults as well as their peer group.

Ignorance concerning the concept of boundaries was noted which led to an inability to enforce or accept boundary setting by the self and others. Underlying this inability was the participants' belief that they were unworthy of the right to say no, to protect themselves, to exercise the basic right to make choices concerning the self. This seemed to be a more sub-conscious belief, manifesting in participants having sex when they did not want to, being in friendships they did not really want to have, almost grasping at every bit of attention which could make them feel better, more whole. This unfortunately resulted in the opposite feelings being experienced by participants. They often mentioned co-dependency, which led to unhealthy and destructive relationships.

It was clearly noted that participants had the intrinsic belief that if/when they stood up for themselves the consequences would be negative. The two main fears seemingly being exclusion and rejection - fearing to be alone with the self they so hated (on an emotional and physical level).

The following themes came strongly to the fore:

Participants rarely ever trusted their instincts and even if they did, they could not bring themselves to act upon them and also had no **trust** in others. A basic ignorance concerning **boundaries** was noted - when or if boundaries occurred they were dysfunctional. **The consequences of enforcing boundaries were frightening to them**. The ever-present fear of rejection and being excluded again became clear.

5.2.5 Participants experiences concerning sexual relations:

a) Individual analysis:

Participant A:

"I started out being frigid and not allowing anyone to touch me. Then I changed to having no special connection with sexual intimacy - it was just my body".

Although A started off as being frigid where sexual relations were concerned, this attitude changed at some point, and she refused to place any value on sex anymore. She saw it only as her body being involved, and thought of experimenting with the same sex.

A confusion of what she needed or wanted from sexual intimacy, as well as with who was noticed.

Participant B:

"I experienced flashbacks, inner pain and landed up crying through sex, - like my soul was now being raped".

B experienced flashbacks and inner hurt during intercourse. She, at times, would experience sorrow throughout sexual intercourse, feeling as if not only her body but also her soul was tormented by ongoing abuse.

She described herself as frigid even though she seemed to believe that if she could find the right partner she would be able to overcome this. She sometimes even struggled to view herself as a woman - due to the emptiness that she experienced.

Her sexual interest seemed to have been completely suppressed due to the fact that she was trapped in a marriage with a person she felt emotionally divorced from.

Participant C:

"I felt like a whore even when in a 2 year monogamous relationship. I felt unsafe, dirty, wanting it but not. I often just wanted penetration - no intimacy".
When C had her first consensual experience of sex, she was 16 years old; she locked herself in a bathroom afterwards - mute, rocking. Dissociation during sex seemed to be a frequent occurrence. She furthermore experienced pain during intercourse and could not reach an orgasm. C wished many times that "it was just over" and felt as if she went on autopilot during sex. She tried to avoid having intercourse for as long as possible in a relationship.

C at times even wished that she could be promiscuous and not place any value on sex - believing it would be easier to handle. Even when she wanted to have sex a part of her did not want to, it felt unsafe and dirty. Often she even felt repulsed by the idea of sex, hated her nipples being touched and regularly wished she could avoid any foreplay and intimacy - penetration would have been easier to deal with. She could only have oral sex with her lovers up to the point before they ejaculated; she in general had a lot of issues with sex. She felt interested in kinky sex as well as same sex relationships - yet she was afraid to explore these possibilities. She seemed to feel that normal sex and monogamy was boring. It seemed as if sex gave her a false sense of power, on the one hand it made her feel powerful and in control and on the other hand it made her feel totally out of control. She believed that her partners were cheating on her without anything substantiating this belief.

Participant D:

"I don't experience flashbacks but I do have these awful feelings and sensations of dread or fret".

D had been experiencing feelings of anxiety whenever endeavouring in sexual activities and her interest therein had been fluctuating. She described herself as being tomboyish and that she hated being told that she was good-looking. She had never been interested in same sex relationships since she viewed it as being dirty and sinful. She had never really been open to issues surrounding sex, due to her very religious upbringing.

Participant E:

"I have not allowed myself to be sexually intimate with anybody".

E remained abstinent and never allowed herself to have sexual intercourse with anyone.

Participant F:

"I used to be very tomboy-like, finding it easier to take on male identities than female".

F experienced flashbacks during intercourse and found it hard to be present during sex, basically losing interest in sex. She felt very vulnerable during the act and did not trust that she would be "OK" during or after. She was always very boyish and experienced vaginismus with a lover that resembled her perpetrator.

Participant G:

"In my marriage I hated sex and at all costs I avoided it, When I did have sex, although I would at times want to, the feeling of being dirty and an almost numb feeling would pass over me. I would also want to scream and say leave me alone".

G had flashbacks since she was 17. She hated sex in her marriage and avoided it at all costs. When having intercourse she would not feel anything but filthy. Even if she enjoyed sex, she would cry afterwards.

Participant H:

"To this day, I HATE, LOATH, DESPISE my boobs being handled, and will often become acid mouthed and say things to the guy "stop trying to milk me".

H's step dad's fetish was her breasts. She still hated that part of her body being touched and could become very crude if a guy touched that part of her. She was also previously very promiscuous - basically prostituting herself to men to gain financial gain from them. She ceased that behaviour, since she entered ASCA 2 years ago.

H showed the ability to enjoy sex as long as her breasts were not being touched and did not want to endeavour into anything kinky. She felt that sex had its place but would not stay in bed the whole day having intercourse.

She had succeeded in the art of behaving like a prostitute in order to gain men's attention, believing that men would not otherwise be interested in her. She did not respect her sexuality and did not view sex as a give and take situation in a relationship. She felt that sex did not bring her and her partner closer - it rather left her more needy. She had stopped using sex to feel loved.

b) Group Analysis:

"I hate being told I'm sexy or beautiful". Participant D

"I know how to behave like slut and get men interested in me that way. I do not think they will be interested in me otherwise. I can also be filthy mouthed and crude. I do not respect my sexuality and sex is not a give and take for me in a relationship i.e. it does not bring my partner and I closer. It leaves me more needy than ever." Participant H

"I'm not able to "see" myself as someone, a woman, but as something - rather like an empty paper bag". Participant B

A complete lack and disregard for the self could be seen in sexual relationships. Intimacy at times being hated more than penetration itself. Participants seemed to be unable to

separate sexual acts as was performed with the perpetrator from current sexual experiences. Mostly, a lack of interest in sex accompanied by intense disgust and PTSD symptoms could be seen. Although some participants did enjoy sex - there was always a certain part they despised e.g. being touched in certain areas or having oral sex (usually directly related to how they were abused). It seemed as if intimacy (emotion) and sexual needs (body) were in conflict concerning this topic.

Participants seemed to find it difficult, if not impossible, to incorporate their female identities - almost negating their sexuality and femininity completely. Beauty/body linearly being equated with danger/hurt. They showed an inability to celebrate their femininity, sexuality and appearance. The distorted linear connection between being told that they were sexy, beautiful or feminine, and being raped and abused seemed to be integrated very deeply in their thought patterns and belief system.

The following themes came to the fore:

Participants seemed to have been unable to enjoy and revel in intimacy, mostly feeling unsafe and uninterested. All 8 participants commented on this theme. **Participants constantly experienced intense negative emotions when having sex**.

Emotions concerning sex and sexuality came to the fore. Confusion surrounding sexual preference and sexual identity was noticed. Many aspects of sex literally being hated and participants showed a clouded concept of the self as sexual being. **Relating aspects** such as acknowledging the self as feminine and especially beautiful seemed almost impossible. Hearing the self being described by others as sexy/beautiful being met by denial and revulsion.

3.2.6 Participants experiencing a feeling of being different from others:

a) Individual Analysis:

Participant A:

"I felt like the black sheep of my family not fitting in anywhere".

A seemed to feel misunderstood, lost and as if she did not belong anywhere. Loneliness was experienced even when, with or amongst others, even extending to her family.

Participant B:

"Lostness, seemed to be my theme song. I somewhere along life's pathway lost myself and seemed to lose the battle for recognition/self-worth, significance and security. I often feel alone even when amongst other people".
B seemed to have never felt that she really belonged anywhere - she rather described herself as a paper bag, blown around by the wind. Since B was very young she was told that she was different and that different equated being bad. She frequently felt misunderstood and never felt heard. Nothing she did or said ever seemed to be good enough. She felt as if she had lost herself, her worth, and her significance. Intense feelings to self-destruct could be seen and B daily had to search for a reason to live. She felt alone.

Participant C:

"It always felt as though I just didn't get "it" - "it" - the elusive answer that held the key to understanding how it all works".

C acknowledged that feeling different was something she consistently experienced. She felt disconnected from people and life and didn't get "it". She believed that she had missed something - the "it" that enabled others to be happy and be part of relationships and life. She set goals for herself to invite people over and to build friendships but found that she could not deal with repeated rejections. She never felt part of her own age group, and mostly knew that relationships would not become friendships. She had no idea though of what was missing, why she could not achieve to be in healthy relationships. She felt as if something was socially wrong with her.

Participant D:

"Never felt I belonged anywhere. I even asked my parents if I was adopted, when I was 10 years old".

D never felt as if people accepted her, not even by her family. She felt misunderstood by them.

Participant E:

"I felt separate from others most of my life. I made very superficial friends and the superficiality suited me. I did not want others to see the demons that I saw. I did not want to share myself with anyone because I believed myself unworthy".

E described having felt as if she did not belong with others all her life - she feared and believed that others could see that she was abused and that she was responsible for making someone abuse her. She isolated herself and believed that she deserved to be alone - that it was a fitting punishment. She never felt like the other children and believed she saw the world differently. She believed that she had nothing to offer others, and the world, and it was almost impossible to get close to her.

Participant F:

"Because of losing my virginity at 6 I always felt I was different - that difference was bad. I tried to over compensate for this by becoming an over-achiever at school & in my career".

F had always felt different and equated this with being bad. She felt she should have done more to protect her virginity. She tried to hide her being "different" by over-achieving at school and her career.

Participant G:

"I felt and still at times now feel like an entity that did not belong. I felt like I was screaming and no one even looked up".

G seemed to have felt misunderstood most of the time. She felt foreign in her own family, removed and isolated. Even in a mall she would feel alone. She dissociated from people, fearing people and strangers. Her safety level was very low.

Participant H:

"For years I felt that I was not required, and often contemplated suicide. My suicide note would have read: "I'm not required".

H admitted to often experiencing a feeling of being an outsider. She had the feeling of having a hole in her soul. She seemed to have a deep connection with one of her friends and her godson. Before that, she felt as if she was not needed in this world on any level, and many times contemplated suicide. She had not lived with someone since her mother threw her out of their home after she matriculated, and felt that there was a part of her, which could not even commit to a roommate.

She claimed that she did not care what others thought of her but loved to shock people, showing a paradox. She felt intimidated by successful, financially wealthy people. She felt that she never followed her heart to become a journalist, but did not have the confidence to change this.

b) Group Analysis:

"I do often have the feeling of being on the outside looking in on the rest of the world leading their lives". Participant H

"I felt disconnected from people and life all the time". Participant C

"My spirit was shattered,
My sense of self was shattered
My self-worth was shattered
I believed I had nothing to offer..." Participant E

"I have always felt a feeling of not really belonging anywhere. I have tried to describe it like I'm an empty paper packet thrown around by the tumultuous wind. I was always told that . . . I did not fit in, belong, was different and that different meant bad". Participant B

Participants associated extremely strongly with this theme and wrote most passionately about it. It was almost as if they felt relieved and overjoyed that this aspect of "not belonging" was noticed.

A disconnectedness and separateness from others seemed to be the most prominent feature. Yet this should not be seen as a choice of boundary setting that was made by participants. It was rather an intrinsic gulf between them and the living, "the normal", as experienced by them since childhood permeating everything they did, and all their relationships as adults. Their isolation and feelings of social incompetence being a heartache - intensifying feelings of being a misfit. Even being with people, did not penetrate this void of extreme loneliness experienced. Participants thus being "stuck" with the self - whom they did not value nor accept - leaving them stranded with the self they wanted to escape from.

A linear deduction occurred, where difference was equated with being bad. Personal judgement of their limited worth again coming strongly to the fore.

The consequences of this feeling and judgement of the self led two participants, as young as ten years of age, to ask their parents whether they had been adopted. In adulthood they dissociated from people (rather than feel rejected and abandoned, rather closing themselves off than be shunned), fearing people (a low level of safety could be seen) and isolating the self (which seemed to be deemed a fitting punishment for bad people).

The following underlying themes came to the fore:

Participants **described this feeling** in the following way: Participants seemed to have felt like a misfit no matter where they went, isolated, alone and misunderstood. Some believed others could not only see that they were abused but also that they were responsible for that abuse - resulting in the feeling of aloneness being impacted by shame. **This feeling was** unequivocally and linearly **equated with them being bad**. Participants moreover, endeavoured in certain **behavioural patterns due to experiencing this feeling of difference**. They wanted to punish the self in many circumstances, dissociating and distancing themselves from others, believing they deserved to be alone. Many times they actively had to search for a reason to live.

5.2.7 Their childhood lost as a consequence of the abuse.

a) Individual Analysis:

Participant A:

"I have found that in my current relationship I start talking like a child when I feel uncomfortable or insecure and even sometimes during sexual intimacy".

A sorrow concerning this aspect could be sensed. A felt that she had lost a big part of her childhood and felt a longing to sometimes just be a child. She longed to experience carefreeness, pure love and innocence. This need manifested itself inappropriately in situations where she would feel uncomfortable or insecure and even during sexual intimacy.

She relayed that her ability to trust was lost due to the abuse. This was a loss that was deeply mourned.

Participant B:

"I feel the need to be a child and receive unconditional love, attention and affection".

B felt as if she never had a childhood - always assuming the role of parent and adult. A real need to be a child and to give and receive unconditional love was experienced by her adult self. She had lost her innocence - the games she played as a child were to look after her father's sexual needs and her mother's physical needs. She did not believe that she ever had the chance to develop spontaneity.

Participant C:

"I feel like I've lost my teens and twenties too".

C felt as if she was never present in her childhood. She felt that she had missed out on how relationships worked, how to have friends and fun. She learnt to be inside herself and felt invisible. She forever felt older than she was - she was quiet, serious and over responsible. She could not describe herself as loving, carefree, spontaneous or trusting -

with lovers she found the need to be a child. At times, she would only want comfort from a man - if it turned sexual C would become angry and resentful.

Participant D:

"I don't have many memories of growing up".

D did not have a vast recollection concerning her childhood years and could mostly remember the "nice" times. Her family moved around frequently and she just wished that there had been more stability during her younger years.

Participant E:

"It was so inconceivable for me to acknowledge that at the very depths of my pain was a wounded child. Being a child was too painful, there was too much violation, there was too much anger, and there was too much shame and guilt.

So what is this child that hides in darkness, peeking fearfully from behind the black vale of me?

I hear her violently shriek with anger - "Whom would I have been if you let me live":
My inability to answer her question fills me with sadness. I have no sense of who she might have been.

So in profound agony I answer -: "Do you see me retching and trembling in the shame of my all?"

"I is broken" she responds.

"I know" I answer."

E described that she had lost her innocent glow, and denied her inner child, this inner child's pain and woundedness being too much to bear. She realised that she would have to acknowledge this child's pain as her own and explore who this child might have been if she wanted to live an integrated and healed life.

Participant F:

"I believe I had lost the pure me as a result of the abuse".

F believed that as a child she had to make adult decisions and take on responsibilities - her mother being only too glad to hand the reigns over to her. F only later discovered her inner child and started nurturing that part of herself.

Participant G:

"I would always say to my mom that I feel like I am forty years old from the age of 15 years".

G always felt much older than she was and showed a real longing to just be carefree and have fun after her divorce. She felt that she had lost many characteristics due to the abuse e.g. her spontaneity and ability to trust.

Participant H:

"I spent my entire childhood in terror, sometimes I would be so afraid that I would wet myself".

H felt that her childhood was robbed in a violent way. She was cynical about life and would many times offend people's senses. She did not want to be bothered with the small things in life, being very aware of the deep sorrows and darkness of life.

She felt that she had lost parts of herself; never being able to believe the world was a safe place. H always felt as if a part of her was missing. She spent her childhood in terror and lived with a constant feeling of anxiousness.

b) Group Analysis:

"I do feel that I lost my childhood and that I never even had one". Participant B

"My inner child is dead. I aborted her a long time ago.

I poisoned her innocence and her mind with hate, anger and self-loathing.
I butchered her heart when I refused to give her the love she craved and that had been denied her so long.
I suffocated her when I could not cast out my demons.
I murdered her innocence by denying her childhood.
I destroyed her hopes and dreams by negating them.
I massacred her self-esteem with the scorch from my blames bonfire.
I extinguished the wonder in her eyes and broke her smile.

My inner child or childhood lost will continue to remain reviled until I can acknowledge how her pain is my own". Participant E

"I learnt to be inside myself, like an invisible cocoon - feeling I was 6 going on 40", Participant C

"I completely lost my childhood. No, that doesn't sound right. I was robbed of my childhood in a violent way by rejecting and indifferent parents". Participant H

One participant could not really comment on this topic due to the fact that she had not regained much of her childhood memories.

This theme was answered with bitterness and regret. Participants mourning the childhood they never had, their inability to trust, to live without fear, to just be children.

Many times, as children, participants had to take on too many responsibilities, having to make adult decisions. Always feeling older than they were, hiding within themselves, feeling helpless in the terror, and becoming quiet, serious and invisible. The time where friends, the self and fun should have been experienced was wasted away on fear, on "playing" adult games.

As adults, a denial of these painful wounds inflicted on themselves as helpless children who did not have any kind of skills to deal with these situations effectively, was noted. A regression back to childhood manifested when they were with lovers - e.g. acting/talking like a child when intimate. This was done in order to try and regain a childhood where they were actually looked after, nurtured and loved.

The deep-seated need to be a child, to experience carefreeness; no worries and no fears became crystal clear. To find out whom they could have been without those experiences. Regret and longing for that which was lost again became evident.

The following themes became evident:

Participants felt that they had **lost** characteristics because of their abuse. They believed that their pure selves had to "go into hiding" that they were never properly socialised by their families and that certain characteristics e.g. spontaneity was lost forever. They reflected on how they had to **act in childhood**. They again realised in how much fear they constantly had to live and how much they had dissociated from their childhood.

They scrutinised their **behaviour in adulthood** and participants realised that as adults they still denied their childhood, the extent of "the child's" woundedness. This suppressed child manifesting unsuspectedly in situations they found themselves in as adults e.g. talking and acting like a child when intimate with a lover. **Participants needed** and yearned to know what they would have been like without these experiences, they needed to have a carefree childhood and/or to mourn the one that was lost.

5.2.8 The role of feelings and emotions in the participants lives:

a) Individual analysis

Participant A:

"Feeling numb, out of touch, controlling emotions, experiencing intense emotions. All are relevant".

Emotions seemed to be a minefield to A. She felt out of touch with her emotions, expressed them inappropriately and felt numb constantly. When feeling an emotion it would be extremely intense, she would want to control or suppress it, feeling confused and out of control.

No resources on how to manage or express emotions were noted.

Participant B:

"EMOTION was a totally TABOO subject in our home apart from my parent's violent anger and threats. I feel numb most of the time".

B seemed to be out of touch with her feelings - her only frame of reference being her parents' violent anger and threats. When she was not feeling numb, her emotions were extremely intense and often expressed in an inappropriate fashion. She preferred suppressing her emotions rather than trying to find a way of dealing with them.

Participant C:

"I didn't know what feelings were. When anger came, especially, I had no idea what to do with it. It threatened to control and overwhelm me and the person/people I was directing it toward. It would be over the top, and make me feel murderous/hateful/vengeful".

C experienced very intense emotions when she was not feeling numb. She seemed to feel alone, isolated, unpopular, socially awkward, inadequate, unsexy, depressed, demotivated and lifeless. She hardly ever cried, laughed or showed emotion of any kind. She found it easier to suppress these emotions since she had no idea how to deal with her anger, sadness etc. She felt as if her emotions would control or overwhelm her, as well as, the people she would direct them at. It felt too intense and scary for her - she felt murderous but did not know what to do with these emotions. Her anger sometimes turned into weeping - she seemed to have very little control over her emotions and expressed them inappropriately.

Participant D:

"I have always controlled my emotions - and what I could or would allow myself to feel".

D seemed to be very disconnected from her feelings, never allowing herself to freely feel. She believed her feelings were bad and unacceptable. She seemed to have lived life in a numb and out-of-touch fashion, never crying since she believed that would be a sign of weakness, especially for a woman.

Participant E:

"I kept my feelings firmly under control. I also dissociated. I also suppressed my feelings with binge eating and self-mutilation. I never, never, never expressed anger because I believed it would kill me".

E was absorbed and overpowered by feelings of blame, shame, guilt, anger, pain, sorrow and responsibility. This led her to put up walls around herself - never letting anyone in, never letting anyone help. These feelings were too intense and painful for her to express appropriately, she rather tried to negate it or to cut it off. She controlled her emotions, dissociated from it or suppressed it by binge eating or self-mutilation. She believed the emotions she experienced were bad and that by feeling them it rendered her bad. Her biggest block seemed to be anger - she believed expressing anger would kill her.

E experienced terrible bouts of depression.

Participant F:

"I used to think that I would go crazy if I feel my emotions, especially the intense ones".

F seemed to have been very out of touch with her emotions, mainly feeling numb and as if she did not have emotions. She suppressed her emotions that she labelled as bad and later did this with all emotions.

Participant G:

"Any outside activity and elements would determine my emotions".

G had no tools concerning how to express her emotions and felt out of touch with them most of the time, thus leaving her and anyone else involved confused. When she did not suppress her emotions she seemed to express them at inappropriate times. She tried to change her emotions - she believed that they were bad so she had to be bad. She described herself as intense and over-analysed everything. Any and all external influences and people determined her emotions. No internal locus of control was noted.

Participant H:

"As I was once helpless in the face of my parents' anger, my children would be helpless in the face of my black rage".

H admitted that this theme was a difficult one for her. She seemed to have been very out of control - emotions mostly ruled her. She felt that she was either learning to block her emotions out or how to handle them. She was trying not to react all the time, although she still felt very intense emotions - anger and rage being the strongest. H had a fear of having children, stemming from the fact that she did not want her children to be helpless in the face of her anger, as she was with her parents.

H felt that she was not always able to contain her rage and hostility. Her feeling of emptiness seemed to be very intense and constant. She would try to eat herself into numbness if this empty feeling lasted for days.

H still did not trust her feelings and often apologised for having them.

b) Group Analysis:

"My feelings were too intense and too painful for me to express them appropriately. I never, never, never expressed anger because I believed it would kill me." Participant E

"The emptiness I feel is also huge. When it comes upon me, I know acknowledge that there is a cold wind blowing right through me, and I just stand and feel it". Participant H

"I hardly cried, never laughed, never let real rage/anger out". Participant C

"Being out of touch with my emotions I could not identify them, leaving me and the person I expressed them with confused". Participant G

It was seen that there was either a complete blocking of emotion, or intense, inappropriately expressed emotion. The intensity of emotions showed extreme fluctuation. No balance could be seen - it is as if the participants only experienced emotions on the extremities of the continuum. Finer nuances of emotion were overlooked. Rage was seemingly the overriding emotion - this emotion left them confused due to their inability of expressing it safely. Emotions expressed and reflected in their belief of their limited worth as people strongly came to the fore.

Their strategies on how to deal with emotions reflected their fear of emotions as well as their inability of truly understanding emotions. They seemed to either be out of touch with their emotions or controlling their emotions firmly. A belief that fully experiencing their intense emotions would kill them was noted. It was further noted that participants judged their emotions as bad or good. Their emotions were mostly labelled as negative or bad after which a linear deduction was made: our emotions are bad therefore we are bad. Anger manifested in e.g. sarcasm or destructive behaviour towards the self.

The following themes were noted:

Six participants named the **variety of emotions** experienced. These emotions were experienced in an intense fashion. See Table 5.1 for the full list. Eight participants commented on **how they dealt with feelings**. In essence a lack of dealing with these emotions was noticed, destructive behaviours, denial or fear of emotions and external sources impacted emotions. No internal resources and skills were noted. Even if they did **express emotions** when not numbing or suppressing it, it overwhelmed them. They mostly expressed it **in an inappropriate fashion** or apologised for it.

5.2.9 The child vs. adult in daily interactions and decision-making.

a) Individual Analysis:

Participant B:

"I experienced inappropriate, sadness, anger, disillusionment".

B felt strongly about the fact that her "child" impacted not only her decision-making but also emotions that she experienced. Both these areas were impacted in a way that seemed irrational to B. She believed her and "the child's" intense yearning and search for love were the motivation for many of these irrational experiences.

Participant C:

"Men - especially bosses - often reduced me to child-like behaviours/decisions/emotions".

C often experienced the "child" in her making her decisions for her. Male employees occasionally reduced her to child-like behaviour and left her feeling powerless and frustrated when faced with authority figures. She believed she had learnt the art of self-sabotage and was daily putting it into practise.

Participant D:

"I think I grew up to fast and was always responsible and decisive".

D believed that she had grown up to fast. The only times she "did not know" and did not have the answers had been when relating to her parents. She never felt "good enough" and felt as if she constantly disappointed them. D seemed to always have felt like a failure.

Participant G:

"I would act completely irrational to certain things and would feel very embarrassed for my behaviour. Not being able to control or understand my reaction".

G felt that she had often reacted completely irrational to a situation, leading to embarrassment. She was unable to control or understand her reactions due to the fact that the child often made decisions as a matter of survival - e.g. getting married at 20 to get

out of her parents' house, believing she would then be safe and be able to control her world, because she would be away from her father (her abuser).

Participant H:

"The child part of me chooses men. She wants to be "daddy's girl".

H emphatically agreed that her inner child made decisions especially concerning men. Part of her wanted to be "daddy's girl". She believed that men wanted a partner, which they did not find in her. She would even act like a child - stamping her foot etc., she would later cringe at her own behaviour. When men broke up with her, she would literally feel as if she was going to die because her sense of being unloved and abandoned became so intense.

b) Group Analysis:

"My child made many decisions as a matter of survival". Participant G

"My child made decision plenty of times, due to the lack and search for love". Participant B

Only 5 participants commented on this theme.

Participants acknowledged that the "child part" of themselves frequently overtook/controlled the adult part when having to make decisions. Irrationality and inappropriateness being the characteristics of their decision-making.

It is as if they were never really taught how to make appropriate decisions, never shown a healthy process of making decisions and what to base decisions on. They lacked role models who could teach them these processes and behaviours.

The following theme was evident:

The "child" impacted decision-making. Participants made irrational decisions, which were inappropriate to the adult context they found themselves in.

5.2.10 Relationships

a) Individual Analysis

Participant A:

"I don't really take time to nurture myself. I just don't have time".

A did not feel comfortable relating issues concerning relationships in her life. She seemed to keep herself very busy and struggled to build and maintain a relationship with herself. This could have been a defence mechanism utilised so as not to have to deal with her past.

Participant B:

"I find it relatively easy to form friendships, - but not to discuss my abuse".

B believed that she had set herself up for failure in relationships - referring to this as self-sabotage. She seemed to put her love and trust in people who would hurt her. She admitted to an "addiction" to find a mother figure who could show her pure love and whom she could trust and confide in.

She showed a clear hate for being controlled in relationships and in general seemed to be engaged in superficial relationships.

Participant C:

"Always could not make lasting friendships".

C felt that she could not even build friendships - she felt that she did not know how. She endeavoured into a new relationship every 2 years and experienced betrayal and deceit with lovers.

Participant D:

I put a lot of expectations on people - and always feel let down".

D described herself as being controlling in relationships and unrealistic concerning her demands of people - this led to disappointment. She only had one lover with whom she was still in a relationship and they were trying to heal their respective histories.

Participant E:

"I did not want others to see the demons I saw".

E only endeavoured into superficial relationships - she did not want to share herself with others and did not feel worthy enough for that. E isolated herself from others, from life.

Participant F:

"One of the many challenges we face is communicating our boundaries and enforcing it in a loving manner".

It seemed as if F did have close friends and had a long-term relationship, yet, communication, especially concerning boundaries, was an obstacle she struggled to overcome.

Participant G:

"I felt so alone and trapped".

G's relationships seemed to be characterised by feelings of insecurity - whether it be with friends, family or boyfriends. She wished that she could have been like her sister who she believed knew how to be in relationships, with confidence. She did not seem to feel truly part of any relationships she endeavoured in.

Participant H:

"When my co-dependency hits me, I feel desperate and afraid".

Although H was fun loving and spontaneous, her issues of co-dependency impacted her lover relationships as well as her friendships. That was an issue she was working on consistently with the help of her therapist.

b) Group Analysis:

Due to other themes/topics relating to relationships, this was not a separate theme in the questionnaires. When looking at feelings, trust, boundaries, body image, etc. it could be seen that these elements clearly affected relationships. In essence, a lack of relationships was noted, even concerning friendships. Superficiality and sexual interaction (even when not truly desired) being the trademarks of most relationships.

The fear of connecting with another person, of leaving the self vulnerable, of sharing this deep secret (the taboo surrounding the topic of abuse still being very much alive) standing in the way of fulfilling the deep seated need to be loved for who they were. Those fears manifested in controlling relationships, co-dependency and self-sabotaging behaviour.

It seemed as if it was not only fear, but also an inability to understand the basic principles of relationships, which caused this void - participants felt as if they were never socialised in this respect, thus they play-acted in relationships. They become who others wanted them to be, inherently being terrified of rejection and abandonment, which would again invalidate the self.

The following theme became evident:

Relationships were mostly unfulfilling, being affected by many other aspects. Elements such as self-sabotage and lack of knowledge concerning how to build healthy relationships was noted and impacted relationships. Insecurities due to lack of self-esteem and the need for control stood in the way of long lasting and happy relationships.

5.2.11 Actions and feelings concerning the perpetrator(s)

a) Individual Analysis:

Participant A:

"I detached myself whenever I was getting a little closer to the pain and the hurt".

A tug between wanting to confront and not wanting to confront the perpetrator could be seen. A was not yet ready to deal with, or feel the pain and hurt surrounding this topic and acknowledged that she detached as soon as she came too close to the truth. This being her defence mechanism concerning her past to those who betrayed her trust and innocence by abusing her.

Participant B:

"A total inability to express my feelings concerning the perpetrators. I feel guilty about my feelings experienced concerning the perpetrators. I feel that somehow speaking about it will mean that it will come back to hurt me sometime".

B showed the paradoxical need to avoid and confront her perpetrators. In her case it was very difficult to manage these feelings due to the fact that her parents (who were her abusers) were deceased. Nonetheless, she found it almost impossible to express her feelings concerning them, due to the guilt she experienced concerning those feelings. Detachment and frustration became evident on this topic.

Participant C:

"I tried to speak to all of my family who were involved on my mothers' side - with mostly weird responses/flat denial. Very difficult not to hate myself more".

When C's memories of her abuse started coming back, she became very angry and felt like she wanted to kill her perpetrators. She spoke to family members on her mother's side about the abuse she endured but received only flat denial - she found it almost impossible not to despise herself. Even though she really wanted to prevent abuse happening to others she did not feel strong enough to deal head on with the perpetrators. She was focusing the little energy she had on building a foundation for her own life.

Participant D:

"I was detached from my experience and memories so until now, I don't have much recollection of the abuse and/or feelings regarding my perpetrators".

D described herself as being uninvolved in this respect.

Participant E:

"I have so much anger in me that I believed would harm myself or others should I voice or express my anger towards my perpetrators".

They had destroyed any sense of power she had and E admitted to a total avoidance concerning this topic. She feared that the anger concerning the abusers would lead her to inflict pain upon herself or others.

Participant F:

"I used to feel very guilty that I did not want to forgive my father".

F had stopped talking to her father 5 years ago and only recently could she see him as a human being and not a monster. She had felt guilty that she did not want to forgive him and felt pressure from her family and society to forgive him and move on with her life. F thought forgiveness meant that she condoned the abuse - she finally realised that this was not so. She could define the relationship in such a fashion that she was comfortable with it.

Participant G.

"As a teenager I avoided my father and would cringe if he hugged me".

Growing up G would avoid her father, and would shrug at his touch, yet she deeply loved him. She wanted to confront her father, but felt guilty about this, afraid that it would devastate her mother and siblings. She resented the fact that she felt responsible for his actions and the supposed happiness of her family.

Participant H:

"I fantasise a lot about confronting him, just to show him I'm now powerful - by that I mean that as a kid I was powerless in an adult world".

H, last year, laid a charge of physical and sexual assault against her stepfather. She fantasised about confronting him. She expected him to deny everything and also to use her words against her. She believed that if a judicial system could find him guilty and sentence him that would be the "no" she could not say as a child. She felt as if both her parents had come off, Scot-free. As an adult she realised that she would run rings around both of them because she was an intelligent and strong person who did not need to abuse children and animals in order to feel powerful.

b) Group Analysis:

"I was pressurised by my family, society to forgive him and move on". Participant F

"I felt so much anger I wanted to kill my perpetrators". Participant C

"My total avoidance pertaining to confronting my abusers is fear and anger". Participant E

Seven participants mentioned strong feelings harboured towards the perpetrator(s). The most predominant feeling being ambivalence - participants being catapulted between love and hate, wanting to react, yet feeling guilty, being frustrated, yet avoiding the topic - anger being so intense that they yearned to kill. Participants seemed to have no idea what to do with these feelings - so they denied it or felt guilty about it. Fear might also have played a role - the consequences of confronting the perpetrator(s) being overwhelming or incomprehensible.

Four participants did speak to family members or laid charges against the perpetrator. This was mostly met by denial on the family's part, which made it even harder for

participants to harbour positive feelings towards the self and to keep believing in themselves.

The legal system being viewed (hopefully) as a mechanism of justice - an external voice saying the no, letting the abuser know that what was done was wrong - which they were unable to say as hurt children in an adult world.

The following theme thus became evident:

Feelings participants harboured towards the perpetrator(s). Anger, resentment and ambivalence being the key features. Some participants had taken **action** and had laid charges against the perpetrators or had redefined relationships within the family.

5.2.12 The role of self-care in the participants lives:

a) Individual Analysis:
Participant A:

"I don't really take time to nurture myself, I just don't have time".

Very few elements of self-care seemed to be part of her life - she only nurtured herself by sleeping or eating. No real effort was made to nurture herself. She seemed to constantly be running or escaping, whether through work or sleep, allowing her to avoid dealing with herself or her own feelings.

Participant B:

No elements of self-care were evident.

Participant C:

"I had no idea I was entitled to regular office hours, rest, recreation".

No elements of self-care were present in C's life. Rather C seemed to push herself almost beyond her limits. She ended up burnt-out and firmly believing that she did not deserve self-care and would disappoint others if she did not keep going, keep performing.

Participant D:

"This is difficult for me".

No real signs of self-care were noted.

Participant E:

"I hated my body so why would I want to soothe myself in any way"?

E believed that she had no worth, thus she needed no self-care, especially not her body that betrayed her.

Participant F:

"I felt that I could last. Everyone else was more important than me. Their needs are more important. I did not count".

F believed that she could keep going without any need for nurturing, and that everyone else was more important than herself. She believed their wants to be more important than hers. This belief also manifested itself during sex where she would just give her body. She did not know what the word comfort meant.

Participant G:

No elements of self-care were evident.

Participant H:

"I find that I'm very touch hungry".

H seemed to find enormous comfort in her two dogs, and journaling and talking to a friend seemed to soothe her. Previously she only showed contempt for herself and brutally neglected her own needs.

b) Group Analysis:

"Self soothing/care to me is to make sure that I keep myself in a safe environment, do not let my boundaries be affected. Previously I allowed this to happen". Participant B

"I thought I had to just keep going. That I'd get into trouble and disappoint others if I didn't". Participant C

"I believed I had no worth therefore needed no care". Participant E

The participants barely wrote on this topic. This definitely being a void in their lives - the total belief that they were not worthy of care, rather they had to look after other people's needs, no matter how distorted or unreasonable. They always came last on the list of priorities.

The theme that was noted:

Neglect of the self was the predominant characteristic of the behaviour participants endeavoured in towards the self. They firmly believed they deserved no better and had to give without receiving anything back.

5.2.13 What participants expected from their healing journey:

a) Individual Analysis:

Participant A:

A did not hold a long list of expectations, rather she showed an intense longing to become normal, being able to function in the world and to be able to stop hiding from others and from life.

Participant B:

B held no great expectations of her healing journey, although she did not believe that this process would take very long. Her one prominent expectation was that the therapists involved in her journey would not betray her confidence and trust.

Participant C:

"To move from a level of barely surviving, to a level of surplus emotional, mental, physical and spiritual energy".

C seemed to hold a long list of expectations - possibly due to the fact that she was desperately seeking for answers and a way to change her life. She wanted to heal herself and finally face her deepest issues and memories - she seemed to believe that this would empower her to live her life "normally", to be successful and to live as a mature adult. She seemed to struggle realising this wish in her daily life, because she was not yet free from her past baggage and attitudes.

She portrayed the wish to have a healthy and satisfying sex life, social life and work life. She wanted to be ready for her own family and to be able to create a healthy environment for children.

C needed to be released from the silence and taboo that surrounded her life. A deep-seated wish was the need that her family and friends could listen, empathise and support her regarding these aspects in her life. She wanted them to be proud of what she had achieved but also that she had gone through these experiences.

Participant D:

"I want to be healed so that I can know what whole, undeceited living is like".

D had hoped entering into a healing journey would be a "quick fix" - that if she did that she would be healed and feel better. She had realised though that she needed to take her time and to be true to herself. D yearned to be healed, to be whole and to function normally. She wanted to know what whole, undeceived living was like and to change her perceptions and beliefs concerning what was good for her. She showed a need to make a

difference in the world and to help others heal. D believed all this could be achieved through this healing journey she had committed to.

Participant E:

"Desperate cries in silence
never letting go
Wounds so deep inside me
the pain I only know.

Sadness has engulfed me
bitter to the end
and in this world of brokenness
how much more is left?"

E feared that this healing journey would cause even more pain, yet she wanted so intensely not to hurt anymore. She yearned for some acceptance and understanding, relief and release from pain. She wanted to find more than her brokenness, to explore the healthy side of life.

Participant F:

"I wanted to start feeling emotions. I felt empty, like an empty vessel".

F wanted to start experiencing emotions and to stop feeling empty. She did not want to struggle emotionally anymore and wanted to be proud of herself.

Participant G:

"To purge, be heard, believed. To be who I was destined to be. To replace hurt with love for me and life".

G wanted to receive tools to identify her wrong beliefs from abuse, to integrate her child and adult selves. She wanted to establish boundaries and find out who she was. To be who she was destined to be, to replace hurt with love for herself and to be liberated from

the past. She hoped to transform her pain into something beautiful and to be able to choose a way of life that would be good for her. She felt excited about her journey.

Participant H:

"To find my niche in the world, and not feel as if I'm floundering so much of the time".

H wanted to find self-worth, to venture out into the world, be able to maintain close and healthy relationships and gain emotional maturity. She did not want to feel so empty, to have spirituality, to set her anger aside and find her space in the world.

b) Group Analysis:

All participants needed to obtain "something" - sometimes an inability to crystallise these needs was noted.

A cry and longing to become "normal", to live a "normal" life was explicitly mentioned. Participants thus judged their own way of living as abnormal - envying others who seemed to be normal and happy. Not realising those perceptions, in essence, might be misleading/wrong. They viewed normality as the utopia that it might not be. They expressed the need to find the self, to be able to value the self and find their niche in life with the ability to have healthy relationships, work lives and sex lives. They wanted to be able to feel, importantly to be proud of themselves and to accept that self which they did not understand and could not protect (no boundaries etc.) They yearned to live in the present, not being dragged down by their past. They needed integration of these parts and then they wanted to self-actualise by transcending their own pain, utilising this to help others. Making a difference - finding worth and reason out of something so tainted.

A basic human need to stop living in a tormented and painful fashion was heard. To stop feeling as if there was a part of themselves missing. They wanted to stop having to hide because fear and pain chased them into a corner and break away from the silence and secrecy cloaked with shame.

They wanted to change behaviour and thoughts. They wanted to transcend the pain into a form of beauty where they could make better choices, which would for a change validate the self.

The followings themes were identified.

Participants wanted to obtain an elusive "something". The definition of this being very vague, for each participant it was different, yet, the common thread was the wish to be free from the past and live fully and authentically in whichever way they wanted to. **Participants hoped to stop some behaviour/feeling**. They wanted to stop feeling broken and empty but rather have that void filled with an abundance of the self, the self they had denied up to that point. **They wanted to change some behaviour**. Participants wanted to transcend the pain, to self-actualise and move on.

Table 5.1 Summary of pre-intervention analysis:

Themes identified by the researcher:	Themes identified by participants:	Descriptive words used by participants:
Reasons why participants entered the group:		
	Alleviating certain emotions experienced	Miserable, no happiness, not belonging, just getting by, anger, despair, hurt, empty, no self-esteem, not able to stand up for self, hated own reflection, lost, fragile, no meaning in life, nothing stopped pain, there has to be a better life than this.

	They wanted to obtain an elusive "something"	To purge, to be free, to know who they are without the pain, to take power back, to know the truth, to have focus and clarity.
	They wanted to stop some behaviour endeavoured in:	Emotional and sexual abuse in current relationships, self destruction, distorted thought patterns, not being able to express or experience feelings, not accepting the self, nightmares, flashbacks, time loss, not knowing why unhappy, depression, being a victim, dysfunction, co-dependence.

Table 5.1 Summary of pre-intervention analysis (continued):

Themes identified by the researcher:	Themes identified by participants:	Descriptive words used by participants:
Self-concept:		
	How participants described/felt about the self:	Struggled with self-concept, insecure, trapped, alone, non-existent self-esteem, fear, disappointment, judgement, criticism, something missing, not know self.
	Expectations they had surrounding the self:	Fail, nothing good will come their way, the worst will happen no matter what.

	What they believed about the self:	Powerless, no sense of personal power, unworthy of love, deserved abuse, life is a failure, not good at anything, not have many choices, as woman some choices off limits, don't deserve anything good.
	What they needed to do to feel good about the self	Have control, please family, keep them together, allow others to criticise them, merge with someone, and be what others wanted.

Table 5.1 Summary of pre-intervention analysis (continued):

Themes identified by the researcher:	Themes identified by participants:	Descriptive words used by participants:
Body:		
	How participant felt about their bodies:	Hated, contempt, indifferent, inferior, judged body harshly and negatively.
	Actions or thoughts committed or harboured towards the body:	Blame it for responding, destroy it, self mutilate, suicidal, control food intake, nicotine addict, compulsively eat, and compulsively pick skin.

	Diseases experienced:	Obviously it cannot be deduced that all these illnesses are caused by abuse. Yet a list of all their illnesses are included: PTSD, eczema, skin disorders, Cohn's Disease, DID, Eating Disorders, Fybromyalgia, Insulin Resistance, Skeletal Damage, Depression, Female related issues, Addicted to sugar, Spastic Colon, Anxiety attacks, Heart Palpitations, Hyperventilation, Obsessive Behaviour, Headaches/Migraines, Mood swings.

Table 5.1 Summary of pre-intervention analysis (continued):

Themes identified by the researcher:	Themes identified by participants:	Descriptive words used by participants:
Trust/Boundaries:		
	Trust:	Even if trust instincts don't act on them.

	Boundaries:	Didn't believe they had right to say no, couldn't respect others boundaries, difficult to enforce it lovingly, believed not allowed to make choices, no idea of what boundaries were, or what about, co-dependent, no boundaries with especially lovers - had sex when lovers wanted, boundaries unthought of, no sense of separateness.
	The consequences of enforcing boundaries:	Afraid excluded, be rejected.

Table 5.1 Summary of pre-intervention analysis (continued):

Themes identified by the researcher:	Themes identified by participants:	Descriptive words used by participants:
Sex:		

	How participants felt and experienced when having sex:	Frigid, dissociates, no orgasm, unsafe, not interested, prefers penetration rather than intimacy, touch feels terrible, vulnerable.
	How they felt about sex, sexuality:	Felt like a whore even when in long-standing relationships, interested in same sex relationships, normal sex seems boring, hated giving oral sex, abstain completely, interested in kinky sex.
	Related issues:	Difficult to see self as female, hate being told sexy/beautiful, not open about sexual issues.
Feeling of difference:		
	How they described this feeling:	Chronically misunderstood, not heard, nothing did/said was good enough, lostness, alone amongst people, disconnected from people and life, missed "it", never part of same age group, socially wrong, black sheep of the family, feel foreign, not fitting in anywhere, removed, isolated, separate from others, others will see they were abused and responsible for it.

Table 5.1 Summary of pre-analysis (continued):

Themes identified by the researcher:	Themes identified by participants:	Descriptive words used by participants:

	What they equate this feeling with:	Being bad.
	Actions due to this feeling:	Search for reason to live, dissociated from people, fear people, safety level low, isolated the self as punishment.
Childhood Lost:		
	What they lost:	Pure me, innocent glow, the chance to be taught how things worked, parts of self, spontaneity, chance to believe the world is a safe place.
	How they acted as children:	Was not really there, responsible, terrified.
	How they acted as adults:	Denial of childhood, too painful, acted innocent with older men, cynical, talk and act like child when with lovers.
	What they need:	Find out who they could have been without abuse, to have fun, experience happiness, be carefree, to be a child.
	How dealt with emotions:	Out of touch with emotions, suppressing emotions by bingeing or cutting, try to change emotions, dissociate, feels ruled by emotions, can not always contain rage, won't express anger because it would be damaging, outside conditions affect emotions.
	How express emotions when not numbed/suppressed:	All 6 mentioned inappropriate expression, do not know what to do with it, apologise for own emotions, no idea what to do with anger.

Table 5.1 Summary of pre-analysis (continued):

Themes identified by the researcher:	Themes identified by participants:	Descriptive words used by participants:
Feelings:		
	Which emotions experienced:	Shame, anger, numb, guilt, pain, sorrow, desperate, rage, empty, alone, isolated, socially inadequate, depressed, de motivated, lifeless, murderous, scared, unable to trust own feelings.
Child vs. adult in decision-making:		
	The child impacts decision-making:	Irrational, inappropriate to context, influences decision-making.
Relationships:		
	Relationships were mostly unfulfilling, being affected by many other aspects:	Not long-standing, superficial, self-sabotaging, setting up for failure and disappointment, have to deserve love, not worthy enough to share the self, not know how to build relationships, can not commit, have to control.
Perpetrators:		
	Feelings participants harboured towards the perpetrator(s)	Ambivalence, frustrated, anger that can kill, resentment.

Table 5.1 Summary of pre-analysis (continued)

Themes identified by the researcher:	Themes identified by participants:	Descriptive words used by participants:
	Actions committed:	Spoke to father again, define relationship in own way, spoke to family, they denied, hate self more, laid charge, fantasise someone else could say the no.
What participants expected from their healing journey:		
	Participants wanted to obtain an elusive something:	Be able to choose a good life for self, to feel better, be whole, to function normally, to live undeceitedly, help others heal, obtain self-worth, venture out more, have relationships with boundaries, gain emotional maturity, feel emotions, be proud, find a less broken life, heal self, face issues, have surplus energy, create a healthy environment for own family, put anger aside.
	Participants hoped to stop some kind of behaviour:	Hiding, hole in soul feeling, feeling so much pain, release from silence and taboo.
	They wanted to change some behaviour:	Painful into beautiful, beliefs and perceptions, holding back.

5.3 Post-intervention analysis

5.3.1 Self-esteem and belief in personal power:

a) Individual Analysis

Participant B:

B finally understood that the abuse was not her fault. She had taken her right back to make choices and to feel powerful. To her, choice making seemed to be the crux of reclaiming her live and to be happy. She was striving to build a life outside of her abuse and to extricate herself from her abusive marriage.

Participant C:

"I must be evil, possessed by evil spirits, being punished by God for my sins".

C was more open to new possibilities and appreciated how important it was to have a healthy sense of self, as well as, to honour one's own uniqueness. She was allowing herself to try new things e.g. art. Importantly, she realised that she had choices - the fact that she was exposed to evil did not mean that those situations had to guide her experiences and behaviour anymore. Her past felt separate, yet integrated, and that allowed her to realise that she would not necessarily be bad or evil.

She seemed more content with not knowing all the answers and expected less of others. She showed a more substantial sense of personal power over the choices in her life, having developed an internal locus of control. She was standing her ground and realised actions had consequences - if her thought patterns and behaviours were healthy the consequences thereof would be healthy, as well.

C was building her self-esteem and developed a full sense of who she was. For the first time that process seemed to be an ongoing and unfolding journey instead of erratic and unpredictable. It was a process of growth, not chaos, an inner knowing versus total confusion. Allowing others to view her as unique and to accept that, had catapulted C out of her comfort zone, she felt that that would eventually lead to a deeper sense of comfort.

Participant D:

"I am more conscious of my behavioural patterns, and the reasons for them".

D had become aware of the fact that she had choices, but still struggled to stand up for herself, and to ask or demand decent behaviour being displayed towards her, (especially where her husband was concerned). Her intense feelings of fear, of being rejected and disappointing others was still ever present.

Participant E

"Now as an adult I have the power to believe differently, to behave differently, to believe differently about myself and others. I have the power to choose how I react, behave and interact".

This aspect seemed to have changed dramatically. E had taken back her personal power and now viewed herself as powerful human being who had the power of choice. As an adult, she could believe and behave differently - whether it concerned herself or others. She could choose how to react, behave and interact - this allowed her to take control over her life. She showed a clear sense of self - that stemmed from her power, courage and being a survivor - choosing not to be a victim anymore.

Participant F:

"I know that I can only be affected by this and people to the extent I allow them to".

F realised that she had power over her decisions and body and that it was acceptable to be wrong sometimes. She would not die if she did not have control, and in letting go she had more of herself to give. F also did not need chaos - previously she would get anxious when things went well now she was only anxious when there really was a problem. She admitted that periodically she still felt powerless, but stated that that feeling did not last long.

Participant H:

"I am taking risks and also setting roots, which I have never been able to do before".

H started to feel less unsafe in the world and was able to start taking risks. She managed to make adult decisions, which, although it was financially risky, could prove to be extremely beneficial in the future. She was able to set roots for the first time in her life.

She gained insight and maturity; she faced not only her trauma but also her behaviour, leading her to change her co-dependent patterns. She started to delve into issues such as personal power and boundary setting. She was able to end a very demoralising relationship with a sibling. She made the choice to protect herself, to set her boundaries.

b) Group Analysis:

All 7 participants commented.

"I sometimes struggle with the guilt - I should have done something, yet I did not". Participant F

"My sense of self stems from my power.
My sense of self stems from my courage.
I have a very strong sense of self that
stems from being a survivor- choosing
not to be a victim..." Participant E

"My past feels separate (& yet integrated!) enough for me to see how I am not automatically going to become or be evil/bad/abusive because of my past". Participant C

As with all the themes different people showed growth in different areas, whilst other still struggled with the concepts others had managed to move beyond.

The thought pattern/belief that had definitely ended was the fatalistic view that because the abuse had happened they themselves would end up as bad or evil - through that change they released their victim status. In essence, they took back their right of choice concerning their future. They freed themselves from old behaviour patterns, which had constantly led to negative outcomes.

They realised that they were adults, who could put those horrendous acts into perspective and realised that it was unfair that they were blaming themselves (as children), the child that was wounded, that girlhood that was interrupted for the abuse taking place. They were not only beginning to accept/discover their adult selves, but also owning and differentiating between the responsibilities that went with that and those that did not. They were becoming aware of their ability to make positive choices and their ability to change the cycle of abuse.

Unfortunately, the realistic picture included those who were still trapped in their feelings of disempowerment (even if less so), the need to control themselves and their environment, in order to obtain some sense of safety. Those who still experienced guilt and fear and who were so scared of rejection that they refused to stand up for themselves.

Generally this group found their power of mind, choice and body and could allow themselves to be more authentic and to realise that there is life beyond abuse.

The following themes became evident in the four categories:

<u>Elements/thoughts/behaviours ceased/ended:</u>

The true belief that they would die if they were not in control ceased. Participants seemed to realise that their strength did not lie in control, but rather in themselves. They started to **eradicate wrong beliefs**. Participants not only realised that they had the power of choice, but also that they had to **change old behaviour patterns** in order to achieve new and more positive results.

<u>Aspects in process of change:</u>

Due to the fact that participants were starting to develop a fuller sense of self, a higher sense of self-esteem became visible, as well as celebration of their own uniqueness, they were able to develop a more **internal locus of control**. They were less affected by external events and able to reclaim a personal sense of power. Participants were much more **aware of their choices and own behaviour**. They also chose to make more positive choices, due to the fact, that they could see that that would lead to more positive outcomes. They showed **insight into their previous behaviour patterns.** Another

important facet was that participants were **able to allow themselves to be wrong** sometimes, to let go of their rigidity and need for control - to be more themselves.

Elements concerning which participants seemed to be "stuck":

For some participants **feelings of powerlessness** and being disempowered still lingered, though less often than before. Their **need for control** and their want to release control was still locked in battle.

Some participants were still fighting the **fear** of being rejected or disappointing others. Recesses of **guilt** were also noticed. To be able to **stand up for the self**, to expect decent treatment, seemed to still be a challenge for some participants.

Outcomes participants felt that they had achieved:

Participants took back and exercised their **power of choice over body and mind**. They had realised that they could choose how to act and react to their past as well as present. They had a clearer sense of self and their own needs and embraced the concept of self-entitlement. They were **allowing the self to just be** - whether that is right or wrong, and could thus move out of their comfort zones (which was dysfunctional many times). They also realised that there was **more to life than just abuse** - they could grow more, enjoy more and love more.

5.3.2 Participants relationship with and perceptions concerning their bodies:

a) Individual Analysis:

Participant A:

"People on a whole are a lot more accepting of me than what I was. I am now starting to integrate that philosophy into my own opinion of myself".

A seemed to be much more forgiving of her body, and at the same time realised that there was much more to her than just her physical body. Her obsession or judgement of her body often being projected onto others. She realised that people did not judge her appearance the way she did. Others seemed to accept her more easily than she could

accept herself, when focusing on appearance. She tried to integrate this philosophy held by others into her own opinion of herself.

She admitted to still experiencing days where she felt fat and uncomfortable in her own skin - but those days were much fewer than before.

Her health had not changed dramatically but she was, for the first time, really following through on her courses of medication, and was more accepting of a medical diagnoses. Previously she would stop treatment and convince herself that she was fine. She was taking responsibility for her own body - realising health could be obtained if her body was looked after and was provided with what it needed.

A was trying to lead a more "normal" life - believing that that would entail not hating the self, but rather taking care of it, not wanting to commit suicide as a way of coping.

Participant B:

"Still a big hatred towards my body, but it is getting better".

B still had not made peace with her body, but was not self-mutilating anymore. She seemed to be very stressed and was using sleeping tablets, anti-depressants and tranquillisers to help her cope. She had managed to lose 17 kg's in a year, which had helped to improve her health problems, especially concerning her back. She was no longer Insulin Resistant and her DID was also healing. She was continuing to lose weight, feeling slightly more confident with her body, since she could start wearing more trendy clothes.

Participant C:

"It feels like my body is the last place where ultimate healing can occur".

C firstly stated that her body was the last place where she felt healing could occur for her. It had been 13 years since she had done any sustained form of exercise or sport and she was still doubtful whether she would ever retrieve her full physicality. She still had sugar and comfort food issues and picked her skin. She still experienced days where she felt inferior, undesirable and lacking in youth and vitality. She was finding it easier to be

passive in her body because the healing in other areas of life consumed most of her energy. She believed that when she found more balance in her life she would return to a healthy exercise regime.

However, she did show more self-love and understanding for where she was in her healing journey. She had realised that there was more important things than cellulite - she was willing to take her time in that area of healing. Her energy and moods still seemed to spike, but it was more stable for longer periods of time, and she had more insight into the causes of these mood changes.

She was still guarded and felt some contempt concerning Western medical practitioners. She did keep herself physically safe as much as possible but was also ready to explore the issues surrounding that fear, in order to resolve issues surrounding her health. She still did not like feeling out of control, when having less information about her own body than others. She still felt a need to maintain as much authority over her own body as possible.

Participant D:

"My body is still quite an issue. I eat the bare minimal as I am scared of being overweight".

D noted that her body was still an issue for her and that she was still very aware of the way that she looked. She was not confident or happy with her body or appearance. She seemed to eat the bare minimum to sustain herself and her diet consisted mainly of coffee and cigarettes.

Her health, in general, had improved and she had taken up running. She was experiencing headaches though - she believed that to be linked to stress, and that those headaches were the manifestation of underlying issues that she had not yet dealt with.

Participant E:

"I still struggle tremendously with the sense of betrayal I feel towards my physical body".

E had taught herself more appropriate ways to comfort her body and soul, in ways that did not perpetuate the abuse. She was no longer self-mutilating and was no longer using tranquillisers or anti-depressants.

E, though sadly, admitted that she had not yet managed to gain control over her binge - eating. That destructive habit still bore a testimony of her hatred towards her physical body. She seemed to feel it was important to cross that last hurdle and to build a relationship with her body. In that regard she was committed to an exercise regime and was incorporating healthier eating habits.

Her psychological health seemed to have improved tremendously, and she was no longer suffering from any PTSD symptoms. Physically, she was not experiencing headaches anymore. She believed that to be due to the fact that she did not constantly repress her emotions. She realised that she tended to get ill as soon as she judged her emotions, and had read up extensively on the mind-body duality.

She believed her obesity to be directly related to her sexuality. E believed when she started to deal with those underlying sexual issues her problems concerning weight would diminish.

Participant F:

"I have learnt that once I dealt with the issues my eating patterns normalise".

F, for the first time, was comfortable with having a female body and exploring her femininity, without being afraid that she would be sexually attacked because of that. She realised how easy it would be for her to slip back into her old eating patterns - using food as a punishment for not being perfect. She had realised that as soon as her eating patterns changed something was usually bothering her. She then dealt with those underlying problems after which her eating patterns stabilised. She was more in tune with her body and listened to its signals - she ate when she was hungry, slept when tired etc. The big difference was that she was more aware of danger signals and intervened before she was destructive towards her own body.

Participant H:

"What has changed 100%, is that I have not taken one single tranquilliser in months!!! Nor have I got drunk".

H was able to stop her destructive habit of using tranquillisers, sleeping tablets as well as alcohol. She was able to make more mature decisions concerning the men she dated and was able to distinguish between fantasy and reality. She relinquished the idea that she had a sexually transmitted disease and had started to embrace her body more. Moments of broodiness were experienced, she seemed to have realised that she had the potential to be a good and loving mother, who would not necessarily perpetuate the cycle of abuse.

b) Group Results:

All 7 participants commented.

"I eat the bare minimal". Participant D
"Regarding my "binge" eating, this is a demon/dragon I have not yet tamed". Participant E

"I still have days where my hair and body and skin and face feel "yugh", inferior, undesirable". Participant C

Although there still seemed to be more negative than positive beliefs that were being harboured concerning their bodies - participants had truly committed to make an effort to take better care of their bodies. Conscious acts such as cutting, starving themselves etc. were ceased even though their beliefs and acceptance of their bodies seemed to still be lacking to a great extent.

A realisation had set in that they needed to look after their bodies - it could not restore by itself. A realisation that they were allowed to look after themselves, could forgive their bodies' perceived flaws, and celebrate its femininity set in, although consistently putting that into practise seemed to be an uphill battle.

They were starting to become aware of their bodies, understanding its needs and realising when their behaviour could become destructive. They were at least aware of the reasons why they reacted to, or lashed out at, their bodies and tried to prevent that from

happening. The function of weight was also understood; even if they were not yet able to change their eating patterns completely.

In general, this topic seemed to be the most challenging for participants. They seemed to view it as the last place where healing could occur for them, and many times still dealt with their emotions through their bodies. Psychosomatic symptoms were still very present. They were finding it difficult to put their bodies on their priority lists and to care for it.

Nonetheless, a certain amount of perspective had been gained for where they were in their personal healing process - accepting that they needed time to truly change that difficult aspect in their lives.

The following themes became evident in the four categories:

Elements/thoughts/behaviours ceased/ended:

Participants **ceased inflicting harmful behaviour onto their bodies** through self-mutilation, drugs, alcohol and anti-depressants. It was clear that participants felt very proud of that aspect. **Wrongful beliefs** concerning their health were rectified. Participants understood that they had to look after their bodies. They thus to neglect their bodies or to falsely believe that they were carrying sexually transmitted diseases.

Aspects in process of change:

Participants were taking more time for **self-nurturance** and forgave themselves as well as their bodies for perceived flaws. They also started to wear more feminine clothes, thus starting to accept and integrate their **sexuality and gender**. They started to **gain insight into their own behaviour** by understanding which elements impacted their moods. They were also more aware of their bodies' signals.

Participants started to **focus on the healing process** and were more aware of the negative behaviours or processes they elicited e.g. dissociation, eating disorders etc. and could thus more actively endeavour into changing it.

Elements concerning which participants seemed to be "stuck":

This topic proved to be the most challenging for participants and showed obstacles, which most participants struggled with. Other themes reflected only two or three of the participants struggling. Concerning the physical body, all participants showed areas of "stuckness".

Acceptance of the body still seemed to be very elusive. There was a variety of elements/parts of themselves they disliked or experienced problems with. A strong link still existed between their bodies and emotions. Participants still found it easier to deal with their emotions through their bodies, thus **utilising the body as a tool through which to cope with their emotions**, e.g. eating to numb an emotion, neglecting to eat, bingeing etc.

Participants struggled to be **active and constructive in their bodies**. They did not commit to an exercise regime or play sport, which could have been utilised as a stress release. All their **energy seemed to be channelled to other areas** of their lives such as focusing on achieving more balance in a work/family setting, viewing the body as a less important priority, at that stage.

Outcomes participants felt that they had achieved:

An **acceptance of gender and sexuality** occurred, due to a realisation that it could not be linearly concluded, that if they embraced and celebrated their sexuality and femininity through wearing nice clothes, that they would be attacked. Because of that, **perspective** was gained where (especially for those who were anorexic inclined) it was understood that there were more important things than cellulite, and that in the end, they were much more than only a body. **An understanding for the self and attempts to stop the cycle of abuse** occurred. Participants realised that they were in a process and that aspects would change slowly. In that frustrating process, they attempted to be more caring towards the self, instead of perpetuating abuse. Psychological, as well as, physical **health** of participants **improved**.

5.3.3 Participants understanding and experience of boundaries:

a) Individual Analysis:

Participant A:

"I am now seeing that I am able to attract good kind people into my life as well as positive situations".

Although A still described herself as being rather trusting, it seemed as if she could usually see the wolf in sheep's clothing. She was less likely to put herself in compromising situations that also related to her self-esteem and feelings of self-worth, which had increased. When in an abusive situation, instead of becoming entangled in it, she could extricate herself from the relationship (ending a 2 year relationship characterised by abuse). It seemed that A really felt liberated by being able to say no, being able to verbalise her boundaries, and state that she would no longer be treated that way. She seemed almost surprised that she was able to attract good, kind people and positive situations into her life.

Participant B:

"I am able to trust myself far more than ever before".

B remained struggling to consistently claim emotional space for herself - she realised that that needed to change, but found herself very caught up in the lives of her two teenage children.

Trust was still a major issue in her life, although it did appear that she had come to a point where she chose more carefully whom she trusted. She then allowed that choice/relationship to develop into a more genuine form of trust.

She seemed to experience more trust in herself than ever before, on various levels such as parenting and work.

Participant C:

"It allows me to be more clear with others, and with less need to be defensive/aggressive".

C was experiencing a greater understanding of boundaries and the importance thereof. She believed that theme to be an ongoing process of learning, due to the fact that

boundaries were very situation bound. She was setting personal boundaries and found that very challenging. C felt that the process allowed her to be clearer with others. She did not feel the need to be aggressive, but was rather learning the art of being assertive. She was definitely revelling in the novel feeling of personal definition, and the freedom, which boundaries allowed, when she placed them around the things she felt to be sacred in her life.

Participant D:

"I am aware of boundaries, but still allow them to be crossed and intertwined with others".

She and her husband were in couples counselling, and they had realised that both of them were to blame for their negative behaviour patterns and toxic co-dependence in their relationship. Both have committed to attempt to heal their respective pasts, as well as, relationship.

Participant E:

"The boundary process for me is ongoing and sometimes frustrating, learning the difference in their appropriateness constantly amazes me".

E had experienced real differences concerning this aspect - she had finally learnt that she was worthwhile enough to be able to say no.

Boundaries seemed to still be a challenging facet - the only clear thing was, that E had discovered that she taught people how to treat her. She was taking responsibility for what she was allowing people to do or say to her. As an adult she could also take responsibility for her own actions and behaviours, and would not allow anyone to belittle her soul again. Her sense of building boundaries seemed to be growing stronger. She had broken the cycle of allowing people to be abusive, as she taught others how to treat her; she was constantly reinforcing the lesson in herself.

Participant F:

"I used to replicate others and did not know where I started and ended".

F finally had a clear picture of her beginning and end, and had spent a lot of time on understanding the theme in therapy. She realised she was separate from others and unique, and that she had the right to be treated with respect. When her experiences or feelings differed from others, she did not naturally assume that her perspective was flawed. She realised it was her responsibility to enforce her boundaries, but believed that for her, boundaries were the hardest issue to deal with.

Participant H:

"I had a good memory of my mother yesterday, the first time since I've started at ASCA. I think if I can get to a space where I can "let the abuse be", it would go a long way to me laying my rage at them aside, my rage keeps me bound tightly to them".

H showed growth and insight concerning the topic although she definitely continued to find it challenging. She realised that she was slightly co-dependent even in friendships she still needed external acceptance and validation. Where her parents were concerned, she found it difficult to separate herself from them, due to the intense anger that she experienced towards them. Nonetheless, for the first time ever she experienced a positive memory concerning her mother, which came as a great surprise to her.

She had realised that no one else would magically "cure" her co-dependency. She had to take responsibility for her own behaviour and obsessions, and was truly committed to her individual therapy, as well as, ASCA. Due to her higher level of self-esteem and self-awareness, she was changing her pattern of choosing men. When she felt co-dependent she snuggled with her dog, and took time out to gain perspective before she acted. She had realised that she needed to be whole before entering into a relationship. Her whole idea and concept concerning romance had started to change, she did not want to play a role anymore, she rather wanted to be herself and be authentic.

b) Group analysis:

All 7 participants commented.

"Boundaries are still a major problem area in my life". Participant F

"I am able to identify an abusive situation and remove myself from it". Participant A

"I am enjoying the sense of personal definition and freedom it gives me - to put boundaries around things I like, and things I don't. Quite a novel feeling!" Participant C

Participants seemed to be able to draw much clearer boundaries around themselves, not allowing others to perpetuate abuse towards them, as frequently and as easily as before. They gained awareness, which included the realisation that boundaries were very situational, that this was a topic which for that specific reason, they would not be able to fully understand, since it was an ever changing concept, which was situation bound. Participants accepted that they would be challenged and would be learning all the time.

They were trying to use their boundaries as a tool to ensure protection of the self as far as possible. They realised that as adults they had choices to make and that those choices could be more informed and "better" for the self. It seemed, though, to be difficult for them to remember that consistently - difficult to remember that it was important to protect and nurture the self at all times.

Boundaries and trust seemed to be challenging because participants had to trust their instincts and judgement when enforcing boundaries, the same instinct and judgement, which they were in the habit of or were taught to distrust and negate. They had to get in touch with their inner voice and learn to listen to it. This was an art in progress - but progression nonetheless.

The following themes became evident in the four categories:

<u>Elements/thoughts/behaviours ceased/ended:</u>

Participants **ended their abusive cycles** by drawing clearer boundaries in their relationships and lives, which protected them from being belittled and used. They also stopped **negating the self** and did not replicate or loose themselves in others.

Aspects in process of change:

An **understanding and an awareness** of boundaries could be seen, which they had realised was very situational. They realised and slowly accepted the fact that boundary setting was a slow process, learning taking place through exercise and awareness. **Protective choices** were also being made which were focused on keeping themselves safe, and teaching others how to treat them as valuable beings. They realised that if they allowed others to continue the cycle of abuse toward them, people would indeed continue to do so.

Elements concerning which participants seemed to be "stuck":

One question participants really struggled with was, **how to put awareness into practise**. Although a realisation concerning the importance of boundaries was definitely gained, participants found it nearly impossible to consistently implement boundaries. They struggled with how to know when to **trust their instinct and feelings**. Trusting, not only others, but also themselves seemed to be very challenging. Due to the fact, that they had ignored their feelings, they found it hard to "feel" what was right and could not completely trust their instincts to guide them.

Outcomes participants felt that they had achieved:

They grasped the **consequences of boundaries**. They realised that they had many times unknowingly allowed abusive behaviour to be displayed towards them by not having clear boundaries. They had to find out what they wanted to allow, then be assertive and draw boundaries around those things they viewed as sacred. Participants definitely enjoyed the sense of freedom this basic human right gave them. They realised that they were not powerless, but **as adults had the right and responsibility to take responsibility** for their own actions. They started to take full responsibility for their actions, feelings and behaviours, and were also able to start respecting other people and their own boundaries.

Some participants found the gift of **trusting themselves** - which provided a sense of security and self-confidence.

5.3.4 Participants experiences concerning sexual relations:

a) Individual analysis:

Participant A:

"I really don't feel that there is too much wrong so that is why I give myself a little leeway when I'm not feeling too normal".

It seemed as if there were still times or moments when A felt uncomfortable with having sex, though she did not try to control those feelings, she was able to allow herself to feel the way she did. Previously, when having those feelings she would reprimand herself, almost as if she found those feelings to be less than normal. During the second questionnaire she seemed to judge her situation as more normal, something which she deemed very important, since, personally, she equated the term "normal" with functioning more effectively and less destructively.

Participant C:

"I am less likely to be triggered/become edgy now - because I'll say how I'm feeling/what I like/don't and why, more often".

C believed that her sexual experiences and orientations were still in a process of change. She was involved in a relationship where she sometimes felt attracted to her partner and sometimes not. She was more able to communicate and work through those issues with her partner, which impacted on them both sexually. She was less likely to be triggered during intercourse and was able to say how she felt, what she liked and disliked. If she experienced a less than fulfilling experience, they talked about it so that both parties had a deeper understanding. She could also enjoy different aspects of sexuality e.g. oral sex, but she still often questioned, checked and controlled her feelings and experiences.
C was still interested in exploring more exciting sexual experiences but started to view it as healthy and normal - and not as dirty or shameful. She was more tolerant of being touched and was able to reach an orgasm more frequently. She was learning to relax more and allowed herself to experience more pleasure.

Participant D:

"I still have a big problem with sex - without it being for anything but gain or pleasure for my spouse".

D still viewed this area as problematic and only endeavoured in sex for the sake of her spouse. When he touched her or showed affection, she immediately wondered what he wanted and then numbness, anger, fear and panic would set in. In this area her old behaviour and thought patterns were still very visible.

Participant E:

"I realise that if I am to "complete" my healing process this demon needs to be vanquished".

This aspect had not changed. Although E had started this process by reading on female sexuality. E was scared by the concepts and realised that she had a long way to go. She had not been ready or willing to tackle that issue, but she felt that if she wanted to "complete" her healing journey she needed to conquer her fear regarding sex and sexuality. She had given herself permission to be scared and apprehensive concerning this aspect, but also challenged herself to move through that. She knew that that would be a difficult step to take, yet felt that the time was right.

Participant F:

"I am more present during and after the act and I do not experience so many flashbacks anymore".

F was able to distinguish between the person and the perpetrator and could even have intercourse with the lover who resembled the perpetrator. She felt more feminine and could acknowledge other women's bodies without thinking that she was a lesbian. She realised that the lesbian experiences she had had in her youth were forms of abuse and that it did not have to dictate who she was. She was still very uncomfortable with masturbation and her period.

Participant H:

"I used to behave in the real world in the way we used to behave at home, where no respect was shown to anyone, and feelings made you a cunt".

H ceased craving male attention and was able to enjoy it in a more balanced fashion. She was still confused concerning what role sex should play in a relationship but was prepared to wait to find out, to take it one step at a time. No change was noted concerning how she felt about her breasts being touched, she still despised that.

She was convinced that she would never use sex as a substitute for love again. She refused to relive her childhood where people were not shown respect and feelings were invalidated.

b) Group Analysis:

"I do not believe that I will ever use sex again in order to get love". Participant H

"I think I'm learning to relax more. And to allow myself to experience pleasure". Participant C

"I enjoyed making love". Participant F

Using sex as a means of feeling accepted was definitely changed. Participants seemed to have "relaxed into" sex, allowing the self to experience pleasure, to let go more and to (many times) separate the current act from past abusive experiences.

The feelings they experienced when having intercourse seemed to be acknowledged by participants in a neutral fashion rather than labelling it as bad or abnormal. There seemed to be some unchanged patterns concerning certain aspects of sex. Some participants had not been able to change their beliefs about sex at all, and thus only indulged in it for the pleasure of their partners, still being in the clutches of the all to familiar feelings of fear, pain etc.

For most participants a huge shift did however take place, where enjoyment and a celebration of their femininity characterised their sexual experiences, rather than feelings of fear and self-betrayal. They were also more open about their feelings, being able to

communicate to their respective partners how they were feeling, not negating the self nor invalidating their emotions.

Thus the following themes became evident in the four categories:

Elements/thoughts/behaviours ceased/ended:

Participants ceased to **attribute wrong beliefs/ideas to sexuality**. One participant ceased to think that she was a lesbian for no substantial reason, and another that she would validate the self through gaining male attention.

Aspects in process of change:

How they felt during sex seemed to be in a process of change. Participants seemed to, in general, experience sex in a more positive light. They experienced fewer flashbacks and were actually exploring their own wants and needs on a sexual level. They **allowed themselves to feel** - however they felt. If they experienced anything confusing, were scared, or even doubted their sexual orientation, they accepted and allowed expression of those feelings without judgement or pressuring the self to move on.

Participants valued the ability to **educate themselves** concerning aspects they felt unsure or ignorant of. If they struggled with questions they had no answers to, they educated themselves, taking active participation in their healing, not waiting for someone else to provide the answers.

Elements concerning which participants seemed to be "stuck":

Some participants were basically struggling with some of the same aspects they had struggled with in the beginning. They **confused their past and present** experiencing fear and pain during sex, and certain body parts, as well as, aspects of sex were still off limits.

Outcomes participants felt that they had achieved:

Most participants were enjoying sex more fully, letting go of control a bit more and **allowed themselves to feel pleasure** and enjoyment. They felt more feminine, present and "normal" in sexual relationships. If problems did manifest, they could not only put it in **perspective** (realise that it is part of their journey, and not that something is completely wrong with them) but also **communicate** with their partners about what had occurred and how it could be rectified. Most of the participants **did not confuse** their past (abuse and perpetrator) with their present (choosing to have sex with someone they liked/loved).

5.3.5 Experiencing a feeling of difference from others:

a) Individual Analysis:

Participant A:

"Something has really changed in this area, purely because I have made a conscious decision to make a change".

A felt that this aspect had changed dramatically. She realised that she did not have to be anything but herself to be part of her family, rather that it was a given.

Difference did not seem to be equated with being bad anymore - self-worth and uniqueness were now deemed reasons for this feeling of difference. Feelings of loneliness previously, frequently experienced by A also seemed to have diminished. She had realised that she "had herself" at all times and that that relationship with herself was the most important aspect in her life. She had to be able to accept herself and to be in a relationship with herself.

Surprisingly to her was the fact that she could find contentment in her own company. She was starting to, not only know who she really was, but also to really like that individual.

Participant B:

"I have more of a sense of belonging".

Although B sometimes experienced a slight sense of belonging, this remained a topic she seemed to battle with. During a recent conversation with her sister, her sister acknowledged that B was actually a strong person and not the weakest link of her family. This meant a lot to B, but her entrenched belief of difference and badness still seemed to linger. B was deaf in one ear, which added a further strain and intensified that element of feeling foreign and misunderstood.

Participant C:

"I'm gaining more insights re: why I've felt this way - and it's helping me make more empowered choices because of that".

C was more likely to join in activities and social gatherings. She had clearer insights into why she had always felt different from others for such a long time, which empowered her to make more informed choices. She could make the distinction between whether she wanted to attend a gathering or not, rather than being too scared to go due to the fear of being excluded. C was finding it easier to connect with people and to imagine deeper relationships over time. This remained a very challenging for C.

Participant E:

"Although I believe I will always be different from others I no longer feel separate from others".

E believed that she would always feel different from others, but did not view that as punishment anymore. She felt different because of her level of consciousness and healing. She distinguished between feelings different from others in contrast with feeling separate. She had finally allowed herself to connect with others.

Participant F:

"I learnt that difference does not mean bad. It just means different".

F ceased to equate difference with badness. She believed that she was not different because of her abuse, but rather due to her character, personality etc. She was slowly

learning that she was "OK" just the way she was. She was still anxious about not being able to have a white wedding, but did not beat herself up about that anymore.

Participant H:

"There are days that I feel as if I have a niche in the world, and some days I feel as if I don't belong and that there is no space for me".

H seemed to struggle with her feeling of aloneness, of being an outsider. Her experience of the supernatural in her childhood led to her feeling separated from others who were more "normal". She continued to feel as if she was never taught the rules of life and sometimes struggled to find her niche. She missed the feeling of having a close family and a close circle of friends. Even amongst her sisters she never felt safe.

H felt that she had to try hard to have friendships, to be socially accepted, and felt "lost" concerning relationships. She struggled when having to deal with conflict, as well as, with where honesty crossed a line and became manipulation.

b) Group Analysis:

Six participants commented on this theme.

"I have allowed myself to connect to others and have re-introduced myself into the human race". Participant E

"The biggest thing for me is "not feeling lonely" anymore". Participant A

"I still have a feeling of being on the outside looking in". Participant H

Although those feelings of difference still lingered, for most participants, the shift had been not equating those feeling linearly with badness anymore. Not to relate those feelings to an intrinsic factor in themselves others experience that as being repulsive. Through that realisation they could allow themselves to start connecting more authentically with others as well as integrate a more positive sense of self.

Some participants had not yet managed to move beyond their feelings of isolation, being trapped in old thought patterns and feeling "socially wild and untamed".

Although a sense/feeling of difference was still experienced by participants, a definite reframing took place where participants almost viewed that as a privilege. They started to attribute that feeling to positive internal factors, therefore valuing those feelings. They acknowledged the importance of the self, and accepted the self as well as understood why they previously had made isolating choices. Participants were, thus, more focused on the self, not only focusing on external acceptance. They developed a strong inner locus of control, which was not so distorted by the abuse anymore.

Elements/thoughts/behaviours ceased/ended:

They ceased to linearly **equate difference with being bad** and chastising the self over that.

Aspects in process of change:

Participants seemed to find it easier to join social gatherings and to **connect with others** more authentically. They were slowly learning to **accept themselves**. Due to the fact that participants were getting to know themselves and different facets of themselves, they realised they **attracted or repelled** people/situations **based on more than** only their **abusive experiences**.

Elements concerning which participants seemed to be "stuck":

A few participants were still captured by their **feelings of isolation**.

Outcomes participants felt that they had achieved:

Most participants **felt more part of and deserving** of life, friendship and love. Participants **reframed their feeling** of difference. They believed that they would always feel different but started to view that fact as a positive. They believed those feelings were the result of a higher level of transcendence, of pain and self-actualisation that they had

achieved. Participants also showed more **insight and understanding** into their own actions and behaviours, which left them feeling, empowered, due to the realisation that they could make better choices. For the first time, they really understood the **importance of the self** and how important it was to get to know and understand the self.

5.3.6 Participants childhood lost as consequence of abuse:

a) Individual Analysis:

Participant A:

"I do feel as if I was robbed from my childhood. But now I am an adult who is in control, I can play as an adult and still enjoy child-like things". Participant A

Although A still felt as if she was robbed of her precious childhood, she was able to embrace her adulthood. In that way, she could still enjoy childlike things, mother her inner child but also nurture the inner child's innocence, because of the fact that she was a strong and powerful adult. She had stopped asking "what if" questions, but rather decided to see her strength, which had sprouted from all the obstacles that she had had to overcome.

Participant C:

"I think being more in touch with my inner child has brought more play and fun into my life - into my relationship".

C felt that it was in some ways not to late to gain back some of what she felt that she had lost in her childhood. By being in touch with her inner child, she was able to bring more fun into her relationships and her life. Ironically she was less inclined to "baby speak" in relationships and enjoyed being an adult.

Participant D:

"I would love to get in touch with how my inner child felt and how she would have been and had fun. I miss her because I don't know who she is".

D still felt that she had "lost" her childhood and due to the fact that she could not remember much of it, she only related to stories told by her family. She showed a strong longing to get in touch with her inner child, to know who she would have been and to have fun. She missed that little girl because she did not know who she was.

Participant E:

"I am often surprised at where and when my behaviour becomes "child-like" and it gives me an opportunity to re-parent".

E believed that she had managed to "rescue" her inner child by acknowledging that part of herself which was so desperately hurt and betrayed. E had acknowledged that inner child's pain and allowed her the freedom to express her anger and sadness in the knowledge, that her adult part could comfort and care for that inner child. She was very conscious of when her behaviour became childlike - knowing that she had the resources to act more appropriately. E was often surprised at when and where her behaviour became child-like - she viewed that as an opportunity to re-parent or respond within the context of a new understanding about that part of herself. She had accepted that part of herself and her inner child was becoming more integrated with her adult self, the more she acknowledged that part.

She believed the hardest part of recovery had been to go back and to feel all that her inner child had experienced. It was easier to deny this hurt but E believed acknowledging it was vital to her healing process.

Participant F:

"There has been a shift I think, from inner child awareness to femininity awareness".

F believed that the "pure" her was manifesting. The last couple of months she had, to an extent, lost touch with her inner child, due to the fact that she had really explored her femininity. She had done things she had never done before e.g. painted her nails, doing her hair and belly dancing.

Participant H:

"It really makes me angry, because with my niece on Earth now, I realise how helpless I was".

H relayed that she was able to choose men more carefully, and also found a part of her, which was still soft and protective when she was around her 17-month-old niece. When seeing her little niece she became even angrier because her realisation was emphasised concerning how innocent and helpless someone of that age was.

She felt more empowered, although she was still experiencing fears of something bad, such as a heart attack, befalling her. She often still fantasised because she was still not always clear on what healthy behaviour was and what not.

b) Group Analysis:

Six participants commented.

" "She" and I are one and the more I acknowledge this part of myself the more it integrates and merges with me". Participant E

"I am learning to say "no" and shift the responsibility back to my parents". Participant F

Participants seemed to have stopped asking "the why's" and rather focused on "the how" to move beyond their pain in their journey, although a yearning for an innocent childhood was palpable. They had started to acknowledge, not only the feelings of that wounded child, but also realised they that were adults who did not need to be "stuck in limbo", between childhood and adulthood. They could appropriately mourn their losses but also choose to move on, not apportion blame wrongly to that child, and accept the responsibilities that went with adulthood.
They were aware of when their behaviour regressed and rectified it through loving "re-parenting", becoming the self (they wanted to be) without abuse preventing that from happening.

They also indulged in more youthful activities, were able to enjoy the little things without literally being aware of abuse every minute of every day.

Elements/thoughts/behaviours ceased/ended:

Participants ceased to wonder **what life would have been like without abuse**, but rather focused on the present.

Aspects in process of change:

Due to the fact that participants sometimes **regressed** (became child-like) in situations, they started to use that as an opportunity to re-parent themselves and to act more like the adults they were. They also felt that their real selves were starting to be **less tainted by the abuse**. They were becoming more real and gave themselves credit for conquering all their obstacles. They chose to move on from the past to explore their present, changing their legacy of abuse.

Elements concerning which participants seemed to be "stuck":

Some participants were not truly struggling to move on because they had not yet **mourned** their losses, nor acknowledged their inner child's sorrow.

Outcomes participants felt that they had achieved:

Those participants who had **acknowledged the inner child's emotions**, had given it freedom of expression and had started to mother and nurture that child, found release and more freedom on an emotional level. Participants could finally **acknowledge** and appreciate that **they were adults**. They revelled in the fact that they could actually respond less irrational to situations. They could still enjoy fun activities without regressing, and were people who, although they were robbed and hurt as children, were able to accept that they were adults who were in control of their lives. They **changed** some of their **actions**, acted more their own age - not being too serious and endeavouring into more youthful activities, but without becoming completely child-like.

5.3.7 The role of feelings and emotions in participants lives:

a) Individual Analysis:

Participant B:

B simply stated that for the first time she was dealing with her inner pain and emotions - it was not dealing with her anymore.

Participant C:

"I think I'll get more and more able to "stabilise"/enjoy healthy emotional dynamics as I learn more, live more, love more".

C was experiencing less fear and fraud-like feelings in terms of work - she loved her career and was satisfied in the knowledge that there would always be more to learn. She was less depressed as well as numb and did not dissociate so regularly. Intense feelings of anger, frustration and anxiety still occurred - but less than before. The process of change concerning this topic was still very visible in C's life.

Participant D:

"I'm still quite disconnected and I'm scared of them (emotions) ".

D was still quite disconnected from her feelings and was not always true to them when she did experience them. She was furthermore very scared of her emotions, believing that her emotions might overwhelm her. D believed that the pain of feeling might be too much for her to handle - that being one of the main reasons why D was not as far on her healing journey as she wanted to be. She was scared of the intensity of her emotions - and that fear was holding her back.

Participant E:

"I have learnt that feelings won't kill me".

E had learnt not to label her feelings as either good or bad, she thus did not judge her emotions anymore. She had realised that the more she suppressed, repressed or denied her feelings, the more power it had over her. She had come to terms with the fact that no

matter how intense, feelings could not kill her - rather when a feeling was given full expression it lost its power. It was also futile to label a feeling, far more important was, how she reacted to it. In that regard, she believed that she had a choice in how to react and chose to find more appropriate ways to do so. E had learnt to control her feelings, and not to be controlled by them anymore.

Her depression had lifted and she had become very aware of her triggers, taking appropriate action when necessary, so as to prevent rather than cure the situation.

Participant F:

"I have experienced intense emotions and WOW they did not kill me".

F honoured her feelings and allowed them to have a voice. She believed much changed in her life concerning this topic. She realised she had different types of emotions, recognised, acknowledged and respected them. She understood the causes thereof and had learnt not to judge her emotions. She also understood that experiencing intense emotions would not kill her; rather her life became enriched by it. She was still struggling to acknowledge her intuition.

Participant H:

"I also realise that I "over function" to not feel my emptiness".

H felt very proud of the fact that she was at last starting to trust her own intuition and feelings. Based on that, she was starting to take risks and started to show progress in her work setting. Her insight on that level had also increased. She understood that she was working too much in order to alleviate or deny her feelings of emptiness. She was still struggling to understand when anger was appropriate and how to express it appropriately. She was learning the art of patience, to think before she spoke, to show respect to her own, as well as, other people's boundaries.

b) Group Analysis:

"I'm so learning to trust my feelings and intuition". Participant H

"I'm not always true to them and am scared of them". Participant D

"More in touch with how I feel . . . and more able to allow it, express it or just let it happen". Participant C

"I have learnt that my judgement or labelling of feelings is a futile process and I should rather concentrate on how I respond to them". Participant E

Most participants were able to stop judging their emotions for the first time and being controlled and/or intimidated by them. They were more able to trust and accept their emotions and had fewer bouts of intense and overwhelming emotions. They realised that they had choices concerning how to respond to emotions. They gained the insight and understanding that their emotions could not kill them. They were much more forgiving of themselves concerning what they were feeling and where they were in their respective healing journeys.

Other participants still seemed to struggle to accept their emotions and to acknowledge or connect with them. Emptiness and fear for many still being the hallmark of their emotions.

<u>Elements/thoughts/behaviours ceased/ended:</u>

Participants could for the first time accept their emotions instead of **labelling/judging** them in a positive or negative fashion. They realised that their emotions could not kill or overwhelm them even if expressed. They were not **controlled/intimidated** by their emotions anymore.

<u>Aspects in process of change:</u>

Participants were in the process of allowing their emotions to be expressed and to take the first step towards **trusting their emotions**, although that was clearly still a work in progress. Even though all the same emotions were still experienced, the **intensity** thereof had **lessened** to a great extent.

Elements concerning which participants seemed to be "stuck":

The participants who were still struggling with this theme were still unable to **trust/accept** their emotions. They were still caught up in bouts of **overwhelming and intense emotions**, fearing emotion itself.

Outcomes participants felt that they had achieved:

Together with the realisation by participants that they were not controlled by their emotions, they were able to grasp the fact that they had a **choice how to respond** to their emotions. That led to participants not only understanding, but also **believing** that their emotions would not and **were unable of killing them**, no matter what the intensity of the feeling.

Participants could also **forgive themselves** for not being as perfect as they thought they should be. They realised that not only were their respective healing journeys a process, but also life - which would result in them constantly learning, never knowing everything.

5.3.8 Role of child versus adult in daily interactions and decision-making

a) Individual Results:

Participant C:

"Healing is important, but within a life that's working and sustainable now".

Her adult side came into play more often in decision making and C was thus able to make more responsible choices. She sometimes delayed making difficult decisions until she felt that she could really deal with the decision, and paced herself and judged what she could handle at some point in time, and what she could not. She was trying to find more balance in her life and to build a healthy foundation for her life, rather than focusing on her abuse 24 hours a day, 7 days a week. Her healing was taking place within a functional and sustainable life structure. She was learning to say no in business, was not overly ambitious or pleasing anymore, rather healthy decisions seemed to be her aim.

Participant H:

"The adult part is playing a larger role in choosing men".

H felt that her adult part was playing a stronger role, especially concerning men. She was thinking logically and rationally about new relationships and took on more responsibility at work. She realised her neediness, her co-dependency was still very close to the surface but was aware of it and knew how to "control" it.

b) Group Analysis:

"I am more adult in my decisions now". Participant C

"The adult part of me is playing a larger role in choosing men"... Participant H

The survivors who did comment on this theme realised, as adults, that abuse did not have to overshadow their lives. Rather they were starting to find a balance in different areas of life. As adults they could make adult decisions and did not have to feel powerless. They could reclaim their power and grow in maturity especially concerning decision-making.

Elements/thoughts/behaviours ceased/ended:

Participants did not **allow abuse to overshadow** their lives anymore - rather abuse was being dealt with in the context of an effective life.

Aspects in process of change:

Participants were able to **obtain more balance** concerning different areas of their lives. They were able to draw boundaries in work settings, be more authentic in personal relationships, show vulnerability when they were in safe settings, and in general started to make more protective, **mature decisions**.

Elements concerning which participants seemed to be "stuck":

No areas were shown.

Outcomes participants felt that they had achieved:

The realisation that **as adults** they needed to make mature decisions and **take responsibility** for their actions was understood and accepted. The other side of this realisation was that they, for the first time, understood that the **child part did not have to be powerful**. Rather the adult side could take care of the child. They could accept and embrace the knowledge that they could grow and learn, **deal with their issues whilst being functional**.

5.3.9 Relationships

a) Individual Results:

Participant C:

"I am still challenged in this area".

C still found it very challenging to establish solid friendships. Nonetheless, she did not take social remarks so personally anymore and experienced it as less devastating if she felt rejected or excluded. She had come to the realisation that she was not the only person who felt socially awkward - that gave her the confidence to reach out to others in social situations.

Participant D:

"I have realised that he (her husband) is not the only one to blame, but how much I have participated in our relationship".

In relationships D seemed to be able to stand up for herself when she felt strongly enough about the point, but still feared the rejection that might follow - those feelings seemingly ever present, especially when with friends. She also admitted to sometimes "testing" her husband, subconsciously, to see if he would leave her. D did not seem to feel comfortable or experience self-confidence in relationships or herself.

Participant E:

"I have allowed myself to connect to others".

E believed that her relationships had become less superficial - rather authenticity was what she strived for. She had given herself permission to connect with people, because she had internal means to deal with people and relationships more appropriately.

Participant F:

"I have learnt when others are judgmental of me or do not accept me for who I am, that the person's whose opinion counts the most is my own and not theirs".

F's relationships with her male siblings were strained and she felt as if she could not be herself. She realised that even when others judged or rejected her, her own opinion was more important. She had a loving relationship with her sister and felt very protective towards her.

b) Group Analysis:

Most survivors had let go of some of their fears in relationships due to a heightened sense of self-worth. Participants could start to enter relationships without feeling desperate; taking responsibility for everything that went wrong or accepting abusive behaviour towards them.

For most survivors relationships started to become easier, they were finding their own identities and asserting themselves in relationships, many times being surprised that they were not rejected because of that. They felt more socialised, were able to be authentic with themselves, whilst functionally relating to others. They realised the importance of being themselves, otherwise they were betraying themselves. They were more grounded in the reality of situations and had realised that their own opinions counted and thus were not devastated if they felt rejected or excluded anymore.

Concerning this topic those who felt "stuck", struggled with exactly the same issues others had already started to change. They still felt "untamed" in social settings, could not be authentic in relationships due to fear of rejection, valued others opinions more than their own and struggled to respect boundaries. Nonetheless, they were aware of those aspects and focused on working on those areas.

Some of the participants seemed to be almost comfortable in relationships, which they previously thought was not possible. They achieved this by relying on all resources available to them, by allowing themselves to recognise their worth, and taking the risk to show that self to others. Some realised that there were others who felt the same as they did - alone and shy. That insight gave birth to courage for some survivors, to the extent that they, on occasion, reached out to others first.

Elements/thoughts/behaviours ceased/ended:

Participants were not **allowing the self to be invalidated** in relationships anymore. They were taking responsibility for their own safety and protection.

Aspects in process of change:

Participants were finding themselves and were able to **identify and define themselves** as a separate person from the partner they were involved with. They owned their own strengths and weaknesses as well as acknowledged the same aspects in others. They felt **more socialised**, better understanding the "rules" and dynamics of healthy relationships. They **gained perspective** - not believing that only external opinions counted.

Elements concerning which participants seemed to be "stuck":

Some participants could still not **define themselves** as separate entities. That resulted in them staying in unhappy or abusive relationships. They still found the workings of a relationship to be a mystery - not feeling socialised, believing that only **external opinions** counted.

Outcomes participants felt that they had achieved:

Some participants truly utilised their **internal as well as external resources** to aid them in trying times and to guide them in relationships. They realised that they **were not alone**, that others felt the same as them and could therefore give themselves permission to act in **more authentic** ways in relationships.

5.3.10 Actions and feelings concerning the perpetrator

a) Individual Analysis:

Participant A:

"On the one hand I forgive them. But on the other I still place a lot of blame. But at least I no longer blame myself".

Ambivalence concerning this theme was noted - a struggle between her feelings of forgiveness and blaming. She had been able to differentiate between those who did not have blame concerning the abuse and those who did.

Participant B:

"I have learnt to say - It happened whether you like it or not. I have grown in the acknowledgement of it".

B still feared rejection from her family if she touched on the topic of abuse, but had come to a point where she was able to say that it had happened, whether they (her family) could deal with it or not. She had recently spoken to her sister and was better able to understand impacted her whole family. She seemed to doubt whether that would ever be a topic that could be discussed in honesty and realness amongst family members. She believed her assertiveness in that area had to develop more, but that she had learnt to grow in the acknowledgement of her abuse.

Participant C:

"I have much more compassion than anger now".

C had spent a lot of time working through exactly what happened to her and why, she seemed to have reached a level of understanding and empathy towards those who had abused her as a child, as well as, an adult. She was feeling more compassion than anger towards her abusers at that stage however; she was still feeling helpless in the bigger context of preventing child abuse.

C had placed herself first on her priority list but believed that when she became a "thriver", with surplus energy, she would invest that energy in working with potential

perpetrators/abusers to show how self-healing was possible and could stop the abusive cycle from continuing.

She noted that that was still a very challenging aspect for her.

Participant E:

"I have stopped judging them and have let them go".

E still felt no need to confront her perpetrators - she doubted whether they would be able to give her the answers she needed - they would not take responsibility or be able to understand the depth of the wounds they had inflicted. She accepted that and was trying to heal her wounds herself. She had stopped judging them, and although she would never condone their actions, she was better able to understand and put into perspective their actions.

Participant H:

"I still want to confront - to lay the shit at their feet, even if they don't acknowledge its there".

H showed a strong need to confront her abusers, as if she would be able to purge it onto them. Nonetheless, she found that the acknowledgement and validation that she received at ASCA provided her with a certain sense of justice and power.

b) Group Analysis:

"They would not take responsibility for their actions and rather than hold onto these expectations I prefer to surrender to this knowledge and heal the wounds myself". Participant E

"We are there (at ASCA) to heal ourselves and our hearts and our hurts". Participant H

Most survivors moved away from the space where they focused so much on the perpetrator(s), that they lost focus on the self. Although they were allocating responsibility more accurately and laying the blame at the perpetrator's feet, they realised that by clinging onto the anger and questions concerning the perpetrator(s) and their abuse they were binding themselves to the abuse. Their own healing, separate from the abusers thus gained rightful priority.

Some survivors were able to move a step beyond this, to a point where they had empathy and understanding for the abusers, and were able to remember not only the negative, but some good and positive moments as well (this related to e.g. a happy moment spent within the family system). They were able to see their strength and courage, and blossomed in the fact that it was their own resources (internal as well as external) that they had utilised, that had brought them through the crisis.

Those survivors who found it difficult to move on concerning this topic, could still not release their anger, they could not find their assertiveness or separate identity from their abusers and was still, in essence, thereby defined. They still needed answers and struggled to be real about this issue in a family context.

Elements/thoughts/behaviours ceased/ended:

They had stopped **judging** their perpetrators but had rather started to try and understand and put in perspective what happened, without condoning their behaviour. They did not **allocate the blame for the abuse wrongly** anymore, but rather held the real abusers responsible.

Aspects in process of change:

In general, participants seemed to shift their **focus**. Instead of focusing on the abuser they focused on their own healing journey and process. They **cognitively** tried to better understand what had happened and why. They also **realised** that **as children** they truly had been **helpless**.

Elements concerning which participants seemed to be "stuck":

Some participants could not move beyond their **feelings** of ambivalence and fear of rejection within the family context. They struggled to find a **separate identity** from their abusers and abuse. They could not find any understanding concerning how their family members were able to hurt them so badly, and whether their families would ever be able to be genuine concerning this issue.

Outcomes participants felt that they had achieved:

Participants were glimpsing **positive memories** and not only negative ones. They were able to **find meaning** in their abuse and understanding for their abusers. Specifically, in ASCA they experienced being **accepted in spite of their abuse**, no matter at what space or place in their healing journey they were.

5.3.11. The role of self-care in the participants lives:

a) Individual Analysis:

Participant A:

"The best way that I take care of myself and self protect is by not getting into compromising situations".

A seemed to frequently take time for herself. She made time to relax and to endeavour in actions she found nurturing. For her, one of the best ways to self-nurture was by not allowing herself to be in compromising situations anymore, and recognising the dangers before entering a situation. She was keeping herself safe and taking responsibility for herself.

Participant B:

"I am slowly learning that I am entitled to it".

Previously B denied herself any form of nurturance. She did not know what love was in any area whatsoever - only abuse. She seemed to try and create more space to nurture herself.

Participant C:

"I think it's easy for me to forget to self-care/soothe . . . and so it still happens reactively a lot of the time".

Even after all the changes that had taken place in C's life, she still deemed it easy to forget about this aspect. She was making a conscious effort to schedule time in her day to look after her own needs, even taking time out in her relationship to make sure that she looked after herself, rather than getting entangled in the relationship. Especially during the times when she was working hard and was very busy she found it hard to make time to eat regularly, to groom etc. Balance still seemed to be a challenge that C was faced with.

Participant E:

"I experienced such physical abuse and I have understood that the only way to not perpetuate this abuse is by self-care and self-soothing".

E had learnt to listen to her body and to respect any physical needs it might have. She had learnt to self-soothe by consciously engaging in activities she enjoyed and found comfort in. She believed that the only way not to perpetuate her extreme physical abuse was by self-care. She refused to do to herself what was done to her by others.

Participant H:

"I also try to keep things in perspective".

She started to make time for herself and her own needs, even if it was just to cuddle with her dog. She tried to keep things in perspective and not take on responsibility for things that went wrong, that were not her fault.

b) Group results:

"Reminding myself that to eat energise myself, to groom and care for myself, are vital to a life that's healthy and sustainable and enjoyable". Participant C

"I love getting into bed with Mickey (her dog) and a good book" . Participant H

"I refuse to do to myself what was done to me". Participant E

In essence, participants had ceased abusive behaviour towards the self. They were allowing self-nurturing behaviour without feeling guilty about it afterwards. They were allowing themselves to explore love in all its facets, as well as other fun-filled experiences. The only aspect that seemed to be holding them back in this area was that they seemed to struggle doing that consistently. It did not come naturally to them yet; it was rather a choice they had made, which was not yet a natural habit. Nonetheless, they had realised the importance of self-nurturance and they pro-actively sought out ways in which to nurture themselves.

Elements/thoughts/behaviours ceased/ended:

Participants refused to **perpetuate their own abuse** and thus changed old behaviour patterns.

Aspects in process of change:

Participants were starting to **allow self-nurturance without experiencing guilt** for that afterwards. They were slowly beginning to **explore love** - trying to understand love, and not only the abuse that they were used to.

Elements concerning which participants seemed to be "stuck":

Participants found it challenging to **consistently practise self-nurturance** - at times forgetting about this aspect.

Outcomes participants felt that they had achieved:

Participants realised that **self-nurturance was important** and an intricate part of a healthy life. They had **actively found ways** of nurturance, which suited their individual needs.

Table 5.2 Summary of post-intervention analysis

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
Self-Concept:	Ceased:	Faulty Beliefs:	Will die if not in control.

		Behaviour that did not bring positive results:	Doing things in the old ways but expecting new results; blaming the self for the abuse.
	Changing:	Discovering the true self and developing an internal locus of control:	Know it is important to have a sense of self and uniqueness, more internal loci of control, building self-esteem, develop full sense of who I am, only affected by others to the extent that allow, claiming personal power, raising self-esteem.
		An awareness of choices and own behaviour:	More open to the positive in life, understand that positive choices have positive consequences, more conscious of behaviour patterns and why.
		Change behaviour and thoughts:	OK to be wrong sometimes, by letting go more of self to give.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:

	Stuck:	Feeling disempowered:	Still sometimes feel powerless.
		Guilt and fear:	Fear rejection and disappointing others.
		Standing up for the self:	Struggle to stand up for self, struggle to be treated decently.
	Achieved:	Belief in power and choices of self:	Have choices**, have power**, hold choices over body and mind*, choose how react, behave and interact, control over life, sense of self and own needs *, took right back to entitlement in all areas of life, stand emotionally up for self, pleased about finding the new me.
		Allow self to just be:	Allow self to try new things, allow moving out of comfort zone, OK not to have crisis - enjoy calmness, OK to be single.
		Realised there is more to life than just abuse:	There's life outside abuse.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:

Body:	Ceased:	Inflicting harmful behaviour on the body:	Drugs, self-mutilation, anti-depressants.
		Wrongful beliefs concerning health:	Believe have an STD, does not need to look after the body it will restore itself.
		Need for control:	Struggle letting go.
	Changing:	Self-nurturance:	Taking more time for the self, more forgiving of the self and body, wearing more feminine clothes.
		Hiding behind weight:	Busy losing weight.
		Gaining insight into own behaviour:	Moods are stabilising and gaining insight into why they spike, fewer "fat" days than before, more aware of body and its signals.
		Aware of and healing:	Less dissociating, anorexia better - but easy to slip back.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
	Stuck:	Acceptance of body:	Last place of healing **, still need sugar, pick skin, hate stomach - hate body, extremely aware of how look, not confident/happy with body/looks, eat bare minimum, eat unhealthy, issue with period, need to build relationship with body.
		Using the body as tool to deal with their emotions:	Comfort eat, especially when emotional **, still mistrust doctors, want the control*, headaches (symptoms of undealt issues), when deal with issues, eating normalises, still overwork, uses food to punish when not perfect, still binge eats.
		Being active and constructive in the body:	No exercise/sport, passive in body, very depressed - sleeping tablets and antidepressants.
		Use energy for other things than the body:	Still need more balance in life before get to body.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
	Achieved:	Accepting gender and sexuality:	Bought nice shoes - even accept my own feet, accept female body, won't be attacked because celebrate femininity.
		Perspective:	More important things than cellulite, body is only physical - not everything.
		Understanding for the self and ending the cycle of abuse:	More self-love and understanding for where at, comfort in appropriate ways - do not perpetuate abuse.
		Improved health:	Health improved, psychological health improved dramatically.
Boundaries Trust	Ceased:	The Abusive Cycle:	Not allowing soul to be belittled, not allowing to be treated abusively.
		Negating the self:	Replicating others - because had no idea where began and ended, thinking flawed if experienced a feeling/opinion different from others.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
	Changing:	Understanding and awareness:	Ongoing and frustrating process which is very situation bound, sense of boundaries stronger as exercise it, progress slowly, more understanding of boundaries and their impact, many blind spots - learn through awareness.
		Protective choices:	As teach others how to treat me, reinforce the lesson in the self, learning to choose whom to trust, still rather trusting, but can usually see the wolf in sheep's clothing, less likely to put self in compromising situations.
	Stuck:	How to put awareness into practise:	Still allow boundaries to be crossed and intertwine with others, hardest issue *, still need to find emotional space, self gets put on hold too much.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
		When to trust instinct/feelings:	Trust still major issue, what are boundaries vs. intolerance; have to feel what is right, what are healthy boundaries.
	Achieved:	Understanding the consequences of boundaries:	Aware of boundaries, that is how teach people how to treat one, choose to teach people to treat the self with dignity and respect, know where start and end, right to be treated with respect, must enforce boundaries - people don't just know, allows self to be more clear with others, allows assertiveness vs. aggression, enjoy sense of personal definition and freedom to put boundaries around sacred "things", can now attract good people and positive situations into life.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
		As adult take responsibility for behaviours and actions:	Entered couples counselling - realise both to blame for patterns of toxic dependence, take responsibility for what allow people to do or say to the self, as adult full responsibility for actions, feelings and behaviours, respect other people's boundaries.
		Understanding of trust:	Trust self more than ever before; deal with ROOT issue first concerning trust.
Sex:	Ceased:	Attributing wrong beliefs/ideas to sexuality:	Thinking lesbian, craving male attention because it validated the self.
	Changing:	How feel during sex:	Less likely to be triggered, being touched feels better not so many flashbacks, learning what need and like.
		Allow self to feel however is feeling:	Sexual orientation and experiences still changing and healing and that is OK, allow self to be scared.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
		Educating the self:	Started reading about female sexuality, figure out what role sex is supposed to play in a relationship.
	Stuck:	In past experiences - not able to differentiate between abuse and the present:	Difficult to masturbate, no changes - still celibate, scared, boobs still a no, still big problem - only for spouse's pleasure, when showed affection still thinks what does he want numb, fear and panic.
	Achieved:	Able to feel - and to feel pleasure:	Enjoy blowjobs more, still want to explore but now view that as healthy, more orgasms, more present during and after, feel more feminine, and allow self the space to feel whatever need to feel, feel normal in sexual relationship.
		Perspective and communication:	Able to communicate about sexual issues, attention remains in perspective.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
		Insight:	Able to differentiate between person and perpetrator.
Feeling of Difference:	Ceased:	Equating difference with badness:	Beating self up about white wedding.
	Changing:	Connect with others:	More likely to join things and people, easier to connect and imagine real connections over time.
		Accept the self:	Slowly learning OK as am.
		Not attract situations only based on abusive experiences:	Different not because of abuse but, personality, character etc.
	Stuck:	Still feel isolated:	Deafness still a great strain, feel everyone else got rules of life, have to try hard to have friendships.
	Achieved:	Believe part of and deserving:	Made self part of - feel more deserving.
		Reframe feeling:	Will always feel different, not a bad thing, now different due to level of consciousness and healing, allowed self to connect with others, conscious decisions to make a change, not different in bad way - rather lucky/blessed.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
		Understand actions and feelings:	More insight into why feel this way which empowers to make better choices, realise when afraid of vs. do not want to.
		Understand how important the self is:	Have me, who am most important thing in life, know who I am and really like me.
Childhood Lost	Ceased:	Wondering what life would have been like without abuse:	Wondering what if.
	Changing:	Regression:	Surprised when and where becomes child-like - give chance to re-parent, less inclined to baby speak.
		True self is less tainted by abuse:	Pure me rearing head, try to be with and do things good for me rather than being destructive, now starting to see how much better becomes due to obstacles overcame and overcoming.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
	Stuck:	Mourn what lost:	Would love to get in touch with inner child, not much has changed, need to be a child and receive love on the inside.
	Achieved:	Acknowledging the inner child's emotions:	Rescued inner child by acknowledging that part which was betrayed and abused, acknowledged her pain and given freedom of expression, thought this part was murdered, safer with inner child - protect and mother her at every opportunity.
		Acknowledge adult now:	Conscious when behaviour becomes child-like - now able to respond properly, enjoy being an adult, can play as an adult and enjoy child-like things, feel robbed but now as adult in control.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
		Change actions:	Do more active, youthful things, will have bad times but stronger than before.
Feelings:	Ceased:	Judging emotions:	Judging emotions, labelling emotions.
		Being controlled/intimidated by emotions:	Saying first thing that comes to mind, letting inner pain deal with me, rather deal with it, being overwhelmed by emotions.
	Changing:	Trust/acceptance of emotions:	More able to express, more able to explore, more able to let it happen, learning to trust feelings and intuition, learn and grow to know what not negotiable.
		Less bouts of intense/overwhelming emotions:	less fear, guilt and fraud-like emotions, less depression, numbness, dissociation, will stabilise even more as grow.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
	Stuck:	Trust/acceptance of emotions:	Over function not to feel emptiness, not true to feelings when feel them, scared of emotions, might be overwhelmed, pain of feeling might be too much, still blocking out some emotions, struggle to acknowledge intuition.
		Bouts of overwhelming/intense emotions:	Still intense anger, fear and anxiety, struggle when angry/irritated, learn when appropriate to feel angry, still disconnected.
	Achieved:	Realise have a choice how to respond to emotions:	Grounded, have choice how to respond, respond vs. react.
		Insight that emotions will not kill:	Honour feelings, allow to have voice, different types of emotions, recognise emotions, acknowledge it, express it, understand and know the cause, experience intense emotions, not killed, more suppress/deny emotions, more power.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
		More forgiving of the self:	Love what do, will always be learning, forgiving of self, all in due time.
Role of child vs. adult in decision-making:	Ceased:	Allowing abuse to overshadow life:	Obsession with issues, deals in context of life, and not overshadows everything.
	Changing:	Obtaining balance:	Pace self, deal with issues when can, balance all areas of life, say no at work, be more true to self in relationships, show vulnerability when safe and appropriate.
		Making adult decisions:	More adult-like in decisions, more powerful.
	Stuck:	No areas shown.	
	Achieved:	As adult need to take responsibility for own actions:	Adult chooses men, takes responsibility for own decisions, exercise self discipline in even small things, adult part should mature, develop this part and then take care of child-part.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
		The "child" is allowed to be powerless:	Realised child part does not need to be powerful.
		Grow and learn while functioning in world:	Functioning whilst dealing with issues.
Perpetrator(s):	Ceased:	Judging:	Stopped judging, do not have to condone, try understanding, putting in perspective.
		Allocating blame wrongfully:	Blaming self, others, those who not responsible.
	Changing:	Focus:	More compassion than anger, own healing first, want to put rage aside, still want to confront, lay the shit at their feet, no need to confront, they left enough of a dysfunctional legacy, surrender to knowledge that they won't understand, nor take responsibility, let go of those expectations, heal own wounds.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
		Cognition:	Spent time on what happened and why, learnt to say it happened, whether like it or not.
		Realisations concerning the act and abuser(s):	Now realise was helpless, wonder if abused by other men (grandfather), judge saying no experienced at ASCA.
	Stuck:	Feelings surrounding the topic:	Helpless in preventing this in the bigger context, still contradictory feelings, forgiveness and blame, still fear family rejection, assertiveness has to grow more.
		Finding separate identity from them:	Difficult to separate from parents, rage keeps bound to perpetrator, can't understand how they could hurt, wonder if family will ever be genuine surrounding this issue.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
	Achieved:	Able to see the good and the bad:	Had good memory of mother for the first time.
		Finding meaning in it:	Understand, empathy for abusers, grow in acknowledgement of abuse.
		Accepted in spite of abuse:	At ASCA feel heard, acknowledged, accepted in whatever space.
Relationships:	Ceased:	Allowing the self to be invalidated:	Taking things personally, taking responsibility for when the relationship does not work, cut ties with sister who made feel inferior, feeling desperate about men.
	Changing:	In process of finding own identity separate from the other person:	Learning own opinion counts more, decide whether man is what looking for, realise co-dependent with friends, changing that, not beauty and the beast but me.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
		Becoming socialised:	Relationships starting to get easier realise fantasy vs. reality, must learn to cultivate new friendships, choose better men now, less superficial and more authentic relationships.
		Gaining perspective - not only others opinion that counts:	Less devastating if feel rejected or excluded.
	Stuck:	Finding own identity separate from the other person:	Relationships with male siblings strained, not self, unhappy marriage, emotional and mental abuse from husband, leave when children finish school, HATE relationship, how much attraction needed? what feel if not desperate/anxious, what normal, can recognise co-dependence and neediness.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
		Becoming socialised:	Still a challenge to make good friends, spend quality social time, no idea how to do relationships, no idea how to handle conflict.
		Realising that not only external opinions count:	Still fear rejection if make point, even with friends, sub-consciously test husband if he will leave.
	Achieved:	Internal resources:	Strong solid relationship with sister, have internal and psychological means to deal with people and relationships more appropriately.
		Realise not alone - others feel the same:	Others might feel the same, reach out to others.
		Gave permission to self to be more authentic:	Given permission to connect more authentic levels.

Table 5.2 Summary of post-intervention analysis (continued)

Themes identified by the researcher	Phase participants found themselves in:	Themes identified by the participants	Descriptive words used by participants:
Self-Care:	Ceased:	Own perpetuation of abuse:	Getting into compromising situations stopped abusing self, trying to control, just be touched and used.
	Changing:	Allowing self-nurturance without feeling guilty:	Take more time for self, trying to allow self-nurturance, not feel guilty when spend time or money on self, believe worth self-nurturing.
		Exploring love:	Explore what love really is.
	Stuck:	Consistently practising self-nurturance:	Forget, do it reactively, difficult to eat, groom, and sleep when work, balance and pace self.
	Achieved:	Realise importance of self-nurturing:	Realise need for vital life includes self-care.
		Found ways to self-nurture:	Plan days to ensure self-care, take time in relationship for self, by not getting into dangerous situations, unwind, listen to needs of body, dogs, read, keep perspective.

5.4 Focusing on participants experiences of the healing journey

5.4.1 Was the participants' expectations of their healing journeys met?

a) Individual Analysis:

Participant A:

"My expectations of my healing journey are being met almost every day".

She deemed ASCA to be a tool through which she could discover herself. By talking to others, inspiration and solutions were gained by herself, the unconditional acceptance by the group being a powerful resource for her.

Participant B:

"Some of my expectations have been met and in retrospect I have met them myself by doing the long hard work to overcome the entanglements of the abuse".

Even though B realised that there was still a way to go on the journey of her life in some areas, she was content in the knowledge that that was a process.

Participant C:

"My true north is inside me".

C felt that her life was normalising, that she was in touch with her emotions, in touch with herself. She was exploring herself and found her to be unique and special. That exploration not being haphazard and frightening - rather it was a calm and exciting adventure. She was able to explore other parts of herself, not only abuse. She felt that she still needed to reach a place where surplus energy was available and where she was a "thriver" - she felt that she was only glimpsing those ideals.

Participant E:

"All I honestly expected was to "get better"".

E admitted that she did not have specific expectations of the healing journey. She had realised that the journey required tremendous courage and compassion for the self, but also trust, commitment and the belief that things would get better.

E had realised that the expectations she had of herself and others were many times extremely out of proportion - she was consciously trying to change that into harbouring more realistic expectations and did not only look at an end result anymore. She tried not to be so hard on herself and others.

Participant F:

F simply answered yes.

Participant H:

"I am venturing out more".

She felt that she had definitely gained valuable tools, and felt freer, had more self-esteem, was able to take risks and in general felt that she was maturing. H felt that she had made progress and realised some of her expectations.

b) Group Analysis:

"Yes, largely, although it's a phenomenal work in progress". Participant C.

"I'm on my way to figuring out what works for me and what doesn't ". Participant H

"I have understood that "getting better", that healing is a process that takes tremendous courage and compassion". Participant E

Most participants felt that their previous mentioned expectations were met by bringing about real changes concerning behaviour and thought patterns. They acknowledged their own strengths and determination, which led to their expectations being met, as well as, gain more than they ever thought possible.

One participant did not comment on this because she believed that she had not managed to make the changes she had hoped she could.

The following themes came to the fore:

Even though participants felt that their expectations were, if not completely, largely met, they had realised that **they were on a journey**. A journey, which would continue, which would have new challenges/obstacles that would have to be faced. They did feel more equipped to deal with it.

Through hard work and using ASCA and therapy as a tool and not a crux, participants were able to **generate new solutions and ideas**, which led to them being able to bring about positive changes in their lives. Participants definitely gained aspects they were yearning for and were able to be much more authentic. They were still learning and growing and were excited because of that. Not only had they gained certain elements but had realised that **much of that which they longed to have, was already part of their character**, they had just not realised it. They were "normal", courageous, mature, able to re-define situations and worthy. On this journey they found answers but also **more questions**. New areas they wanted to work on, new challenges they wanted to meet head on. They also **acknowledged themselves**, acknowledged that they had played a role in the changes that had been made and not only an external source.

5.4.2. The importance participants placed on discovering their inner children:

In the second manual the question whether an inner child was an important part of the healing journey was raised. All the participants felt that this aspect was crucial to their healing.

a) Individual Analysis:

Participant A:

"When I started working on my inner child I looked at photographs of myself as a child, and realised that I had never actually looked at my face in the photos in the past. Then I broke down and for the first time I met my inner child and we connected".

The discovery and nurturing of the inner child seemed to be an intricate part of the healing process in A's opinion. Before starting her healing journey she seemed ignorant of her inner child or herself as a child. When previously paging through albums she never looked at her own face in the pictures. When realising that, for the first time she mourned over the loss she had suffered - the loss of childhood, the loss of innocence. After that she could communicate and relate to her inner child.

Although that process was extremely painful for A, she deemed it invaluable. She could be more forgiving of herself after she had realised that she was a helpless child, who had no control and was in no way responsible for having been abused.

It aided in her being able to take responsibility for herself, as an adult, who could make better choices and who had some control over her own life.

Participant B:

"Before starting the journey, my inner child was desolate, very needy, frightened and gaping in her emptiness".

B felt that her inner child needed constant nurturance. As a child she was abandoned and dissociated early on. Nurturance meant that she was learning to love, respect and honour the lost parts of herself. She was in a very close relationship with her inner child, where she allowed the child to laugh, cry etc. Even if she was a little needy at times, she indulged her.

Participant C:

"I had to imagine myself as a small child - it allowed me to be compassionate for myself ... & for what I went through".

As a child C felt that she had to hide, suppress and repress all her emotions, thoughts, ideas and questions. She, as an adult, could start to imagine herself as a small child and allow her inner child to express all those ideas and emotions - she felt that that process had enabled her to, for the first time in her life, really feel. She also had to view her experiences from a child's perspective in order to understand herself better, as well as, to remember more about her past. That allowed her to feel compassion towards herself and her experiences as a child, as well as, to separate her adult self from that child. The result being that she could make better decisions and keep her inner child safe. C believed that that process was an intricate part of her healing process.

Participant D:

"I am still not sure what she wants or needs, without going into my adult head and rationalising everything".

D believed that her biggest release would be discovering her inner child. She was still not sure what that child wanted or needed, because D tended to rationalise and intellectualise everything with her adult mind. She was not yet able to let go of those defence mechanisms and just feel.

Participant F:

"I acknowledge that my inner child is an intricate part of me and by looking after myself I am also taking care of that part of me".

She believed her inner child to be an intricate part of herself, by looking after the one; she was also looking after the other.

Prior to her healing journey she did not know that that child existed. In the beginning, she was very focused on the child - actively nurturing her. Later she had integrated that child into her life, nurturing the child, but not as a separate identity.

Participant H:

"I do not know where my inner child is".

H experienced this topic as devastating because she believed that her inner child was forever in hiding, and that she would not find her. She tended to think of that part as dysfunctional, irrational etc. and showed no affection or positive regard for that inner child. She believed that this was a topic she still would have to work on and realised that it would be a long, sorrowful road.

b) Group Analysis:

"I acknowledge that my inner child is an intricate part of me and by looking after myself I am also taking care of that part of me". Participant F

"I managed to grieve and now I am able to communicate with my inner child, the experience (no matter how painful) has been invaluable to me and my healing process". Participant A

"It was much easier for me to deny this hurting "part" of myself". Participant E

"This question has made me cry. Perhaps my inner child is in hiding forever". Participant H

Most of the survivors never "knew" themselves as children, due to the fact that they were mostly busy protecting themselves (from their abusers), living in fear. They showed a real yearning to get to know the lost child, the little girl with the pain, the sorrow, the lost dreams and the dashed hopes. Some had never known that inner child or the self as a child, because as a child all feelings, thoughts, and ideas had been suppressed. That child was, in essence, abandoned from day one. The survivors prescribed most of the time negative thoughts/attributes to that child, in adulthood.

For some participants it was very difficult to find out more about that child, because they believed her to be buried so deeply that she could never be resurrected. Others found it hard to focus on that vulnerable child's feelings, because they tended to intellectualise all thoughts and processes.

The hardest part of discovering that part seemed to have been remembering, acknowledging and accepting that wounded child's pain, and to grieve for what was lost. To imagine the self as that innocent child, to contain "her" and not judge and reject "her" because of "her" pain, because that would be rejecting the self.

By nurturing the self, the inner child could also be nurtured as an integrated part of the person. The realisation that the child was innocent and not responsible and thereby, releasing her from her legacy of shame seemed to be part of the nurturance. Being compassionate, nurturing and allowing "her" needs to be met - belatedly allowing expression of her joy, sadness, etc.

They realised as adults that they had the power to take care of themselves as well as the child, and were allowed to integrate her and accept her as part of the self. It gave them the freedom to take responsibility for themselves, who were able to protect themselves and to make healthy choices, which could lead to an enhanced life.

The following themes came to the fore:

An **elaboration on why the theme was so important** to participants occurred:

Participants portrayed so much **sadness** concerning this topic. They clearly remembered how that child (they as children) was abandoned.

As adults they yearned to be free, to **get to know that child** because they felt that they had lost her so long ago. They had realised that that inner child was an **intricate part of themselves** and that that part needed care and love just as they did. Some participants had come to the point where they had acknowledged and integrated that child to the point where they did not need to nurture "her" separately.

Simultaneously, there was another participant who felt that she had not reached, and **might never reach that part of herself**, which she had always viewed in a negative light.

Participants **discovered** their inner child through a variety of means:

Participants had always felt an emptiness concerning this topic, yet found it easier, to **deny that part** of themselves. When they did manage to start that journey, they found it excruciatingly painful because they **had to go back** to their childhood memories. They realised that that was a painful process that could take a very long time. Each person found their own, unique way to find their inner child and could then start the **integration process** where nurturing and feeling that child's pain was not overwhelming for them. They were finally able to deal with the fact that the child's pain was also their own pain.

Two participants were extremely sad when this topic arouse because they were struggling to connect with that part of themselves - they **could not see the connection** happening soon.

After discovering their inner children, they moved a step beyond and started to **nurture those children.**

Nurturing the child seemed to be just as important as self-soothing. The ideal being where the child is integrated to the extent that she does not need to be cared for as a separate entity.

Participants discovered different layers of that child, as she was cared for and protected and were allowed a voice, laughter and sadness. Through showing that child compassion, participants could also **show themselves compassion** and more understanding. That important realisation - that the child was innocent, not responsible in any way - became reality for participants, as the child was known more intimately.

It seemed as if the participants' **adult selves crystallised** and was ready to take on adult responsibilities, one of them being looking after that child. The **responsibility** they revelled in was the freedom that paradoxically came with responsibility, namely to be in control of their own lives, having to choose how they wanted to live, having to protect themselves without needing others to do it for them - the wonderful freedom of self-sufficiency.

5.4.3 Estimating whether the healing journey was more difficult that they originally expected:

a) Individual Analysis:

Participant A:

" I really don't have to be a victim for the rest of my life, the worst is behind me".

The journey seemed to be simultaneously more difficult and less difficult than A suspected. Digging deep within the self - facing emotions that she was scared of for a long period of time, was more difficult work than she expected. The dividends were worth the effort and pain. Being able to experience lightness and happiness was a grace, because she never thought that those feelings would ever again be part of her life.

Nonetheless, she felt that there was still more obstacles to conquer, the difference this time was that she knew that she was an adult with choices. She could choose to help herself, not to be a victim, she believed that the worst was behind her.

She firmly believed that she would move from survivor to "thriver".

Participant B:

"Its a journey for the courageous, overcoming survivor".

She described this journey as being extremely difficult because she did not expect it to affect her as much as it did. She stated that it was a journey for the courageous, "overcoming" survivor. ASCA presented her with challenges, leading to her healing and she described it (entering ASCA) as a defining moment in her life.

Participant C:

"It can be bleak for long periods ... or severely dark, even if for shorter periods".

On bad days she felt as if this journey was never-ending and as if she was not "there" yet. On good days she almost forgot the pain and the struggle and believed that it (the

journey) was worth it, recommendable to anyone. C believed a healing process took great courage, time, energy, emotional work, insight, self-care, self-motivation and that it could be bleak for long periods or severely dark for shorter periods.

Participant D:

"This journey is hard and scary, I know this is the only way to heal and be whole, but something inside me makes me want to run the other way".

D felt that her journey had barely started. She believed that through ASCA she would gain more insight and understanding in her recovery. She was still feeling numb, but realised that that might become an excuse not to heal and progress. Yet, the fear of what she would discover on the journey, as well as the pain, overwhelmed D. She had skipped from answer to answer in both questionnaires (provided by the researcher) - because she was scared to face too much of the truth and pain that went with that. She viewed this journey as hard and scary but also knew that the only way to heal and to be whole was to go through it. She had to force herself to fill in the booklets and allow herself to put on paper what she could.

Participant F

"I am much more relaxed and I do not obsess about sexual abuse anymore".

She believed this journey to be very hard work. It had led her to be more comfortable with herself, and she was not so obsessed with abuse anymore as she was in the beginning.

he had previously viewed the world as dysfunctional.

Participant H:

"Sometimes I dissociate because what I hear is so painful".

Although she experienced highs and lows, H experienced her journey as almost easier than she thought it would be. For her it was a more gradual process, although she had wondered how she would cope when the group disbanded.

b) Group Analysis:

"On bad days - yes. On good days - it's like I forget the pain and struggles". Participant C

"Yes, it was and still is very difficult, but then when the hard work has been done and the payoff's come, then it becomes a lot easier than I thought". Participant A

"My journey was not as hard as I thought it would be". Participant H

A mixed experience of difficulty, ebbing and flowing, throughout the process was noted. Participants clearly indicated that there were wonderfully rewarding days but also intensely sorrowful days. The different themes impacted each individual differently, due to their subjective previous experiences. Mostly though, it was described as a hard road, which evoked fear and painful memories, which had to be conquered. That required courage and large amounts of emotional energy.

They highlighted that their perspectives shifted from abuse, to other opportunities in their lives that were beckoning them. They enjoyed the freedom of their own choices.

They admitted that there were moments of regression where old defence mechanisms were used, but this time the difference was that they could push through those dysfunctional methods and be more constructive in their reactions.

The following themes came to the fore:

Participants seemed to believe that their **gains mostly outweighed the difficult times**. Nonetheless, the dark times seemed to have been severely dark. As they grew and learned, their process and life in general seemed to become easier.

Participants could **acknowledge** that anyone who entered such a journey had to have certain characteristics, had to be courageous, motivated, intelligent and committed and thus realised that they themselves did possess those **qualities**. Participants were though definitely surprised at the **extent and intensity of their journeys**. It seemed to have influenced every aspect of their lives. The intensity often driving them to utilise old defence mechanisms such as escapism, etc.

Participants found **perspective concerning abuse itself**. They were not constantly thinking about it, or seeing it everywhere around them, believing the world to be dysfunctional. They celebrated their **ability to make choices**, choosing not to be victims, choosing not only to be survivors, but also to become "thrivers".

One participant felt completely isolated and different concerning this aspect. She realised how much she still had to deal with and how scared she was to do that. She **felt left behind**, believing others to be further than herself.

5.4.4. Discovering how participants stayed committed to their healing journey:

a) Individual Analysis:

Participant A:

"Knowing that if I quit I would kick myself later".

Knowing she would regret quitting made A continue her difficult journey. Even though she was not 100% dedicated the whole time, she learnt to give herself some space when she needed it, and not to punish herself for that.

Participant B:

"My belief in a loving Father God and His grace".

The deep want to be healed in order to be able to spend an emotionally enriched life seemed to be B's main motivating factor. A support network and her faith provided the needed encouragement. Lastly, she mentioned her own commitment to the desire to be whole in body, mind and spirit.

Participant C:

"The alternative is not an option".

C felt her life was unbearable when she was not progressing and that she would become suicidal. The more she survived difficult times, the more she knew she could survive whatever may be next. The more she found herself, liked herself and nurtured herself, the more she yearned to keep growing.

Participant D:

"I feel like that is a question for someone that is doing well. I think wanting to heal and be whole, helps me stay committed".

D felt that only someone that was doing well should answer this question. She stated that she had tried to stay focused and committed to her journey, but could not see that she had done all that well. She had watched others grow and blossom and wondered why she could not be "there" yet. Wanting to heal and to be whole kept her committed - that was difficult though, because she could not always see her progress.

Participant E:

"My sense of hope".

E believed that viewing it as a slow but steady journey kept her focused, her sense of hope was very strong. The lessons that she had leant during the process were also very motivating and profound.

Participant F:

"I believed that I would get better and would feel better".

F believed that she would achieve positive results and strived to help others.

Participant H:

"The other thing I reckon is: a) I can stay co-dependent and fucked-up. b) I can go to ASCA. c) There is no c".

H acted in spite of herself and her emotions and realised that there was only one way out of her pain, and that was through it. Due to that belief, every week she went to ASCA and learned some more, and little by little progress was made. She was tired of the pain, and the sadness, and had the courage to push through it. She felt proud about her achievements at the moment she was writing, but also stated that she would probably feel differently the next day. Her emotions and feelings still were not always consistent and she quickly doubted herself and her own worth.

b) Group Analysis:

"My sense of hope and lessons I learnt". Participant E

"Never mind your emotions, act despite them, I know the only way out is thorough". Participant H

"Wanting to heal and be whole". Participant D

Three aspects came to the fore:

1. A distinct need and endless hope to be whole and healed now matter how difficult it was going to be.
2. Participants seemed to believe that the only other options were either suicide or a life characterised by strife and unhappiness.
3. They had learned to draw on internal and external resources for support and courage.

The following themes became evident:

Participants **wanted and hoped to become complete**, healed and cherished their slow but steady progress and the lessons they had learnt along the way. They also believed that when they were more healed, less broken, they would be able to help others as well (which seemed to be a very important aspect to participants).

Participants truly believed that there was **no alternative** that the only way out of their pain was through it. To end the process left an alternative that they could not accept, to stay the same, to feel the pain, to want to stop living. Nonetheless, participants were **not pushing themselves beyond their limits**; they allowed themselves to take a break when

necessary. As they went along they started to discover more of themselves and really loved that.

Participants used their newfound ability to **make choices in spite of their emotions**. They **utilised their internal and external resources**, leaned on friends in dark times, and if they believed in a God, they used their religion as a source of strength.

One participant truly felt that she did not deserve to answer this question since she felt that she had not made enough progress.

5.4.5 Understanding whether the healing journey has a definite end or whether it is life-long:

a) Individual Analysis:

Participant A:

"You learn more and more".

In A's opinion the healing process was definitely an ongoing process. As she learned more, life became easier - but the process was never finished.

Participant B:

"I believe emotional healing is life long".

B described healing as a life long journey due to the intense personal growth that she had chosen to commit to. It did not mean that she had to be in therapy forever - rather it was continuously gaining a deeper understanding as to how to live the best way for her. Abuse in all areas of her life took a long time to acknowledge - she described it is a "road" into that space and a "road" out.

Participant C:

"I imagine it could be finished. In my lifetime? I'm not sure. But it must be at least possible".

At that moment C believed it was an ongoing process but she did imagine that it could be finished - that she could be wholly healed from past traumas and be able to handle future issues and possibilities without residual burdens from her past. She was not really convinced that this would happen in her lifetime - but she still believed that it must at least be possible.

Participant D:

D firmly believed that this was an ongoing process, which she had barely started.

Participant E:

"Like change, healing is constant".

E believed her healing journey to be a constant, ongoing process, containing different levels and layers of learning. The intensity became easier and less emotionally demanding - but she believed that there was always another layer to expose. She frequently believed that she had already dealt with an issue, then it came up and another piece of the puzzle appeared that needed to be processed and integrated.

Participant F:

"There are always new things to learn".

F wished that there could be a clearly defined beginning and end to the journey but believed that the journey was ongoing - due to the fact that there were always new things to be learned. She believed that life did get easier.

Participant H:

"My abuse changed who I am, and I will always feel that I have many wasted years".

H believed that it was definitely an ongoing road. The abuse had changed her forever and her regret concerning that would last forever, and so would her journey of recovery and healing.

b) Group Analysis:

"I don't think it is ever finished". Participant D

"Ongoing, ongoing, ongoing". Participant H

Participants definitely viewed it as an ongoing process, since progress was part of life. They believed the journey became easier as they progressed, but that they would always be challenged by new situations and events. Enthusiasm rather than fear characterised that realisation.

The following themes came to the fore:

The general belief seemed to be that their **process was definitely ongoing**. They acknowledged that a clearly defined beginning and end would have been much easier to deal with, but that personal growth (on an abusive level as well as other levels) was a **lifelong journey that is chosen** to be endeavoured in.

They experienced that their healing journeys, and life, became **easier** as they progressed, and that the intensity of the pain also lessened.

In their process and life they realised that there would always be new situations to deal with. They also found that often a previous issue had to be dealt with again and again. They felt that they had already worked something through, but second or third time around, found still another piece of the puzzle, **a new layer**. The issue then again had to be felt, processed and eventually put to rest.

5.4.6 Participants definition of healing for an adult survivor of childhood abuse:

a) Individual Analysis:

Participant A:

A defined her healing journey in the following way:

A mountain of problems form part of the healing journey - some are on the surface, most though are core issues. It was to gain tools to teach the self as an adult the skills that, as a child, she was not granted the space to learn.

It was facing real issues surrounding sex, abandonment, love, co-dependency, self-sabotage, self-respect and self-esteem.

Realising that although sexual abuse was horrid, the emotional abuse was more devastating to her character.

Participant B:

B described it as a long-term process of rediscovery of the child lost, the girl interrupted and searching women. It might have been hard going but it was empowering and meaningful. It took great fortitude and faith in the self to find the "thriver", in spite of what was done to her.

Participant C:

C broke her definition down in the following way:

* Finding out/acknowledging past abuse that had happened.
* Identifying/acknowledging how it adversely impacted adulthood.
* Finding ways to work through the main experiences, resulting issues and feelings - with support and as much nurturing as possible.
* Working through it.
* Reclaiming what was lost/given away/squashed in the process... and nurturing all aspects of a new/emerging, more whole self.

* Making new decisions based on resolved, integrated viewpoints - and changing current and future quality of life for the better.
* Enjoying it! Loving the new aspects of a more loving, healthy, joyful life!

Participant E:

She believed the process consisted of remembering, mourning and healing.

* Going back - acknowledging what was done and who was responsible. E had to acknowledge that she was powerless as a child but also had to respect her feelings of shame and guilt.
* Mourning losses - she had to mourn those who failed her, identify wrong beliefs and grieve her childhood that was lost.
* Furthermore she had to acknowledge that as an adult she had the power to make different choices - she had to release herself from a legacy of abuse.

E believed she had to go back to the beginning, otherwise she would not have been able to reclaim her power if she did not know where to get it back from.

Participant H:

She felt that she had to separate herself from the abuse and realised it was a child's body that was abused. It could have been any child's, so it was not her personal fault. She believed it had to be worked through so that she could start valuing her body and be able to feel clean.

b) Group Analysis:

It was virtually impossible to find a definition, which reflected all the aspects participants, mentioned. Their definitions varied, reflecting personal meanings, personal accounts and also an elusiveness. For most participants it seemed to be a process of growth and change, which would not and could not stop. The precise elements being unique to every individual. It seemed as if the process and structure, which they followed at ASCA, assisted the process of growth. The structure gave them clarity and courage to deal with the process, one step at a time.

To an extent it seemed as if a definition would always be elusive, almost a personal mystery to whomever entered a healing journey. Nonetheless, as the participants themselves learnt, it was not about finding an end to their journey, it was about celebrating their growth on the journey. The definition would thus remain an unanswered mystery, a gift package for the individual.

One thing that was certain though was that there was a process, a journey that could and would lead to healing, growth, leaving survivors to live life in abundance. Leave them able to enjoy and live without only regrets and bitterness and sorrows. A life where they could be themselves and reclaim all that they had lost. Not only one path leads to this result, but the result is obtainable for any survivor who commits to a process of healing, as long as the process makes them feel safe and secure, reflects their personalities and challenges them.

Table 5.3 Summary of important aspects of the healing journey, as well as, the journey itself.

Themes identified by researcher	Themes identified by participants	Descriptive words used by participants
Expectations of healing journey met?	A description of their healing journey and how expectations were met were given:	Normality, in touch with truth, love and joy, opportunity to be more self, hidden parts less afraid and unfurling, damaged parts more healed and stabilising, new parts excited and growing, made real differences take with 24x7, not so much emphasis on outcome, takes tremendous courage and compassion for the self, ASCA a wonderful tool to learn more about the self, by talking formulate solutions in head, love in group awesome, unlike anything experienced before, beginning to have self-worth, maturing, realise still long way to go.
	More questions:	Still a challenge to build up surplus energy and thriving, insight on way, see it in snatches, if expectations not met, not so hard on self anymore, still expect to much of people? on way to figure out what works for me and what not.
	Played a role in own healing:	In retrospect met them myself by doing long hard work to overcome entanglements of abuse.

Table 5.3 Summary of important aspects of the healing journey as well as the journey itself (continued).

Themes identified by researcher	Themes identified by participants	Descriptive words used by participants
Inner Child:	Why the inner child is important:	Biggest release will be discovering inner child, child lost at young hurt, would love to get to know her, find out what she likes, child abandoned from day one, before inner child was deserted, gaping in emptiness, look after self also look after her, as child repressed, suppressed all feelings, thoughts, ideas, when talk about child part = unhealthy, dysfunctional, attention needy and immature.
	How discovered the inner child:	Not sure what she wanted needed, go into adulthood and rationalises everything, never looked at face in the picture, sobbed for loss that went through, grieved, painful but invaluable experience, perhaps inner child in hiding forever, to afraid to come out, take each incidence of abuse, imagine way felt about it, adult part hug and comfort her, hardest part of reconnecting is to go back, hard process might take years, easier to deny this hurting part, when acknowledge all her issues, begin to integrate, hold and contain her pain, had to imagine self as child, enabled to feel for first time, see things from child's point of view.

Table 5.3 Summary of important aspects of the healing journey as well as the journey itself (continued).

Themes identified by researcher	Themes identified by participants	Descriptive words used by participants
	How nurture the child:	Nurture inner child but not as separate identity, began to understand self better and remember more and more, allowed me to be compassionate for self and abuse went through, inner child opens slowly to me, more forgiving now, realise helpless child, no control, no responsibility, inner child needs constant nurturing, nurturing is learning to respect and honour lost parts of self, relationship with inner child close, let her laugh, cry, sing etc., even if needy provide her with what she needs.
	As adult:	Accept and acknowledge that she is part of me and not separate, as adult take care of her, we are one and the same, the more acknowledge this part the more it integrates and merges, helped responsibility as adult for my life, make choices, control over life, inner child part of my identity, no need to keep active log, allowed to separate adult self - which can make better choices, to protect and serve.

Table 5.3 Summary of important aspects of the healing journey as well as the journey itself (continued).

Themes identified by researcher	Themes identified by participants	Descriptive words used by participants
Difficulty of the healing journey:	Gains outweigh the difficulties:	Bad days feel never ending, good days forget the pain and struggles then think it was great and worth it, hard work with payoffs it becomes easier, never thought would experience lightness, happiness, relief, hard work, not what thought it would be, learnt lot about the self, more comfortable. journey barely started, through ASCA gained more insight and understanding in recovery, hard and scary, know only way to heal and be whole, inside want to run the other way, not really worked ASCA steps, listened to others, sometimes dissociated because what heard was so painful, journey not as hard, expected to feel high/low often - been a gradual process.
	What characteristics a person must have to continue the journey:	Takes a lot of courage, time, energy, emotional work, insight, self-care, self-motivation, journey for the courageous overcoming survivor.
	Extent and intensity of journey:	Bleak for long periods, severely dark for shorter periods, caused me anxiety, go back into fantasy world, expected it to not affect me so much as it did, didn't know the extent of the abuse.

Table 5.3 Summary of important aspects of the healing journey as well as the journey itself (continued).

Themes identified by researcher	Themes identified by participants	Descriptive words used by participants
	Perspective and Choices:	At start all I could think, drink, sleep was child abuse, viewed entire world as dysfunctional, more relaxed don't obsess anymore, still lot to do but liberating to know able to help self and have choices and options, don't have to be victim, worst is behind, survived, will thrive, still numb, coping becomes excuse not to heal, fear of what will come out and pain overwhelms me, skipped from answer to answer in both books - scared to face too much of truth and pain that goes with that.
What kept the participants committed to their healing journey?	Hope, want and a belief in getting better:	Wanting to heal, be whole keeps committed, slow but steady, sense of hope, lessons learnt motivating and profound, believed would get and feel better, believe can help others actively and passively, want to heal totally so that rest of life is spent emotionally enriched, help others and self.

Table 5.3 Summary of important aspects of the healing journey as well as the journey itself (continued).

Themes identified by researcher	Themes identified by participants	Descriptive words used by participants
	No alternative:	Can stay co-dependent and fucked-up or go to ASCA, only way out is through, desperate to stop pain of living - have to experience pain of facing my demons, know if quit will regret it later, allowed to take break when needed it, alternative no option, life becomes unbearable would become suicidal, the more survive the difficult times - know can survive whatever next, the more find, like and nurture self, the more I'd like to keep growing - there will be more of me to love.
	External and Internal resources:	This is a question for someone doing well, watched others grow and blossom, why am I not there?, acted despite emotions, have choices, supportive friends, belief in a loving father and His Grace, own stickability to desire to be whole in body, mind and spirit

Table 5.3 Summary of important aspects of the healing journey as well as the journey itself (continued).

Themes identified by researcher	Themes identified by participants	Descriptive words used by participants
Is the healing process ongoing?	Definitely ongoing:	At moment ongoing, imagine could be finished and wholly healed but in my lifetime? not so sure, wish beginning and clearly defined end where can get and no work left, constant ongoing process, don't believe it stops, suppose depending on our levels of consciousness does become easier, lifelong due to intense personal growth chosen to do, not need to be in therapy, rather keep gaining understanding as to how to live best way for me, abuse in all areas took a long time to finally acknowledge, road into that space and out, not ever entirely over, ongoing, ongoing, ongoing, don't think ever finished.
	Becomes easier:	Life gets easier - not so tough anymore, intensity becomes easier and less emotionally demanding, as you learn more makes life easier, pain gets less, able to recognise and relate things in life more easily.

Table 5.3 Summary of important aspects of the healing journey as well as the journey itself (continued).

Themes identified by researcher	Themes identified by participants	Descriptive words used by participants
	New layers and situations:	Always ongoing, always new things to learn, new things to deal with, different levels and layers to learning, like change, healing is constant, always another layer to expose/peel along the way, de ja vu - thought had already worked through, then another piece of the puzzle, process uncover, feel, process, put to rest.

5.5 Conclusion:

Participants were able to clearly enunciate the aftermath, but were also able to move beyond that and productively endeavour in healing journeys. Participants showed real changes and in general seemed to have been able to achieve desired outcomes, cease destructive behaviours and were in process of changing many facets and processes in their lives. It was also clear that some individuals were struggling to move on concerning certain aspects of certain themes. The fact that participants were able to honestly reflect on where they were on their respective healing journeys, was a testament to the realness and authenticity that they were striving towards. They highlighted their strengths and their weaknesses, their growth and their struggles. In general (except for one participant), they felt that there was more growth and changes than places of "stuckness".

Although it is impossible to mention each and every element, it was aimed to provide a conclusion and summary concerning the analysis in the following chapter.

Chapter 6:

Summary and Recommendations

6.1 Introduction

The study focused on adult survivors of childhood abuse due to the fact that the experience of abuse seems to lead to devastating effects in adulthood. Moreover, the focus was to establish whether healing was possible, since this aspect, is rarely mentioned in literature. The survivors experience of a healing journey was viewed as extremely important in order to (hopefully) create more awareness of the process and possibility of healing, as well as, motivate other studies to further elaborate thereon.

A qualitative approach was chosen which focused on conceptual analysis, in order to extract themes, which were not reflected in literature on an individual, as well as, group basis.

In this final chapter it is reflected on which elements identified by participants could also be found in literature, and then to enunciate the most important themes which were not related in literature. This is done thematically - under each theme, literature which was also reflected by the participants' answers, was used as an introduction to the theme. Afterwards, themes identified by participants pre-intervention analysis was shown and their growth and changes were noted. This was gathered from the data received after the termination of the intervention. Lastly, for each area, elements which still seemed to challenge participants, and which they felt that they were unable to change, was pointed out. Mostly, per theme, only 1 or 2 participants seemed to struggle. Those aspects could not be ignored because the group as a whole had flourished; due to the importance this study had placed on individual experiences and differences. A reflection by the participants on the process of healing was furthermore discussed.

In general the context of the abuse as reflected in the literature survey was also true for the participants in this study. The literature, as well as the participants, stated that different forms of abuse were usually simultaneously inflicted upon one person (Pollock, 2001). The perpetrator was likely to be a family member and additional abuse from outside the family circle also occurred. The abuse was usually initiated well before puberty and happened on a regular basis over an extended period of time (Baker, 2003).

Abuse also occurred at the hands of professionals such as doctors, ministers etc. (Cox, Kershaw & Trotter, 2000). Abuse was usually characterised by more than one unwanted sexual experience (Andersen, Martin, Mullen, Romans & Hervison, 1999) and usually involved genital contact, rape, incest, neglect and physical abuse (Richter, Dawes & Higson-Smith, 2004). Disclosure usually only occurred in adulthood (Leventhal, 2000) and few survivors laid a formal complaint (Baker, 2003), although some of the participants in this study yearned to start judicial procedures. As children, survivors often did not realise that their circumstances was not normal since abuse was all that they had known since they could remember (Garbarino & Eckenrode, 1997).

The families' (where abuse occurred) boundaries were unclear and no separation of spousal, parental, and child roles were made (Garbarino & Eckenrode, 1997). Inadequate parenting thus lead to an abdication of responsibilities (Melchert, 2000, Crawford, 1999). Double standards existed where abuse was judged as sinful by the parent's moral code, yet in the same breath, abuse was enforced on the child (Baker, 2003). Incest in itself carried so much shame that the burden of the abuse became intensified (Wade, 2000), survivors often blaming the mother of knowing what was happening, yet turning a blind eye (Lotter, 2004).

Survivors often had to cope with the dark clutches of depression (Solomon, 2002), only finding salvation and relief in their spirituality (Smith, 1999). In addition to one-on-one counselling, group therapy seemed to be highlighted for its healing possibilities. Group meetings seemed to be viewed as a platform where survivors could share experiences, know that they were not alone, different or worse than others. Group work addressed the sense of stigmatisation, which still surrounded those experiences (Pollock, 2001). Group therapy allowed the forming of new relationships, for developing a sense of trust and the chance to make sense of their experiences (Davies, Andrew & Pearce, 1995). Their guilt and shame being alleviated through identification with others stories. Group work addressed the needs of group dependency and solidarity, where the development of social skills could simultaneously be facilitated (Richter, Dawes & Higson-Smith, 2004).

It is important to take into account the uniqueness of each individual. For some survivors sharing in a group setting is unimaginable. They cease to form part of a group, which does not necessarily entail that they stopped their healing process. Rather, they established what worked for them as individuals; found a way of healing that was beneficial to them as holistic people, which reflected their personality and way of

thinking. Group work might not have fallen in their framework. Part of the individual's responsibility to the self is to keep herself safe during her healing journey. If the group setting did not provide that, it would be her responsibility to herself to find another way, a safer way, to continue her healing process, or if that was her choice, stop her journey she feels ready.

6.2 Literature related to findings:

6.2.1 Self-esteem and belief in personal power:

This theme scrutinised how survivors viewed themselves, beliefs harboured concerning the self and in general what the survivors felt about themselves. Various aspects were mentioned and highlighted by the participants. Some themes overlapped and confirmed already existing literature; yet, certain elements extracted were never reflected in present literature.

The extremely negative view that participant's held concerning the self resonated strongly with already existing literature. Participants experienced low self-esteem (Pollock, 2001), lack of self-confidence (Baker, 2003) and constantly evaluated themselves negatively - to such an extent that those deeply entrenched thought patterns could not be corrected through logical reasoning (Pollock, 2001). Participants internalised the idea of a bad self (Bass & Davis, 1997), who was responsible for the abuse having occurred in the first place. Even though taking responsibility for the abuse provided a means to experience a certain sense of control, it also resulted in participants feeling guilty and dirty (Bass & Davis, 1997). That resulted in participants believing that they were completely undeserving of love, understanding and respect (Doyle, 1994). Even if they found those aspects in a relationship, they found it very difficult to integrate and accept it in a graceful fashion.

Participants found it nearly impossible to have their personal needs met (Baker, 2003), due to the fact, that they had little or no belief in their own worth, but rather viewed themselves as objects which could be discarded at will (Doyle, 1994). They believed that their badness (Wade, 2000) and worthlessness (Twerski, 1995) showed and were self-critical, putting the self down before others could do it (Garbarino & Eckenrode, 1997). This was done because participants were overly dependent on external opinions, and showed a strongly developed external locus of control (Garbarino & Eckenrode, 1997).

They believed that they had very few choices (Bradshaw, 1988) and experienced feelings of powerlessness and helplessness (Davies, Andrew & Pearce, 1995), which also resulted in poor self-efficacy (Baker, 2003).

All these aspects were intensified by loneliness due to the fact that participants on many occasions isolated themselves from others, concealed themselves emotionally, as well as, physically, due to the fact that they viewed themselves as defective (Dryden, 1997).

Other points that strongly came to the fore, which were not mirrored in present literature, were the following:

Participants harboured a fatalistic view, which held that no matter what they did, two things would happen: Firstly, that they would end up bad or evil in the same fashion as their abusers had. Secondly, that something terrible would befall them, they anxiously waited for a catastrophic disaster to appear in their lives.

Participants found it difficult to describe and claim their selves, not only due to the above mentioned reasons, but also due to the fact that they viewed (and one participant even drew this) themselves as broken, literally with parts missing. They desperately needed to reclaim their sense of personal power (which was completely absent) and power of choice in order to choose and find the resources to heal their brokenness.

Participants often defined themselves only within the structure of abuse. They had to realise that they had a life beyond/outside of abuse - implying that there were different ways and places of explaining the self - which could result in a different, more comprehensive definition of the self, including previously neglected or negated parts.

A clear need to be able to live without secrets, without hiding, but rather to live authentically was seen. They yearned to just be free of abuse, free of constraints and insecurities, to just be ... Participants did not know how to be themselves - some needed a constant crisis in order to be able to function, being stuck in crisis mode for far too long. Others overachieved, attempted to be perfect, to succeed in everything they did. They had not given themselves the permission to just be, whoever or whatever that might be.

Afterwards (after the ASCA programme had finished) progression was clearly shown concerning this theme. Participants had realised that their strength was in themselves and

was not resident in controlling the environment. They realised that it was that inner strength that would lead them to be able to make the changes they so desperately craved. Their internal loci of control combined with newfound insight and behaviour eventually led to participants harbouring a more realistic view of the self and humankind. They could at last allow themselves to be wrong, to be imperfect and thus more authentic. They were building their self-esteem and self-confidence in a life that was not overshadowed by abuse anymore.

Unfortunately some participants still felt disempowered, needed control and feared rejection if they were true to themselves. Guilt still clouded their perceptions of themselves and therefore they could not always stand up for themselves. Nonetheless, insight and awareness concerning their behaviour was gained, which was a solid foundation that they could build on.

6.2.2 Participants relationships with and perception concerning their bodies

As reflected in previous literature survivors experienced mood swings, destructive urges (Wade, 2000), depression, anxiety, alcohol and substance abuse, PTSD, OCD, eating disorders and negative body image (Baker, 2003). They endeavoured into self-mutilation and suicide attempts (Pollock, 2001, Bass & Davies, 1995), and experienced dissociation and panic attacks (Pollock, 2001, Resick, 2001). Physical injury, gynaecological trauma, medically explained and unexplained symptoms and chronic illness (Petrak & Hedge, 2001) manifested frequently.

In addition to the above-mentioned aspects, participants highlighted the following aspects, which were not reflected in the literature.

Participants unanimously emphasised that their physical bodies were the most challenging aspect they had to deal with and the last place where they believed healing would occur.
The pure hatred that they experienced towards their bodies could not be emphasised enough. They literally had no idea/inclination of how to take care of and nurture their bodies and often felt nauseated and disgusted when being told that they were sexy/beautiful. They did manage to cease most destructive acts committed towards their bodies, yet the negative feelings and thoughts harboured towards their bodies, only

lessened marginally. Participants still used their bodies as a tool through which to deal with their emotions and also continued to experience a low safety level.
When abuse had occurred at the hands of professionals e.g. doctors (as was the case with one participant) Western medical practitioners were not trusted at all.

Even though certain elements still challenged participants, and was pointed out as major problem areas, progress had been made. They had ceased inflicting harmful acts on their bodies and they were committed to change their behaviour towards their bodies. They were consciously attempting to implement elements of care into their lives and bodies.

They were starting to truly integrate their sexuality and gender. They were able to make those changes due to the fact that they had gained insight and awareness into their own negative processes and had shifted their focus towards change, change they had long since yearned for. In general participants' emotional and physical health had improved tremendously.

Participants could change their destructive behaviour towards their bodies; yet not force themselves to accept their bodies. They unfortunately still abused the body as a tool through which to deal with unresolved emotions. They were unable to be active and constructive in their bodies - they rather utilised their energy in other areas.

6.2.3 Participants understanding and experience of boundaries

As literature had pointed out survivors experienced a very poor sense of personal boundaries and struggled to trust anyone or anything (Bass & Davies, 1997, Erikson, 1965). Participants pointed out that it was not only the above mentioned aspects they found challenging, but also to trust themselves, their instincts and their own feelings. In the post-intervention questionnaire, participants pointed out that they had a better understanding and clearer awareness of boundaries in contrast to their previous ignorance concerning the awareness of the concept. They grasped that the consequences of boundaries were not necessarily negative (e.g. lead to rejection), as they had previously thought. They finally understood that by implementing boundaries they could they could make more protective choices and keep themselves and the objects, thoughts and ideas they valued, safe. They could stop the abusive cycles they had previously allowed to continue.

They realised that as adults they had the right and responsibility to protect the self and to take responsibility for their actions - boundaries aided them in this regard. A few participants even managed to start trusting themselves.

A never-ending challenge for participants seemed to be how to put their awareness concerning boundaries into practise, since each situation they encountered, was unique, leading to unique questions surrounding boundaries. This aspect was constantly in flux and many times baffled participants. Most participants found it extremely difficult to trust their instincts and feelings.

6.2.4 Participants experiences concerning sexual relations

According to literature survivors experienced a variety of problems concerning sex and sexuality in adulthood, due to premature sexualisation (Men & Women against child abuse, 1993). Those problems varied from having flashbacks, to frigidity, to promiscuity (Castel et al., 1997). In most instances, the sexual act was connected to negative memories, and confusion existed concerning the role of sex in a loving relationship (Baker, 2003, Finkelhor & Browne, 1986). Their previously used defence and coping mechanisms stood in the way of working on and finding solutions for sexual problems experienced (Castel et al., 1997). They were often unaware of sexually inviting behaviour (Wade, 2000), experienced a loss of interest in sex, PTSD symptoms (Gilliland & James, 1997) and even experienced the presence of the abuser during sex (Wade, 2000).

Some survivors endeavoured into early marriages in order to escape from their abusive home circumstances, and often complied with the sexual demands of people they were not attracted to. Often they experienced attraction to older people and regressed to childlike behaviour during intimate situations. Confusion surrounding sexual orientation, as well as the experience of pain during intercourse complicated the aspect of sex for survivors (Wade, 2000, Men & Women against child abuse, 1993).

Participants pointed out how difficult it was for them to accept their gender and sexuality due to the fact that they believed it was because of those two aspects that they had been abused in the first place. They also believed that they would be attacked or assaulted in adulthood if they were too comfortable with their sexuality by e.g. wearing feminine clothes etc. They had no idea of how to let go during sexual intercourse and criticised

how they were feeling during the act. If they did not criticise their emotions, they completely suppressed or denied it.

Participants were eventually able to experience sex in a more positive fashion and allowed whatever feelings they were experiencing to surface without judgement or pressuring themselves to feel different. They allowed themselves to feel pleasure, to communicate about their sexual problems and showed less confusion between past abusive experiences and present enjoyable instances of sex.

Participants were also very pro-active in their healing process. When aspects arose of which they did not know the answers, they educated themselves on it, reading books concerning the topic etc.

Those participants, who were unable to change aspects relating to this theme, were still confusing the past and the present where sex was concerned.

6.2.5 Experiencing a feeling of difference from others

As was seen in literature, survivors constantly felt different and isolated from their peer group (Wade, 2000). The topic of difference was only mentioned in one literature source. This aspect cannot be emphasised enough, since literally every participant highlighted this theme as being extremely important, as well as intense. They equated this feeling with badness, isolated themselves from others as punishment for their "committed sins" and hung their heads in shame.

Participants did not feel part of anything or anyone, felt confused and alone because of the secret they had kept, the burden they could not get rid of. They were truly relieved when this theme came up and was acknowledged in the questionnaire, since those feelings of difference and badness impacted their behaviour, made them feel even more alone than they already felt.

Participants were later able to move beyond their linear equation of difference with badness. They realised that when they attracted or repelled people or situations, it was not only based on their experiences of abuse, rather their unique personality characteristics, intellect, moral view etc. could also lead to acceptance or rejection. They reframed this feeling into something positive. Even though they still felt different, they

ascribed it to a higher level of transcendence that they had undergone, and were able to be more authentic and true to themselves. They slowly started to accept themselves and finally realised the importance of the self.

A few of the participants struggled to move beyond their feelings of isolation.

6.2.6 Participants childhood lost as consequence of abuse

Literature noted that survivors felt stripped or depleted from certain psychological capacities (Pollock, 2001). They felt that a happy childhood was forfeited (Doyle, 1994). Participants pointed out that they had to mourn the childhood, which was lost. They often felt that not only was a happy childhood forfeited, but any childhood at all. This theme was definitely not covered in enough depth in literature. A complete denial of any aspect of being a child or having a childhood by participants was noted. A deep need to mourn all those elements they believed they had lost had to be satisfied. Participants realised that that was a pre-requisite before they could truly move along on their healing journey.

Later on participants were able to move beyond the obvious question of "why did this happen?" to a place where they rather wanted to find solutions and better options of coping with their lives and themselves. They preferred to view themselves as less tainted by the abuse and acknowledged the inner child's existence and emotions. They realised that through acknowledging the inner child, they also had to acknowledge that they were adults, who could use e.g. instances of regression in a positive way, by re-parenting the child and themselves to handle those situations in a more mature fashion.

Some participants had not yet mourned their losses or acknowledged the inner child and failed to move on.

6.2.7 The role of feelings and emotions in participants lives

Various emotions that survivors seemed to experience were pointed out by literature. Mistrust (Wade, 2000), shame, anger, guilt (Castel et al., 1997, Blume, 1990), fear (Peterson, Olasov & Foa, 1987) and betrayal (Doyle, 1997), all seemed to complicate the survivors healing journeys. They constantly seemed to be anxious and fearful (Steketee & Foa, 1987). At times they felt numb (Bass & Davies, 1997), hollow, and as if they were missing an "x" factor (Wade, 2000). Survivors seemed to experience an intense, yet

suppressed rage. They felt dangerous, capable of murder, as if their anger was uncontrollable and would destroy others. That confirmed their belief concerning what bad people they thought they were and also exhausted them, because they constantly tried to suppress that intense emotion (Pollock, 2001). Arousal modulation problems seemed to manifest (Alexander, 1992). It seemed as if the ever present feeling of shame, lead to lifelong shame prone defences including rage (Pollock, 2001). Shame seemed to reinforce survivors' beliefs that they were not likeable, creating defensive, aggressive or cringing attitudes, which lead to rejections, which again resulted in feelings of worthlessness (Dryden, 1997, Blume, 1990).

One very strong element that came to the fore was that participants' feelings and physical bodies were in a negative symbiotic relationship, the one impacting the other as soon as they were upset or the topic of abuse was brought up. Participants harboured a true and intense fear that if they experienced their emotions to the fullest, that it would literally overwhelm and kill them. That was not an over exaggeration but rather a true, even if irrational, belief.

Participants were starting to learn the art of not labelling, judging or trying to control their emotions. They were not so intimidated by emotions because they had experienced intense emotions and survived them. They started to trust their emotions and also realised that even though they should not control their emotions, they were able to choose how they wanted to react to them. The intensity of their emotions was starting to lessen; the more they allowed them expression. They finally realised that their emotions could not and would not kill them.

A few participants were still struggling to trust and accept their emotions and feared being overwhelmed by their emotions.

6.2.8 Role of child versus adult in daily interactions and decision-making

Due to the fact that the inner child was not yet acknowledged, it often led to seemingly irrational behaviours in adulthood. That often being the reason why abuse was allowed to continue into adulthood or the need was experienced to escape into a fantasy world (Wade, 2000).

Participants simply did not realise that, as adults, not only did they have choices; they could make different choices than before. They had not realised that previously the child impacted decision-making in an irrational way.

Participants exercised their right of choice and did not allow abuse to completely overshadow their lives anymore. They realised that as adults they were responsible for what they allowed to happen to them, but that as children, they had been powerless. They were able to make more balanced and mature decisions and dealt with their issues in a functional framework of their lives.

6.2.9 Relationships

Literature pointed out that survivors' relationships were severely impacted by the aftermath of abuse. Survivors seemed to believe that being close to others was dangerous and so they rather kept away from them (Baker, Skolknik, Davis & Brickman, 1991). If they did enter into relationships it was mostly characterised by interpersonal problems, poor communication skills, dependent and manipulative behaviour (Baker, 2003) and social adjustment problems (Steketee & Foa, 1987). Relationships seemed to be short lived (Wade, 2000) and even friendships proved to be problematic (Bass & Davis, 1997). Marital problems and parenting concerns seemed to be a frequent occurrence (Baker, 2003, Alexander, 1992, Finkelhor & Browne, 1986). Survivors seemed to isolate themselves by avoiding social interaction and lacked assertiveness (Baker, 2003, Dryden, 1997, Finkelhor & Browne, 1986). Participants pointed out that they felt "untamed", never being taught the dynamics of healthy relationships as children. They felt completely unable to handle themselves in social settings.

Eventually participants had come to a point where they did not allow themselves to be invalidated in relationships anymore. They felt more socialised and had developed an internal locus of control, which gave them more confidence to be themselves in relationships. They had realised that they were not the only people to be faced with those challenges and utilised internal, as well as, external resources to aid them during trying times. They did not feel the need to do everything themselves anymore.

Only one participant still struggled to define herself and to develop an internal locus of control.

6.2.10 Actions and feelings concerning the perpetrator

Survivors showed pre-occupation with the safety of their children and feared becoming a perpetrator themselves (Baker, 2003, Finkelhor & Browne, 1986). Originally participants were harbouring a variety of emotions towards their perpetrators and were left confused by that. They were also unable to express those emotions, which led to frustration.

Their focus shifted from the perpetrators to the self. Instead of judging the perpetrators they rather tried to make their own sense of what had happened. They refused to continue allocating blame to the wrong people, and realised that they themselves had been helpless in that context, when they had been children. Their cognitions and focus had shifted from the abuser to their own healing.

6.2.11 The role of self-care in participants lives

According to literature, poor self-care seemed to be characteristic of how survivors treated themselves (Pollock, 2001). They never asked anything for themselves and took the blame for whatever went wrong around them (Garbarino & Eckenrode, 1997). They endeavoured in self-sabotage more often than not (Pollock, 2001, Wade, 2000, Men & Women against child abuse, 1993). Participants had, true to the literature, not shown themselves any care but rather perpetuated their own abuse. The extent of neglect to themselves should be emphasised strongly.

Participants refused to perpetuate their abuse and actively sought ways in which to soothe themselves, without feeling guilty about it afterwards. They had realised the importance of self-nurturing and their need to explore love instead of abuse.

Although they did realise the above mentioned, they found it extremely challenging to constantly implement those realisations into their lives.

6.2.12 Participants commented on the healing journey

As was seen in literature, a main focus of the healing process was about empowering survivors to be able to make changes in their lives (Stardancer, 1996). It was also about a decision to move on, to overcome the grasp of abuse, and to hold on to that choice (Lotter, 2004). It was described as a long and arduous process, containing sorrow. That,

though, was not the end of the road, the end result and process, which was gained due to long and hard work seemed to be breathtaking and exciting. The changes being worthwhile for the individual (Wade, 2000). Pollock (2001) pointed out how important it was for any therapist to be familiar with key themes such as the inner child, transference, secrecy etc. when working with survivors, if a positive result was desired. Matsakis (1996) pointed out that healing was a lifelong process and seemed to take place on a cognitive and emotional level, where a decision by the individual to become a survivor instead of a victim was key, before any changes could be made.

An effective healing process seemed to result in changes in all the previous mentioned themes. Behaviour such as avoidance, depression, self-defeating actions, dissociation states, self-injury and suicide attempts all seemed to be alleviated by a healing journey (Pollock, 2001). The survivor would be able to move closer to an ideal self, which was more whole and able to separate the self from the people around her (Pollock, 2001). A holistic self would emerge that allowed a person to stay grounded in the self. A person who was able to maintain productive relationships, boundaries between internal and ego states, and honour and value previously dissociated parts of the self. A shift in attention from past to present and even the future could be made, where lessons were learnt from the trauma and used to progress and grow. They would at last be able to acknowledge and accept feelings and actions and create their own stories of understanding and even forgiveness if wanted (Schwarz, 2002).

Most participants felt that the expectations they had of their respective journeys were partially fulfilled. A healing journey had enabled them to find their own strength, which lead to insight and awareness, and the ability to bring about real changes in their lives (as discussed in the analysis).

One participant felt disappointed in herself because she felt that she had been unable to bring about real changes in her life. The feeling of disappointment was intensified when she compared herself with others. She believed that other members in the group had shown much more progress than she had.

The process itself seemed to have been a tumultuous road for the participants - at times it seemed overwhelmingly steep and intense and at other times more relaxed and joyful. Different themes and areas impacted each individual differently, due to subjective past experiences and personal, diverse frameworks. Each participant was challenged and

benefited from different parts of their journey. The common thread being that benefits and challenges did cross each and every individual's path. The memories evoked, while on this journey seemed to be one of the most challenging aspects for all survivors.

The benefits of their journey, such as acknowledging the courage of the self, perspective gained regarding abuse, and their newfound ability to make choices, left them breathless with joy - that made the hard days seem worthwhile. They stayed committed to their healing journey, due to their intense wish to become whole and functional, and they knew that, the alternative (not healing and returning to their previous way of living) would be devastating, and could result in suicide.

They strongly emphasised that their journey was ongoing, even though, it would have been easier if a definite beginning and end could have been identified. They realised that growth and change was constant, and although it seemed slightly daunting, they also found it an exhilarating idea. They could be excited about what lay ahead because they had found internal as well as external sources to draw support from.

Many participants did not even attempt to define healing. For those who answered the question, it was clearly a process of acknowledging the past, mourning their losses and embracing responsibility and choices in adulthood. It was a structured process, yet within that structure that was given to them, it was a different and unique process for each and every individual, due to different needs, different areas focused on. The most important aspect mentioned though, was that healing, growing beyond abuse and eventually thriving was, is and will always be possible.

6.3 Conclusion

Whilst doing research I found an abundance of literature (even though not necessarily South African) on the aftermath of abuse, linked to different pathologies and disorders survivors had to overcome in adulthood. Even though I do acknowledge that in this particular study the destructiveness of the aftermath became clear, it needs to be stated that the survivors saw it through different eyes. They refused to look at their "pathologies" but rather focused on how to overcome their challenges and difficulties. They searched, without pause, when tired, for those elusive answers that they needed in order to change their behaviours in order to live more fulfilling, happy and healthy lives.

Each of these participants taught me lessons, personified resilience, courage and determination. The changes they had made must be recognised and I extend humble gratitude for what they have taught me. The changes that they had made has been extensively analysed and summarised, but the following aspects deserves mentioning:

Participants were completely honest, straightforward and realistic. They pointed out their weaknesses and acknowledged their strengths. Finer nuances manifested which they themselves might not even have been aware of. Their use of language had changed. They had started to use the words allowed, personal power and consciousness. Through raised awareness they were very clear on what they still wanted to change in future. Especially, concerning sex, the allowance of pleasure and the term making love suddenly came to the fore. It (sex) as well as they, themselves, was not seen as something dirty or sinful.

Participants started to give themselves the space to journey, as quickly or as slowly as they were able to, at a certain point in time, they did not expect more of themselves than they were able to give. They were more lenient, forgiving and flexible with the self - at last treating themselves as the precious, courageous and unique individuals, that they were.

Their journeys had been long and arduous (as discussed), at times challenging them almost beyond their limits. They never gave up or in to their pain, but boldly marched into it and eventually through it.

This study aimed to explore the healing journey, due to the disgraceful neglect of this aspect in present literature. A term such as the inner child, which seemed to form the crux of the healing process, is barely mentioned in literature. The inner child, the wounded girl who yearns to be acknowledged, loved, accepted, nurtured and heard. Before participants entered a healing journey, this inner girl who carried all the participants pain and sorrow was not heard and acknowledged nor was "her" feelings integrated as their own without judgement. Without achieving the above-mentioned, participants found themselves unable to move forward. Even though a precise definition for this concept of "inner child" is quite vague, its potency cannot and should never be disregarded.

This group made significant changes in their lives, and, thus, the individuals had done the same. They did this in different ways, on different levels and concerning different

themes. Even though some participants managed to do it quicker than others, there was not one participant who did not progress in some way or another.

I wanted to find answers to questions and to a great extent I have. The human spirit seems to be unbreakable, if the survivor truly commits to herself, and her own healing. This study is viewed as a tentative first step in the South African context to focus on the healing and growth of survivors in adulthood and not only the aftermath. The phrase "thriver" was coined by the participants, to show that there is a step beyond only surviving, living life in abundance and as healthily as possible.

To define healing, I found, for me was quite impossible. Hopefully future studies will build on this project to further scrutinise the changes brought about by healing, the process it follows and they might find a workable definition. I regrettably had to admit defeat. Maybe there will never be a clear-cut definition and will healing always be an untouchable secret, a marvellous, healthy and treasured secret that a survivor can keep and hold on to.

Maybe in years to come, with wisdom, I will not yearn to define concepts but rather learn to just appreciate and acknowledge changes and growth. Changes and growth which are constant, and for that reason becomes dear friends, whom one does not want to be without.

I do believe that this study focuses on the positive, the resilience of the female spirit, which can survive the cruellest of cruelty and still live, love and laugh because she was able to heal her brokenness. This could be achieved because she had committed to always grow and to contribute to others growth. Who had stopped asking futile questions but rather focused on living every day as healthily as she possibly could.

The healing journey is a process, which any survivor can commit to if they wished in order to obtain their special gift, their innocent, pure and untouchable gift, called healing.

It needs to be pointed out, that due to the fact, that this study was done in a qualitative fashion, it should be acknowledged that subjective interpretations and focus do occur. I came into this project with my own framework and beliefs, and my focus might (sometimes, or even often) differ from that of the reader. This may be considered by some to be a weakness, however, the study has highlighted the plight of adult survivors

of childhood abuse. The richness of their stories and experiences would have gone lost in a modernistic/positivistic study. The aim of this study was to elucidate the stories of these survivors and not to give "scientific" explanations, as their stories are already a truth in themselves. The readers are invited to draw their own conclusions, which may be similar or different than the conclusions that were drawn here.

A multitude of answers had not been extensive enough, especially concerning the healing process itself. As previously stated, this study was viewed as a first step and more research is crucial in this area.

Concerning those areas some participants feel "stuck" in, it would be important to find out why it was experienced that way, and what could be done to facilitate those who could not move beyond those aspects while other members could. It would be important to identify what they needed, which was not provided by that specific intervention, in order to prevent the success of the group overshadowing those individuals who still experienced pain on some levels. Since the aim of the study was not to ignore or overlook the individual, thereby invalidating them further.

I have learned, together with this group, that life itself is a process and a journey. I view this study in the same fashion. Change and growth is constant. This process, this project, is far from finished; rather my burning wish is that it has barely begun. This study needs to be built on, must be questioned, must be explored further. In essence, it must continue to grow.

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Appendix A

Pre-Intervention questionnaire

1. What made you decide to enter into/start your journey of healing?

2. How did you feel/think about yourself concerning the following aspects before your healing process started:

2.1 Self -esteem and belief in personal power

In your answer you might refer to some of the following elements if you feel that it is relevant to you. Please note that these are only guidelines, you can add any other elements you feel might be important to this aspect.

* belief that you have choices
* a belief in being intrinsically "bad"
* believing that the abuse was you're own fault and taking responsibility for it
* anything else you believe might be relevant

2.2 Your body

In your answer you might refer to some of the following elements if you feel that it is relevant to you. Please note that these are only guidelines, you can add any other elements you feel might be important to this aspect.

* addictions
* self mutilation
* hatred of you're body
* eating disorders
* anything else you believe might be relevant

2.3 Boundaries

In your answer you might refer to some of the following elements if you feel that it is relevant to you. Please note that these are only guidelines, you can add any other elements you feel might be important to this aspect.

* Being able to trust others
* Being able to trust yourself
* A need to be in control/dominated in a relationship
* Being able to form friendships
* Being able to form lasting relationships with lovers
* Being able to set boundaries/respect other people's boundaries
* Anything else you believe might be relevant

2.4 Sexual relations

In your answer you might refer to some of the following elements if you feel that it is relevant to you. Please note that these are only guidelines, you can add any other elements you feel might be important to this aspect.

* Experiencing flashbacks during intimacy
* Frigidity
* Promiscuity
* Sexual identity issues
* Loss of sexual interest
* Developing a sexual interest in the same sex
* Anything else you believe might be relevant

2.5 Health

In your answer you might refer to some of the following elements if you feel that it is relevant to you. Please note that these are only guidelines, you can add any other elements you feel might be important to this aspect.

* Have you, as an adult or child, experienced any chronic illnesses such as Dissociative Disorders, Eating Disorders, Fybromyalgia etc.
* Anything else you believe might be relevant

2.6 Experiencing a feeling of difference

In your answer you might refer to some of the following elements if you feel that it is relevant to you. Please note that these are only guidelines, you can add any other elements you feel might be important to this aspect.

* Experiencing a feeling of not really belonging anywhere
* Being chronically misunderstood
* Feeling lost
* Feeling alone even when amongst other people
* Anything else you believe might be relevant

2.7 A Childhood Lost

In your answer you might refer to some of the following elements if you feel that it is relevant to you. Please note that these are only guidelines, you can add any other elements you feel might be important to this aspect.

* Feeling as if you have lost you're childhood
* Feeling the need to sometimes be a child
* Believing you lost a part of yourself due to the abuse e.g. innocence, some aspects of personality (spontaneity, ability to trust)
* Anything else you believe might be relevant

2.8 Feelings

In your answer you might refer to some of the following elements if you feel that it is relevant to you. Please note that these are only guidelines, you can add any other elements you feel might be important to this aspect.

* Being out of touch with you're own emotions

* Expressing emotions inappropriately
* Feeling numb
* Experiencing extremely intense emotions
* Suppressing emotions
* Controlling you're emotions
* Not knowing what to do with you're emotions
* Anything else you believe might be relevant

2.9 Role of child vs. adult in making decisions and acting

In your answer you might refer to some of the following elements if you feel that it is relevant to you. Please note that these are only guidelines, you can add any other elements you feel might be important to this aspect.

* Did you ever experience emotions you did not understand when irrationally reacting to a situation
* Did the "child" many times make the decisions without you understanding why you are making a certain decision
* Anything else you might feel is relevant

2.10 The Perpetrator

In your answer you might refer to some of the following elements if you feel that it is relevant to you. Please note that these are only guidelines, you can add any other elements you feel might be important to this aspect.

* Feeling the need to confront/avoid the perpetrator(s)
* Inability to express you're feelings concerning the perpetrator(s)
* Feeling guilty about the feelings experienced concerning the perpetrator(s)
* Detachment
* Anything else you might feel is relevant

2.11 Self-care/soothing

In your answer you might refer to some of the following elements if you feel that it is relevant to you. Please note that these are only guidelines, you can add any other elements you feel might be important to this aspect.

* What do you view as self-care/soothing?
* Is it necessary?
* Do you take the time to nurture yourself?
* Are you entitled to that?
* How do you comfort yourself emotionally and physically?
* Anything else you might feel is relevant

2.12 Other aspects you believe to be important in you're life touched be experiencing abuse

3. What was your expectations of your healing journey? Not what the program should be like, but what you would have liked to accomplish or achieve by starting a healing journey.

Appendix B

Post-intervention questionnaire.

How do you feel or think about yourself concerning the following elements now that you have started your healing process? Your previous answers were transcribed and included in this questionnaire, so feel free to comment and elaborate on your previous answers

Self - esteem and belief in personal power

* Have any of the aspect you previously mentioned changed throughout your healing journey?
* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?
* Have you any comments you want to add to this theme?

Your body

* Have any of the aspect you previously mentioned changed throughout your healing journey?
* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?
* Have you any comments you want to add to this theme?

Boundaries

* Have any of the aspect you previously mentioned changed throughout your healing journey?
* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?
* Have you any comments you want to add to this theme?

Sexual Relations

* Have any of the aspect you previously mentioned changed throughout your healing journey?
* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?
* Have you any comments you want to add to this theme?

Health

* Have any of the aspect you previously mentioned changed throughout your healing journey?
* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?
* Have you any comments you want to add to this theme?

Experiencing feelings of difference

* Have any of the aspect you previously mentioned changed throughout your healing journey?
* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?

* Have you any comments you want to add to this theme?

A Childhood Lost

* Have any of the aspect you previously mentioned changed throughout your healing journey?
* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?
* Have you any comments you want to add to this theme?

Feelings

* Have any of the aspect you previously mentioned changed throughout your healing journey?
* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?
* Have you any comments you want to add to this theme?

Role of child vs. adult in making decisions and acting

* Have any of the aspect you previously mentioned changed throughout your healing journey?
* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?
* Have you any comments you want to add to this theme?

Role of child Vs adult in decisions and acting

* Have any of the aspect you previously mentioned changed throughout your healing journey?

* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?
* Have you any comments you want to add to this theme?

The Perpetrator(s)

* Have any of the aspect you previously mentioned changed throughout your healing journey?
* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?
* Have you any comments you want to add to this theme?

Self-care/soothing

* Have any of the aspect you previously mentioned changed throughout your healing journey?
* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?
* Have you any comments you want to add to this theme?

Other aspects you believe to be important in you're life touched by you're healing journey

* Have any of the aspect you previously mentioned changed throughout your healing journey?
* If so, what has changed and how?
* What has not changed?
* What is still in a process of change?
* Which of these aspects do you still find really hard to manage or deal with?
* Have you any comments you want to add to this theme?

Were the expectations you had of your healing journey met?

Is discovering and nurturing one's inner child an intricate part of the healing process?

* If so, elaborate on this
* Could you describe your relationship with your inner child as it progressed from before you started your healing journey up until this point in time, if you feel it is applicable.
* Please add any comments on this theme you feel important

Was this journey more difficult than you expected? Please elaborate on this.

What kept you committed to your own healing? How did you keep going even in the difficult times?

Is the healing process ever finished, or is it ongoing?

How would you define "healing for an adult survivor of sexual abuse"? Which elements do you feel form part hereof?