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Early trauma and the developing mind

Portfolio for Professional Doctorate in Counselling
Psychology (Dpsych)

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Submitted June 2013

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Preface

This doctoral portfolio is comprised of three separate pieces of work that relate to my training as a Counselling Psychologist; it also reflects my developing interests over the past three years. All three pieces of work are linked to the area of psychological trauma and relationships and all pieces are relevant to Counselling Psychology.

The first part of this portfolio focuses upon how sexual abuse in childhood may contribute to the difficulties experienced within the context of relating in adulthood. The second part takes the form of a clinical case study. It considers how sexual abuse in childhood may contribute to the difficulties experienced within the context of the self, and the self in relation to others. The third part explores how early conditions of growth and formative relationships with primary caregivers may contribute to the difficulties experienced within the context of self and object relating. Whilst each piece is separate, they are tied together with a common thread that ultimately seeks to explore the impact of early trauma on the developing child's mind. The importance of early maternal/infantile bonds are emphasised throughout and attention is drawn to how experiences with formative caregivers can structure the child's conscious and unconscious perceptions of the world and impact upon ways of relating.

Part 1: The Research

The qualitative research project explores in depth the lived experience of relating amongst women who have been sexually abused during childhood. More specifically, it offers an appreciation and understanding of the individual's experience of relating and being in relationships along with the meaning and implications this has for their existence in the world. Data was collected using semi-structured interviews and analysed using Interpretive Phenomenological Analysis (IPA). The findings of the study are discussed in relation to existing literature and psychological theories. Implications for the practice of Counselling Psychology are also considered.

Part 2: Professional Practice

A piece of clinical work in the form of an advanced psychodynamic case study is presented with the aim of demonstrating clinical competence in the chosen therapeutic model. *Broken pieces: Handle with care* combines a clinical case study along with a

micro view analysis of the therapeutic work in the form of a process report. It explores the way in which traumatic childhood experiences such as sexual abuse and neglect, impact upon the individual's sense of self and experience of others. It further considers the way in which abuse and neglect experienced at the hands of formative caregivers can shape and pattern the mind of the individual causing deep fear and mistrust. Consideration is given to the impact that wounded trust and damaging attachments can have upon the development of a therapeutic alliance and the implications for the clinical practice of Counselling Psychology are discussed within.

Part 3: Publishable Article

The final piece of work in this portfolio is a clinical case study written in accordance with the guidelines of the journal of '*Clinical Case Studies*'. *The case of the attacking heart*, documents my experience as a trainee working psychodynamically with a patient who was referred for treatment for hypochondriacal anxiety. The importance of early maternal/infantile bonds are emphasised, drawing attention to how experiences with important caregivers can structure the child's conscious and unconscious perceptions of the world and impact upon ways of relating. It explores the relationship that exists between the individual's internal and external worlds and considers how the therapist may be provided with valuable insight through paying close attention to their own countertransference. Implications for the practice of Counselling Psychology are discussed within.

Part 1: The Research

Understanding how women with a childhood sexual abuse history experience relating and relationships: An Interpretive Phenomenological Analysis.

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Supervised by Dr Susan Strauss

Abstract

The area of childhood sexual abuse (CSA) has been the focus of increasing attention over recent years. In particular, research has emphasised that the sexual abuse of children is a major societal problem because of its high prevalence and devastating impact on the victimised child. A growing body of research suggests that the experience of CSA can have a lasting impact on adult interpersonal functioning. The majority of existing research studies have employed quantitative methodologies. This study explored in depth the lived experience of relating amongst women who have experienced CSA. A qualitative methodological approach was employed. Data was collected using semi-structured interviews and analysed using Interpretive Phenomenological Analysis (IPA). The participants were eight women who had experienced sexual abuse during childhood. The three superordinate themes that emerged from the data included: 'Protection', 'Disturbed Intercourse' and 'Responsive and unresponsive mothers and others'. The women's experience of relating was complex and multifaceted. Much of the women's experience of relating was overwhelmingly negative as they depict worlds occupied with threatening and malevolent others who could invariably cause harm. A resounding communication evident throughout all of the dialogues appeared to suggest that present relating is inextricably bound to past experiences. The narratives revealed the difficulties and disturbance experienced within the context of relating and how the past has in some way formed an invisible template for present day relating causing terror, angst and uncertainty. This study presents rich descriptions of the lived experience of relating amongst this group of women. Implications for the clinical practice of Counselling Psychology are considered within.

Chapter 1

Introduction

Childhood Sexual Abuse

The area of childhood sexual abuse (CSA) has been the focus of increasing attention over recent years. In particular, research has emphasised the sexual abuse of children as a major societal problem because of its high prevalence and devastating impact on the victimised child (King et al., 2000). Briere (1992) defines CSA as a sexual act between an adult and a child in which the child is utilised for the sexual satisfaction of the perpetrator. Putnam (2003) highlights that an array of sexual activities are covered by the term CSA, including: intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography.

It is apparent that definitions in the literature vary according to the types of activities considered to be 'sexual' and the circumstances considered to constitute abuse (Draucker, 2000). It is important to take into consideration that this variation could partly explain the range of outcomes with regard to research findings in the area. Putnam (2003) highlights that the age and gender of the child, the age and gender of the perpetrator, and the number, frequency, and duration of the abuse experiences all appear to influence the outcomes. For these reasons, it can be seen that sexually abused children constitute a very diverse group with many degrees of abuse, which makes it difficult to generalise.

With regard to the prevalence of CSA, firm estimates within the literature have been difficult to establish due to a variety of methodological problems such as inconsistency in definitions (Thomas, 2003) and problems with under-reporting (Putnam, 2003). Despite these difficulties, recent research indicates that around one out of three or four children have experienced some form of childhood sexual abuse (Briere & Elliot, 2003). More recently, The National Society for Prevention of Cruelty to Children (NSPCC) released statistics on the prevalence of CSA based on research by Radford et al. (2011). It was reported that nearly one quarter of young adults (24.1%) interviewed had experienced some form of sexual abuse (including

contact and non-contact) during childhood. One in six children aged between 11 and 17 years old (16.5%) had experienced sexual abuse, and almost one in ten children aged between 11 and 17 years old (9.4%) had experienced sexual abuse in the past year. Goldman and Padayachi (2000) posit that, despite a variety of methodological problems, most researchers believe that the rates reported in their studies are conservative figures.

The Psychological Effects of Childhood Sexual Abuse

The psychological effects of childhood sexual abuse have received increased attention over the past few years. Studies detailing the impact of childhood sexual abuse report a variety of different findings. Kendall-Tackett, Williams, and Finkelhor (1993) draw attention to the fact that the impact of CSA is highly variable, with some children showing no detectable negative effects whilst others show highly adverse reactions with severe psychiatric symptomatology.

Evidence suggests CSA is highly correlated with other factors, such as family dysfunction and family environment, that are known to place children at risk (McClure, Chavez, Agars, Peacock, & Matosian, 2008; Bhandari, Winter, Messer, & Metcalfe, 2011). Yancey and Hansen (2010) propose that a combination of personal factors (age, gender, attributions regarding the abuse, and treatment following abuse); familial factors (parental history of abuse, parental reaction to the disclosure, parental support of the victim, parental mental health, family stress); and abuse-specific factors (severity of abuse, duration of the abuse, and victim-perpetrator relationship) contribute to the symptoms displayed and experienced by victims.

However, a significant body of research has demonstrated that abuse appears to have an independent influence on outcomes (Fergusson, Boden, & Horwood, 2008; Fergusson, Lynskey, & Horwood, 1996b; Li, Ahmed, & Zabin, 2011; Nelson, Heath, & Madden et al., 2002); and whilst some survivors do not seem adversely affected (Erbes & Harter, 2005; DuMont, Widom, & Czaja, 2007; McClure, Chavez, Agars, Peacock, & Matosian, 2008), it is evident that CSA, particularly severe and chronic forms, pose significant risk (Manly, Kim, Rogosch, & Cicchetti, 2001; Paolucci, Genuis, & Violato, 2001; Saywitz, Mannarino, Berliner, & Cohen, 2000; Kendler et al., 2000).

The vast majority of research indicates that the personal and social costs of child abuse appear large. In particular, research has emphasised that the sexual abuse of children is a major societal problem because of its high prevalence and devastating impact on the victimised child (King et al., 2000). Cohen, Mannarino, and Knudsen (2005) report that child sexual abuse is associated with psychiatric difficulties which can potentially be long lasting and cause significant functional impairment. Saywitz, Mannarino, Berliner, and Choen (2000) found that sexually abused children have increased rates of depression, anxiety, posttraumatic stress disorder (PTSD), externalising symptoms, and substance use disorders. Kendler et al. (2001) report a significant causal relationship between CSA and psychopathology, and Noll, Horowitz, Bonanno, Trickett, and Putnam (2003) found that adults with a history of CSA reported greater incidents of rape, sexual assault, self-injurious behaviour, and subsequent trauma. In addition, Wyatt et al. (2002) found that CSA was associated with greater likelihood of developing a complex pattern of psychological dysfunction, such as higher rates of PTSD, depression, and self-destructive behaviours, including patterns of sexual risk behaviours and substance abuse.

More recently, research has indicated that a history of CSA is associated with higher rates of suicide attempts (Melhem et al., 2007; Roy & Janal, 2006) and that individuals who reported a history of CSA scored higher on measures of body dissatisfaction, eating disorders, suicidal ideation, physical abuse, physical neglect, emotional abuse, and emotional neglect than those who reported no history of CSA (Murray, MacDonald, & Fox, 2008). Furthermore, Draper et al. (2008) report that participants who experienced CSA were at greater risk of poor physical and mental health and that the effects of childhood sexual abuse appear to last a lifetime.

Childhood Sexual Abuse and Relationships

It is clear from the literature that the sequel of presentations resulting from CSA is frequently considered in diagnostic terms. However, Poulsney and Follette (1995) argue that such diagnostic constructs “may not provide the most valid or useful distinctions when working with this population” (p.154). Davis and Petretic-Jackson (2000) argue that the interpersonal aspects and relational problems reported by survivors are often ignored when we rely solely on the use of diagnostic systems. Moreover, it is argued that, whilst survivors often exhibit symptoms that are

characteristic of a disorder, the clinical picture is more often one of an incomplete syndrome and, as such, we are urged to consider that a complex relationship exists between CSA as a form of ecopathology and the later symptomatology often expressed as a form of psychopathology (Davis & Petretic-Jackson, 2000).

A growing body of research suggests that the experience of CSA can have a lasting impact on adult interpersonal functioning. DiLillo (2001) notes that the parameters defining adult interpersonal functioning are broad as they encompass the survivors' relationships with particular individuals in their lives (spouses and partners, friends, children, and other family members), as well as the dimensions upon which those relationships might thereby be impacted (communication, trust, intimacy). It is suggested that CSA represents a risk factor for a range of interpersonal dysfunction among survivors, including problems with intimate partner relations, disturbed sexual functioning, and difficulties in the parental role (DiLillo, 2001).

The Intimate Couple Relationship

With regard to the intimate couple relationship, evidence does suggest that females who have experienced CSA can experience profound difficulty in areas relating to satisfaction with intimate partner relations, physical and sexual assault by partners, and partner characteristics (DiLillo, 2001).

An interesting study by Dimitrova et al. (2010) examined closeness in relationships as a mediator between CSA and psychopathological outcome in adulthood. The study involved 28 women who had experienced CSA and 16 women with no history of CSA. Measures utilised included: The Early Trauma Inventory (Bremner, Vermetten, & Mazure, 2000), The Global Assessment of Functioning scale of the Diagnostic and Statistical Manual of Mental Health Disorders, 4th edition (American Psychiatric Association, 1994), and The Adult Attachment (Collins & Read, 1990). Findings indicated that those who had experienced CSA reported significantly more interpersonal distance in relationships than non-abused counterparts. The women who had experienced CSA reported feeling less comfortable with closeness and intimacy in relationships than non-abused women. They also reported being more anxious in relationships, and feared not being loved or being abandoned. Furthermore, a key finding was that with regard to those who had experienced CSA, attachment predicted psychopathology when abuse was controlled for, whereas abuse did not predict

psychopathology when attachment was controlled for. The authors concluded that preserving the capacity for closeness with attachment figures in adulthood appears to mediate the consequences of CSA on subsequent psychopathological outcomes.

A prospective study of childhood abuse and neglect by Colman and Widom (2004) examined the impact of early CSA on rates of involvement in adult intimate relationships and relationship functioning. This prospective study is particularly interesting and novel in its approach. It involved substantiated cases of child abuse and neglect from 1967 to 1971 matched on gender, age, race, and approximate family class with non-abused and non-neglected children and followed them prospectively into adulthood. In adulthood, 1179 participants (664 abused and 515 controls) (49% female and 51% male) of the original 1,575 participants (908 abused and neglected individuals and 667 controls) took part in a two-hour in-person interview, including a psychiatric assessment and a variety of standardised rating scales. The researchers note that phase two of the research took place approximately 25 years later and was designed to document long-term consequences of childhood victimisation across a number of outcomes. Measures of Child Abuse and Neglect, Family Background, Involvement in Intimate Adult Relationships, and Relationship Functioning were utilised. Results indicated that the intimate relationships of those who had experienced CSA differed from the non-abused participants with regard to relationship stability and quality. Both male and female adults who had been abused in childhood reported significantly higher rates of relationship dysfunction (walking out and divorce) than adults without abuse history. Abused women were also less likely than controls to perceive their current romantic partners as supportive, caring, and open to communication and were less likely than the non-abused women to be sexually faithful to their partners and spouses. Rates of involvement in intimate relationships also differed significantly by group, with abused adults being more likely to have cohabitated with romantic partners, and less likely than controls to be currently involved in a committed romantic relationship. As a general rule, these patterns of relation held true across maltreatment types and were largely unaltered by the introduction of family background variables.

Whilst previous studies have demonstrated a connection between intimate relationship disturbance and CSA (Cherlin, Burton, Hurt, & Purvin, 2004; Holman, 2001), the majority have utilised retrospective reports. The study by Colman and Widom (2004)

is unique in its contribution in that it demonstrates the long-term effects of CSA on both males' and females' intimate relationships. The authors conclude that using a prospective cohort design involving court-documented cases of child abuse and matched controls provides strong support for the hypothesis that early childhood maltreatment negatively impacts upon an individual's capacity to form and maintain healthy interpersonal relationships.

An interesting study by Walker, Sheffield, Larson, and Holman (2011) examined the relationship between a history of CSA for one or both members of a romantic couple and the level of contempt and defensiveness in their relationship. Using data from the Relationship Evaluation questionnaire (Holman, Busby, Doxey, Klein, & Loyer-Carlson, 1997), they analysed the responses of 10,061 couples. Measures of CSA, Contempt, and Defensiveness were utilised. Findings suggested that levels of contempt and defensiveness were greater when one or both partners had a history of CSA compared to those who did not report a history of CSA. Furthermore, the males' experience of CSA had a greater impact on their perceptions of self and partner's contempt and defensiveness than females' experience of CSA. The researchers concluded that CSA is a risk factor for relational challenges of satisfaction and stability for survivors and partners. Furthermore, they posited that the presence of CSA for either partner increases the likelihood that one will perceive oneself and one's partner as somewhat more contemptuous and defensive. One of the unique contributions of this study is that it involved both members of the relationship. Whilst previous studies have examined the intimate relationships of CSA survivors, most have focused mainly on the female reports of CSA. This study's unique contribution lies in the fact that it not only included males who have experienced CSA, but, moreover, it examines couples in which both partners have experienced CSA.

Whilst much research has highlighted that a history of CSA is associated with adult relationship problems (Laing, Williams, & Segal, 2006), a growing body of evidence does suggest that many women with a history of CSA can go on to have stable and satisfying relationships (Davis & Petretic-Jackson, 2000; Colman & Widom, 2004). Watson and Halford (2011) proposed that the variability in couple relationship problems of women with a history of CSA might be partially a function of the nature of the abuse experienced. In light of such contradictions in the research, Watson and

Halford (2010) assessed whether CSA can be meaningfully classified into distinct classes and whether these classes are differentially associated with adult relationship problems. They assessed the childhood experiences and adult relationships of 1335 women (18-41 years). Measures of CSA, Family of Origin Dysfunction, and Women's Adult Relationships were utilised. They identified three separate classes of CSA, including that perpetrated by a family member, a friend, or a stranger. Classes of CSA were further defined by the relationship between the victim and the perpetrator, the severity of the physical intrusiveness of the CSA act, the extent of coercion used in perpetrating the abuse, and whether the occurrence of CSA was disclosed to others. Findings from the study indicated that women who had experienced any class of CSA had higher rates of couple relationship problems than the non-abused participants. Furthermore, findings indicated that CSA perpetrated by a family member was associated with the highest risk for adult relationship problems, such as risk of marital separation and low relationship satisfaction.

The majority of the work in relation to CSA has been quantitative in approach. However, one noteworthy and novel qualitative study by Chaudry (2012) provides a great contribution to the literature. Exploring how females with a history of CSA experience their sense of self opened up new and important understandings. Chaudry (2012) notes that the women in the study portrayed a mixture of experiences with regard to intimate relationships. A deep desire to be involved in a loving and caring relationship was coupled with fear and mistrust, which often impeded the development of meaningful or enduring relationships. Furthermore, Chaudry (2012) notes that, whilst the women's narratives revealed a mixture of experiences of intimate relationships, overall these were predominantly negative. She highlights experiences such as subservience and passivity within relationships, feeling total mistrust and cynicism towards others, feelings of profound disconnection with the other, and avoidance of intimate relationships altogether. She concludes that, for women who have experienced CSA, intimate relationships may be perceived as threatening and synonymous with earlier trauma, which may result in dissociative responses to intimacy that ultimately threaten to jeopardise any prospect of proximity and connection with another.

Laing, Williams, and Siegel (2006) examined the effects of CSA on the intimate and marital relationships of adult survivors and explored the protective role of maternal support. More specifically, they examined the degree to which maternal attachment buffers those effects. The initial wave of this longitudinal study took place between 1973 and 1975 and involved 206 girls aged 10 months to 12 years who were seen in the accident and emergency department of a local hospital after reporting CSA. Instances of abuse were documented through hospital records and interviews with the girls and/or their caregivers. The second wave was conducted between 1990 and 1992 and involved 136 (aged between 18 and 31 years old) of the initial 206 participants who agreed to take part. Measures of CSA Trauma Severity, Maternal Attachment, Adult Interpersonal Problems, Marital Dissatisfaction, and Marital Status were utilised. Results of the study indicated that maternal attachment played a buffering role in the relationship between trauma severity and interpersonal problems. Maternal attachment played the same buffering role in the relationship between trauma severity and marital dissatisfaction. The researchers concluded that maternal attachment may mitigate the impact of the severity of sexual abuse on interpersonal problems and marital dissatisfaction. Furthermore, they posited that strong maternal attachment may be beneficial and important for survivors who can draw on the safety of a non-threatening female attachment. They noted that adult relational outcomes for sexual abuse survivors could be a function of the severity of the abuse and the protection or lack of protection that these survivors perceive from their primary caregivers. They emphasised the importance of considering familial and other relational variables in designing interventions for survivors of CSA and suggested that mitigation of the long-term effects of CSA on marital and other interpersonal problems may be facilitated by attention towards protective, formative relationships, such as the survivors' bond with parental figures. The unique and noteworthy contribution of this study was the fact that it included CSA survivors who may have otherwise been excluded in retrospective studies (because they do not recall any CSA) or may have reported the degree of CSA differently. Added credibility may also be provided to the findings given the fact that the researchers recorded details on the trauma severity at the time of the event as opposed to most other studies that rely solely on retrospective reports of CSA and CSA severity.

According to Davis and Petretic-Jackson (2000), the trauma of CSA has implications in relation to two primary areas of interpersonal functioning, including intimacy and sexuality, within partner relationships. They suggest that, given that trust plays a predominant role in the development of relationships and the fact CSA represents a severe breach of trust, a child who has experienced CSA may continue to experience difficulty in trusting others in later relationships (Davis & Petretic-Jackson, 2000). It has been suggested that the individual's experience in intimate relationships as an adult will be greatly impacted upon by the inability to form a trusting relationship (Davis & Petretic-Jackson, 2000).

A growing body of evidence has suggested that the experience of CSA can have a profound impact on the adult's ability to trust in relationships, which subsequently impacts upon the establishment of intimate relationships (Jehu, 1989; James & Meyerding, 1978; Jehu, 1988; Silbert & Pines, 1983). Briere (1992b) notes that a fear, distrust, vulnerability, and ambivalence about interpersonal closeness is indicative of intimacy disturbance. Furthermore, Briere (1992b) notes that the impact CSA has on the individual's ability to trust in the other can have a direct influence on the development and maintenance of intimate relationships.

Interpersonal Victimisation

Several studies have indicated that women who have experienced CSA are at greater risk of experiencing interpersonal victimisation as adults, particularly within the context of the couple relationship (Banyard, Arnold, & Smith, 2000; Chan, Yan, Brownridge, Tiwari, & Fong, 2011; Arata, 2002; Brownbridge, 2006).

DiLillo, Giuffre, Trembley, and Peterson (2001) examined the nature of Intimate Partner Violence (IPV) reported by women with a history of CSA. The study involved 240 (113 abused, 127 non-abused) participants who were currently involved in romantic relationships with men. Measures of Childhood Sexual Abuse and Conflict in Current Intimate Relationships were utilised. Findings indicated that, compared with non-sexually abused women, those who had experienced CSA reported that their couple relationships were more likely to have involved several severe forms of violence, including hitting, kicking, and beating. Furthermore, findings indicated that those who had experienced CSA were twice as likely as non-abused participants to report at least one instance of physical violence in their current couple relationships.

Whilst this study provides additional evidence to support existing literature suggesting that women who have experienced CSA are at increased risk of later IPV, its unique contribution lies in the fact that it examines the directional patterns of aggression. By examining mutually inflicted violence, the study found that a significantly greater number of CSA survivors' relationships were reported to have involved physical violence that at some point in time had been committed by both members of the couple. Such findings not only add to existing literature but also extend current knowledge and findings.

Similarly, a study by Feerick, Haugaard, and Hien (2002) indicated that a sexual abuse history is positively associated with women's aggression towards their partners. More specifically, they reported that CSA was associated with both experiencing and perpetrating partner violence. This evidence adds to existing literature that has found that women who have experienced CSA are more likely than non-abused women to both commit (White & Widom, 2003) and receive (Ornduff, Kelsey, & O'Leary, 2001) intimate partner aggression.

Kim, Talbot, and Cicchetti (2009) examined the role of shame in intimate partner and family conflicts of women with and without sexual abuse histories. The study included 129 mothers of children enrolled in a summer camp for at-risk children from financially disadvantaged families who were either married or living with their partner. Measures of CSA, Shame, Family Conflict, Intimate Partner Conflict, and Child Maltreatment were used. The results indicated that shame significantly mediated the association between CSA and interpersonal conflict. Women with sexual abuse histories reported more shame in their daily lives, which in turn was associated with higher levels of conflict with intimate partners (self-verbal aggression and partner-physical aggression) and in the family. The authors concluded that, with regard to their findings, CSA was related to interpersonal conflicts indirectly through the emotion of shame. Furthermore, they posited that the cross-sectional findings from their study are consistent with the developmental view that CSA enhances shame proneness, which subsequently undermines the development of effective interpersonal problem-solving and dispute resolution, and leads to greater conflict in adult relationships.

Physical and Sexual Victimisation

To date there is much research to suggest that women who have experienced CSA are at greater risk of both physical and sexual victimisation in adult life. Several noteworthy studies have demonstrated such a link between CSA and higher risk of sexual and physical violence (Cohen et al., 2000; DiLillo, Giuffre, Tremblay, & Peterson, 2001; Kendler, Gardner, & Prescott, 2002).

Testa, VanZile-Tamsen, and Livingston (2005) examined how a woman's CSA experiences may shape the quality of her intimate partner relationships and, ultimately, her sexual risk. Furthermore, the study considered how a woman's sexual risk may be a function of the quality of her intimate relationships. The large representative community sample included 732 abused and non-abused women who took part in three separate waves of data collection involving questionnaires and interviews. Measures of Childhood Sexual Abuse, Women's Sexual History, and Intimate Partner Relationships were utilised. Results from the study suggested that there was an association between CSA and adult sexual risk behaviours among women. Furthermore, it was reported that the elevated sexual risk status of survivors (including higher numbers of sexual partners and higher rates of sexually transmitted infections) could be partially explained by the quality of the women's intimate partner relationships. The researchers noted that CSA was associated with affiliation with more aggressive and more sexually risky partners. The researchers concluded that results supported the notion that a woman's sexual risk reflects her difficulties in establishing intimate relationships. In addition, they noted that, with regard to their study, the link between CSA and women's sexual risk-taking may reflect women's difficulties in intimate relationships. It was suggested that the higher levels of sexual risk behaviours and negative sexual outcomes observed among CSA survivors may be ameliorated by addressing women's difficulties in establishing and maintaining safe and stable relationships. The authors urged us to consider alternative ways of thinking about women's sexual risk behaviours, drawing attention to the importance of addressing issues of trust and communication which they posited may hamper relationship functioning. They concluded that elevated sexual risk behaviours among CSA survivors reflect difficulty in establishing stable and safe relationships and may be reduced by interventions aimed at improving intimate relationships.

Relationships with Offspring

Another important aspect of interpersonal functioning warranting attention is that of the relationship between adult survivors of CSA and their children. To date, evidence has suggested that a mother's history of CSA may impact upon her ability to parent, parenting practices, and her interactions with her children (Banyard, 1997; DiLillo, Tremblay, & Peterson, 2000; Dixon, Browne, & Hamilton-Giachritsis, 2005; Dubowitz et al., 2001).

DiLillo, Tremblay, and Peterson (2000) posited that an important realm of interpersonal functioning that has received relatively little attention concerns survivors' parenting practices and interactions with their own children. They examined whether early sexual trauma is related to heightened physical abuse potential in adulthood. They examined maternal history of sexual abuse, maternal anger, and adult physical abuse potential in a group of low-income mothers with and without a history of CSA. The community sample included 138 sexually abused mothers and a comparison group of 152 non-sexually abused mothers. Measures of Childhood Physical and Sexual Abuse, Interpersonal Functioning, and Parenting were utilised. Measures of parenting assessed the mother's physical abuse potential, nurturance towards their children, unrealistic developmental expectations of children, and the frequency of smacking and general punishment. Findings from the study indicated that, even after controlling for mothers' childhood experiences of physical abuse, CSA significantly predicted adult risk of physically abusing one's own children. Furthermore, maternal anger was shown to be a mediator of the relationship between having been sexually abused during childhood and the potential for physically abusing one's own children. The researchers concluded that CSA may be a risk factor for subsequent physically abusive parenting, while anger appears to play a significant role in mediating this relationship.

An in-depth study by Ruscio (2001) examined the parenting practices of mothers sexually abused in childhood. In this three-fold investigation they examined whether the parenting practices employed by sexual abuse survivors differed from those of other mothers in the community. They examined whether sexual abuse was a unique predictor of parenting practices, above and beyond other experiences commonly associated with sexual abuse, and whether the severity of the mothers' CSA

moderated the relationship between sexual abuse and parenting. The sample included 45 mothers who had experienced CSA. The child-rearing practices of the sample of sexually abused mothers were then compared with those reported by a community sample consisting of 717 non-abused mothers. Measures of CSA, Current Economic and Social Resources, Parenting Attitudes, and Parenting Practices were utilised. Findings indicated that those mothers who had been sexually abused as children reported significantly higher rates of permissive parenting practices than the non-abused mothers. Furthermore, findings indicated that high rates of permissive practices, as well as below average rates of authoritarian practices, were unique to those who had experienced CSA. The researchers concluded that, in accordance with their findings, CSA and its adult sequelae may have negative consequences for the parenting practices of survivors. More specifically, it was noted that survivors of CSA may experience difficulty with providing their children with appropriate structure, consistent discipline, and clear behavioural expectations. The authors explain that high permissive/low authoritarian parenting practices evident amongst this group of women could be due to the mother's conscious effort to not repeat the abusive setting in which she grew up and so she avoids forceful or punitive parenting, or perhaps it could be because they lack confidence in their parenting skills. Nonetheless, the authors conclude that survivors' high permissive/low authoritarian parenting approach may have considerable negative consequences for their children.

Additional studies have indicated that several other potential variables may mediate how a mother's childhood sexual abuse experience influences her parenting practices. Findings suggest that potential mediators include social support (Marcenko et al., 2000; Meyers & Battistoni, 2003; Ruscio, 2001), the quality of the relationship with one's partner (Alexander, Teti, & Anderson, 2000), depression (Roberts, O'Connor, Dunn, & Golding, 2004), anxiety (Roberts et al., 2004), anger (Dilillo, Tremblay, & Peterson, 2000) and overall psychological functioning (Marcenko, Kemp, & Larson, 2000).

An interesting study by Testa, Hoffman, and Livingstone (2011) sought to examine whether women's early sexual victimisation experiences and later parenting behaviours increase the vulnerability of their children being sexually victimised. More specifically, they examined whether mothers' CSA experiences were associated with the sexual victimisation reported by their adolescent daughters. Using a community

sample of 913 mothers and their adolescent daughters, the researchers examined the daughters' reports of adolescent sexual victimisation and their perceptions of their mothers' parenting. With regard to parenting, four domains, including Connectedness, Communication Effectiveness, Monitoring, and Approval of Sex, were assessed. Findings indicated that mothers' experiences of CSA were positively associated with their daughters' sexual victimisation. The authors concluded that findings from their study appeared to suggest that, even in this highly functional community sample, mothers' experiences of CSA were significantly associated with aspects of their parenting behaviour (greater permissiveness) and with their daughters' experiences of adolescent sexual victimisation.

Indeed, a body of evidence does suggest that CSA has long-term repercussions for parenting relationships. Evidence suggests that mothers who have experienced CSA will engage in harsher parenting (Banyard, Williams, & Siegal, 2003; Mapp, 2010; Schuetze & Eiden, 2005), or very permissive parenting (DiLillo & Damashek, 2003) and inconsistent discipline and monitoring of their children (Collin-Vezina, Cyr, Pauze, & McDuff, 2005). Furthermore, previous research has suggested that maternal histories of CSA place offspring at risk for various forms of adversity (Avery, Hutchinson, & Whitaker, 2002; Noll, Trickett, Harris, & Putnam, 2009; Roberts, O'Connor, Dunn, & Golding, 2004).

However, Testa, Hoffman, and Livingston (2011) note that such evidence does not implicate mothers, but rather highlights and draws attention to the negative consequences of CSA (trauma symptoms, lack of social support, poverty, early pregnancy) which can result in a harmful environment for a child and thus increase the child's risk of victimisation. In addition, DiLillo (2001) explains that mothers who have experienced CSA may experience problems and difficulties with parenting for a variety of reasons. The result of growing up in a dysfunctional family may have meant that they were not afforded effective parental models, and the psychological impact of the abuse on the survivor's functioning may mean that anger, low self-esteem, and depression undermine the mother's confidence and competence in relation to parenting.

Relationships with Other Females

Relatively little research has examined the impact of CSA on relationships beyond that of the intimate couple and parent-child. Interpersonal relationships take into account our being with friends, colleagues, and wider family circles. A limited body of research has examined such relationships. When considering CSA survivors' relationships with female friends, DiLillo (2001) notes that many incest survivors harbour greater animosity towards other women than towards men. Similarly, Herman (1981) reports that incest survivors reported greater feelings of anger and hostility towards women than towards the actual perpetrator. Moreover, it was noted that this particular sample of women tended to idealise the men. Courtois (1988), Goodwin and Talwar (1989), and Herman and Schatzow (1984) all note the apparent absence of friendships in the lives of incest survivors due to anger, mistrust, and a general devaluation of women, including themselves.

An interesting study by Lubell and Peterson (1998) examined the relationship between adult survivors of CSA and their mothers and female friends. The study explored several different aspects of the ways in which the relationships of adult survivors of CSA resemble and differ from those of non-abused women. The sample included 161 women (68 CSA survivors and 93 non-abused) well matched with respect to age, ethnicity, education, marital status, and sexual orientation. Measures of Interpersonal Competence, Friendship Network, Close Friends, Relationship with Friends, Relationship with Mother, and CSA were utilised. Findings indicated that those who had been sexually abused in childhood did not differ from the non-abused control group with regard to the quality of their friendships or their friendship networks. CSA survivors did not differ from the non-abused control group with regard to measures of companionship, conflict resolution, satisfaction, intimacy, and trust within friendships. However, findings also indicated that survivors of CSA described poorer relationships with their mothers than the non-abused control group. Survivors reported less satisfaction, less compatibility, less intimacy, more conflict, and less assurance in the continuity of the relationships with their mothers. Furthermore, findings indicated that survivors of CSA spent less time with their mothers and desired even less contact than they already had.

Theoretical Models of Childhood Sexual Abuse

“The human condition is far too complex for any single theory to suffice.”

(Scharff & Scharff, 1998, p. 63)

Indeed, it is clear that, throughout the years, several different theoretical conceptualisations have been proposed to attempt to explain the relational difficulties experienced by those who were sexually abused as children. As Counselling Psychologists there is a need to integrate findings and propositions from all theories that have clinical application. Following an in-depth literature review, the author proposes that several different theories and frameworks that take into consideration the relational aspects of CSA have much to offer.

In recent years, several models have been offered which take into consideration the interpersonal nature of CSA, the varied effects experienced, and the implications for subsequent interpersonal functioning. Davis and Petretic-Jackson (2000) suggest that such models draw our attention to the fact that CSA may have a detrimental impact on interpersonal as well as personal functioning.

Interpersonal Schema Theory

Interpersonal Schema theory, as proposed by Cloitre (1998) and developed by other theorists, provides a possible explanation for the causal link between CSA and adult interpersonal dysfunction.

Cloitre (1998) proposes that interpersonal schemas developed during childhood can guide our future expectations and behaviours in adulthood. Jurgens (2005) explains that schemas are broadly defined as firmly held beliefs about the self, others, and the world and that they are often molded by our early attachments with important caregivers. Cloitre, Cohen, and Koenen (2006) propose that schemas are like templates that guide our future expectations and behaviours. They posit that negative patterns set down in childhood can guide an adult towards repeating activities that are maladaptive in adulthood. They propose a schema model, which suggests that reliance on past experiences to anticipate the future is a typically adaptive strategy for living and that the tendency to repeat one's history is normative. However, they posit that, for those sexually abused in childhood, reliance on past experiences means reliance on deviant patterns of relating. This tends to lead the survivors to function in social

environments in ways that elicit similar deviant patterns, or to find that patterns for relating that were adaptive in an abusive environment are no longer effective in healthier contexts. Findings from several noteworthy studies have suggested that survivors of CSA are at increased risk of experiencing relational difficulties and increased risk of victimisation in adulthood. Jurgens (2005) posits that, in cases of childhood abuse by a trusted caregiver, such as a parent or other close relative, the early schemas of others are tarnished by fear, mistrust, and often guilt.

Several noteworthy studies have suggested that the survivor's increased risk of experiencing relationship difficulties and re-victimisation may be explained by interpersonal schemas that are developed during the abuse (Janoff-Bulman, 1989; Jurgens, 2005; Cloitre, Cohen, & Scarvalone, 2002).

Cloitre, Cohen, and Koenen (2006) highlight that in line with attachment theory, our capacity for relatedness is modifiable and the presence of "even just one" positive care figure can produce a "protective shield" around a child and mediate negative outcomes (Lieberman & Amaya-Jackson, 2005). They emphasise the importance of the mother or other critical caretakers having a primary role in mediating or contributing to the child's outcome following abuse.

Traumagenic Dynamics Theory

Finkelhor and Browne (1985) propose that four traumagenic dynamics, including traumatic sexualisation, betrayal, powerlessness, and stigmatisation, are thought to be the cause of the distinctive effects of CSA. They posit that "these dynamics alter children's cognitive and emotional orientation to the world, and create trauma by distorting children's self concept, world view, and affective capacities" (Finkelhor & Browne, 1985, p.531).

The traumagenic dynamic of betrayal appears to be the most significant in relation to the impact on adult interpersonal functioning (Finkelhor and Browne, 1985). When a child who relies solely on caregivers to provide security and protection is abused, then a sense of betrayal may arise from the fact that trust and security is deeply wounded. Davis and Petretic-Jackson (2000) posit that childhood sexual abuse signifies a sense of loss and betrayal in childhood and can be carried forward into adulthood and subsequent relationships. Davies and Frawley (1994) suggest that "early trauma

signifies a betrayal of the child by one or more important early objects” (p.22). Such early experiences are thought to throw the child into a state of uncertainty and unknowing, resulting in poor judgments in relation to who they should or can trust. It is thought that this can result in suspiciousness of intimate relationships, a tendency to isolate and avoidance of intimacy, which, ultimately, will impact negatively upon the individual’s potential to develop healthy intimate relationships (Davis and Petretic-Jackson, 2000).

The traumagenic dynamic of sexualisation takes into consideration that, as a result of sexual abuse, “a child’s sexuality is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion” (Finkelhor & Browne, 1985, p.531). It is suggested that sexualisation can impact upon intimacy functioning in a variety of ways such as a heightened sexual awareness at an early age (Davis & Petretic-Jackson, 2000). Finkelhor and Browne (1985) suggest that one of the results of sexualisation is that it may lead to over-sexualisation of all relationships, may increase vulnerability to later sexual assault, and may also increase the possibility that these adults go on to sexually or physically abuse their own children (Finkelhor & Browne, 1985).

Powerlessness refers to “the process in which the child’s will, desires and sense of efficacy are continually contravened” (Finkelhor & Browne, 1985, p.532). Finkelhor and Browne (1985) note that, whilst the threat of harm can result in a greater sense of powerlessness, threats are not necessary for the dynamic to evolve. It is suggested that the dynamic of powerlessness is closely linked with later victimisation as it renders the individual unable to be assertive in later relationships. Davis and Petretic-Jackson (2000) suggest that it is commonplace for adult survivors of CSA to experience fear and anxiety in relation to lack of control as they may feel they have no control over what happens to them or their bodies.

Stigmatisation refers to the process in which the negative connotations of the abuse, such as badness, shame, and guilt, are “communicated to the child around the experience and then become incorporated into the child’s self image” (Finkelhor & Browne, 1985, p.532). The secrecy that surrounds incestuous relationships, family reactions upon disclosure or discovery of the abuse, and berating by the perpetrator are all factors which may contribute to the evolvment of a dynamic such as

stigmatisation (Davis & Petretic-Jackson, 2000). Furthermore, it is suggested that stigmatisation can impact heavily upon later interpersonal relationships as the individual may harbour deep feelings of being damaged and unworthy (Davis & Petretic-Jackson, 2000).

A Contextual Behavioural Perspective

Poulsney and Follette (1995) developed a theory of the interpersonal effects of abuse focusing on the role of emotional avoidance. They propose that the individual may employ the use of behavioural strategies as a means of temporarily avoiding or alleviating the distress caused by abuse-related experiences. It is thought that emotional avoidance behaviours such as dissociation, substance abuse, self-mutilation, denial and suppression are commonly used by those who have experienced CSA (Leitenberg, Greenwald, & Cado, 1992). However, it is posited that, whilst such behaviours do provide short-term relief, such coping strategies may interfere with optimum levels of functioning (Follette, 1994; Roth & Newman, 1993). Furthermore, it is suggested that, in an attempt to avoid stimuli associated with memories of abuse that occurred within the context of an interpersonal relationship, individuals engage in emotionally avoidant behaviours such as avoidance of affection (Follette, 1991). Poulsney and Follette (1995) note that, by avoiding relationships and intimacy, the individual may be left feeling socially isolated and dissatisfied within relationships.

Much research has highlighted the impact that CSA can have on sexual functioning. More specifically, it has been documented that the experience of CSA can have a profound impact on the development of sexual dysfunction (Schloreat & Heiman, 2003; Noll, Trickett, & Putnam, 2003; Woodiwiss, 2007; Herman, Russell, & Trocki, 1986). Poulsney and Follette (1995) suggest that adults who have experienced CSA may experience less sexual satisfaction and more sexual dysfunction than those who have not experienced CSA. Poulsney and Follette (1995) posit that considering the role of emotional avoidance in the development of sexual dysfunction can offer a conceptualisation. They draw attention to how negative affect, pain, and trauma experienced within the context of sexual victimisation may be associated with sexual stimuli in later sexual activities as an adult.

Developmental Psychopathological Model

Cole and Putnam (1992) posit that early exposure to stressful life events such as CSA may impinge on internal working models of self and other. They identified two themes that underlie the long-term psychological difficulties associated with CSA. These include: deviations in the intrapsychic processes of defining, regulating, and integrating aspects of self; and deviations in the related ability to experience a sense of trust and confidence in others. Further to this, Cole and Putnam (1992) suggest that these difficulties in self and social functioning are reflected in: disturbances in the phenomenological sense of self, such as identity confusion; poorly modulated affect and impulse control, including a variety of self-critical and self-destructive behaviors; and insecurity in relationships, particularly distrust and suspiciousness.

Relationships from a Psychodynamic Perspective

The author proposes that object relations theory can provide valuable insight when trying to understand the relationship difficulties experienced by many survivors of CSA.

It is commonly thought that early experiences, particularly relationships with parents and other important caregivers, structure the child's conscious and unconscious perceptions of the world, along with their ways of relating (Milton, Polmear, & Fabricius, 2004). Within the object-relations approach (Greenberg & Mitchell, 1983) the individual is viewed as object-seeking. Actions, thoughts, fantasies, and symptoms are seen as taking place in an inner representational world containing the self and its objects (Holmes, 1989). Pedder (1982) suggests that, in the course of development, if a child has experienced a secure attachment to his or her primary caregiver, this physical attachment is replaced by an internal 'good parent', which in turn provides the child with feelings of security and self-esteem. Klein (1957) suggests that, whilst the breast is lost, it is 'reinstated in the ego', resulting in a child who can receive nurturance from within and without when needed. Klein (1975) emphasises that the quality of early attachments can affect the mind's capacity to manage traumatic impingements and achieve psychic integration and, ultimately, the stability of ego functioning. Holmes (1989) states that an individual can become vulnerable in cases where internalisation of the good object is impaired.

Greenberg and Mitchell (1983) propose that the term object relations refers to an “individuals’ interactions with external and internal (real or imagined) other people, and to the relationship between their internal and external object worlds” (p. 13). It is proposed that “people react to and interact with not only an actual other but also an internal other, a psychic representation of a person which in itself has the power to influence both the individual’s affective states and his overt behavioural reactions” (Greenberg & Mitchell, 1983, p.10).

Within object relations theory it is commonly thought that an interaction exists between our past and present interpersonal experiences. Object relations theory explains the way in which interpersonal experiences (self and object representations) are mentally reflected in images coloured with affect (Kernhof, Kaufhold, & Grabhorn, 2005). Greenberg and Mitchell (1983) state that these representations serve as “a kind of loose anticipatory image of what is to be expected from people in the real world” (p. 11). It is proposed that these representations, or inner working models as they are referred to in attachment theory (Bretherton, 1992), are an expression of the subjective processing of interpersonal experiences and interactions. Kernhof, Kaufhold, and Grabhorn (2005) propose that, depending on the subjective status of a person’s development, conscious and unconscious parts of the representations may fuse, forming conflict-laden internal relational images, and that, ultimately, these influence current relationships and interfere with the internalisation of new interactional experiences.

Throughout the years various schools of thought have offered insight and perspectives regarding how a traumatic experience such as sexual abuse is internalised by children and the impact this can have on their development and adult lives. In relation to the significance of CSA as an etiological factor in later psychopathology, Davies and Frawley (1994) draw our attention to the fact that the various psychoanalytical schools of thought vary greatly in their views on the role of sexual abuse in the genesis of psychopathology, and, whilst there is agreement that an early trauma such as sexual abuse is an important pathogenic phenomenon, there still exists a fundamental disagreement regarding how trauma is internalised by the child and expressed by the adult in later life.

Various psychoanalytic theorists have contributed to a relational model theory with the aim of providing a rich and detailed account of the origins and development of relations with others. They emphasise how the different aspects of the process of human/infantile development provide frameworks that explain how our early life experiences and relationships come to influence our ways of relating in later life. Theorists such as Fairbairn (1943), Miller (1981, 1984), and Winnicott (1960a, 1960b) consider the relational aspect of development and the importance of early maternal/infant care. When considering the pathogenicity of traumatic events such as CSA, they emphasise that such early trauma signifies the betrayal of the child by one or more important early objects (Davies & Frawley, 1994). Psychodynamically orientated developmental theories, such as attachment theory proposed by Bowlby (1969, 1973), sit closely alongside such object-relations theorists emphasising the importance of early/infantile maternal bonds and bonds with significant caregivers throughout childhood. In relation to CSA, such relational/structural models emphasise that abusive behaviour, particularly by important early caregivers, represents a “psychic abandonment and profound betrayal of the child” (Davies & Frawley, 1994, p. 22).

Fairbairn

Fairbairn (1944) posits that the infant is primarily motivated by its need for relatedness and, as such, all development must be seen as taking place and deriving from this need. According to Fairbairn’s model of psychic organisation, the infant organises its internal world through a process of internalising experience with the outside world. Thus, in the case of actual external trauma such as sexual abuse, in an attempt to control overwhelming fear, anxiety, and disappointment, the child interjects the badness, internalising it and locating it within themselves. This primitive way of relating is the only way of managing the unmanageable that the child has at its disposal, but the result is that the child is left with an internalised bad object.

Fairbairn proposes that, due to our need for relatedness, early abandonments in the parent-child relationship are intolerable for the child and, as a result, they are forced to manage them. This lands the child with the delicate task of still relating (as this is essential) whilst at the same time protecting oneself from the overwhelming fear and chaos caused by unmet needs. Fairbairn explains that by establishing compensatory

internal object relations the child attempts to protect what is good and satisfying and control what is not good and not satisfying. According to Fairbairn, the child does this through a process of separating the traumatic experience and relocating it inside (Gomez, 1998). At the heart of Fairbairn's thinking is the child's need for relatedness. This calls into question many of the aspects of relating and being of the child who has been sexually abused, as contact with carers or significant others has either been exploitative and abusive in nature or neglectful and rejecting. Given the need for relatedness, the child cannot reject his or her caregivers and so must turn then to the primary defence of splitting. This process of 'splitting' offers the child psychic protection and enables the child to continue relating to its external objects. Relocating the traumatic experience inside, or internalisation, offers the child control of what was originally deemed overwhelming and frightening. However, a price must be paid and, indeed, it is huge. Fairbairn (1943) highlights that:

"In attempting to control them in this way, he is internalizing objects which have wielded power over him in the external world; and these objects retain their prestige for power over him in the inner world. In a word, he is 'possessed' by them as if by evil spirits." (p.67)

Winnicott

Winnicott (1952a) famously said:

There is no such thing as a baby...if you show me a baby you certainly show me also someone caring for the baby, or at least a pram with someone's eyes and ears glued to it. One sees a 'nursing couple' (p.99).

In this statement Winnicott urges us to consider the idea that a baby does not exist on its own but in the context of a relationship with its caregiver. Operating within a relational/structural model Winnicott (1952) took as his frame of reference the relationship between the child and its caretakers, noting, "The centre of gravity of the being does not start off in the individual. It is in the total set-up" (p.99). Winnicott (1962a) emphasises the importance of describing babies in the earliest stages in relation to their mothers.

Winnicott (1958) emphasises that if the environment is severe, then the child will develop a self-sufficiency in which the mind will be used not to continue the mother's

care but to displace it altogether. Winnicott (1958) explains that “the psyche attempts to disown the body which due to maternal neglect is felt to be a persecutor” (p.79). This ‘excessive mental functioning’ is the infant’s solution to ‘erratic mothering’ and part of the function of the pathological split-off mind is to take on responsibility for an environment that failed (Winnicott, 1958). This happens at a preverbal stage and so remains unconscious and unavailable to words or thought.

For Winnicott, relating and all that relating concerns will pose significant difficulty for the child who has not experienced stable and continuous care. Winnicott posits that, only through a continuous personal relationship which offers care and protection with ‘holding’, ‘handling’ and ‘object presenting’ can the ‘true-self’ emerge and develop. The true-self refers to the child’s spontaneous needs and way of being, and it is thought that fostering, protecting, and creating a safe environment for the true-self to grow enables the child to develop coherence and continuity. If the caring environment fails to provide the holding and protection that the child so desperately needs, the child must try to take over the caring environment so as not to become overwhelmed by the fear of ‘annihilation’, and instead of ‘going on being’, the child must hold itself together. However, Winnicott notes that this impinges upon the child’s spontaneous way of being and inhibits his or her ability to exist as a unified alive and authentic child. Furthermore, Winnicott adds that if such deprivation is prolonged and frequent throughout childhood, resulting in the child continuously resorting to such measures to hold and protect his or her self, then the resulting impact will be feelings of inauthenticity, unrealness, and fear of ‘going to pieces’. In the attempt to achieve wholeness, coherence, and continuity of self, the child will resurrect the semblance of a false self that hides the anguish. Winnicott (1965) states that the “development of a ‘False Self’ hides and protects the ‘True Self’ by complying with the environmental demands, taking over the caring environment that has failed” (p.133). It is noted that the false self is not a bad or fake attribute, but rather facilitates relatedness to others and protects the true self by being tuned to outer reality (Scharff & Scharff, 1998).

Miller

Whilst Miller was indeed a former classicist, her later work was much more relational in nature. Miller holds dear the relational aspect of development and provides a way

of thinking about the lengths a child must go to in order to survive. Miller emphasises the importance of care and protection in the child/parent relationship and highlights that the consequences of sexual abuse in childhood result in impaired development of the self and of an autonomous personality (Miller, 1988). Miller (1988) notes several reasons for this, highlighting that the abuse of a child by an important caregiver produces an 'interlinking of love and hate' given the child's haplessness and dependence on caregivers. She explains how the child unable to rage and anger at caregivers due to fear of losing them interlinks love and hate, becoming ambivalent. As such, this becomes an important characteristic of later object relations. In addition, to survive, the child represses all memories of the abuse, but the repercussion of such repression is an impoverished personality. Furthermore, she highlights that due to repression the child is unable to remember and articulate the trauma. As such, this creates the need to articulate it in 'the repetition compulsion', meaning that repression actually reinforces the consequences of the trauma.

Bowlby

Attachment theory lends further support to the object relations literature. Bowlby (1989) notes that attachment theory originally developed out of the object relations tradition in psychoanalysis, and as it evolved it drew on concepts associated with evolution theory, cognitive psychology, ethology, and control theory. Attachment theory (Bowlby, 1973) has provided a framework for understanding how early interactions with primary caregivers can influence our experience of relating in adulthood.

Bowlby (1969) purports that a secure and responsive attachment of an infant to the primary caregiver is the origin of healthy development. Emphasising the primacy of intimate emotional bonds, Bowlby (1989) posits that a basic component of human nature is our propensity to make intimate emotional bonds. It is thought that the way a child is treated or responded to by his or her parents or parental figures (especially the mother) can have a profound influence on their development. Furthermore, Bowlby (1989) proposes that attachment patterns during infancy, childhood, and adolescence are greatly influenced by the way in which the child is treated by his or her caregivers (Bowlby, 1989).

If a child has experienced abuse or neglect, these early attachment bonds can become disrupted, leaving the child to suffer physiological as well as psychological effects (Davies & Frawley, 1994). If the primary caregiver is physically or emotionally unavailable, an anxious attachment may result which predisposes the individual to dependency and anxiety. When considering attachment behaviour, Alexander (1992) posits that it serves the survival function of protection, and is most apparent during periods of stress in early childhood. Ainsworth (1989) suggests that it is actually evident throughout the lifecycle.

Bowlby (1973) introduced the concept of the internal working model to explain how an infant will develop expectations about its own and others' roles in relationships based on early experiences with the attachment figure. From an attachment perspective it is thought that the young child learns about affect regulation in the context of its early relationships. It is thought through early experiences with important caregivers the child will gradually develop internal representations of the self as worthy of care and attention (or not), and of others as trustworthy and available (or not) depending on the care received (Bowlby, 1969). Alexander (1992) proposes that "the internal working model is both affected by and comes to affect the types of interpersonal experiences that are encoded into the concept of self" (p. 186). Zeanah and Zeanah (1989) explain that the internal working model "governs how interpersonal information is attended to and perceived, determines which affects are experienced, selects the memories that are evoked, and mediates behaviour with others in important relationships" (p.182). Although attachment theory initially focuses on the child's early relationships with important caregivers, Bowlby (1969) proposes that attachment processes continue "from the cradle to the grave" (p. 129).

Contemporary Relational Theorists

Contemporary relational theories propose a psychoanalytic perspective which emphasises the consequences of CSA within a model of psychopathology, highlighting the importance of the internalisations of early relationships. Davies and Frawley (1994) suggest that "Both the reality of CSA and the fantasised elaborations of these traumatic events are woven into the tapestry of the adult survivor's self and object world" (p.2). Within an object-relational perspective it is thought that the symptoms, character pathology, and relational difficulties experienced by those sexually abused as children are due to the individual's attempts to preserve actual and

internalised relational bonds in childhood and adulthood (Davies & Frawley, 1994). Scharff and Scharff (1998) note that the degree to which relations between self and object are mutually caring and concerned has an impact on the vitality of the self and the quality of its relationships with others.

When considering the relational nature of CSA and the impact that such a trauma can have on a developing child's mind, Boulanger (2002) explains that the traumatic experience becomes incorporated into the developing child's mental structure and, subsequently, dealings with the world bear the trauma's thumbprint. By defensively dissociating and forming split-off self-states which hold the trauma and the terror, the child is better able to engage in a world that is less threatening (Boulanger, 2002). The embodiment of trauma in different self-states offers protection but subsequently becomes part of self-experience (Boulanger, 2002).

When taking into consideration the relational context of sexual abuse, Mannion (2002) raises a very important question:

"If object relations has taught us that a close relationship is a vital and necessary context for human development and an essential part of a satisfying life, what then of the sexually abused person where trust is wounded, love distorted and closeness dangerous?" (p.146).

The sexual abuse of a child occurs within a relationship. Regardless of whether the perpetrator is known or unknown to the child, the child is experiencing direct contact with another human being. The child must also be viewed as part of a larger relational structure in that they are also experiencing relationships with parents, family, and school teachers who may have either failed to notice or failed to protect. Rolls (1996) highlights that, because of the relational structure in which abuse takes place, the child's psychological, emotional, and physical sense of self is violated and, as such, bonds of trust are traumatically exploited.

Mannion (2002) posits that if our deepest human need is for contact but such contact is destructive, then the child's internal world becomes fraught with anguish, which is then carried on into adulthood. Whilst defensive structures enable the child to move from childhood into adulthood, the wound of abuse is buried deep within the psyche. It is suggested that such wounding is expressed through a variety of different ways,

but, ultimately, it results in emotional, physical, cognitive, and relational disturbances (Mannion, 2002).

The external reality of sexual abuse changes the child's internal world in the deepest possible ways. In order to feel safe in the world and in oneself, the establishment of trust is crucial (Erikson, 1995). However, when a child is sexually abused, physical and emotional boundaries are violated and the child becomes overwhelmed and engulfed. As such, the child's sense of integrity is damaged and trust is deeply wounded.

Reiker and Carmen (1986) explain how, following sexual abuse, the defensive process of disconfirmation and transformation will enable the child to alter reality and accommodate the family system. In order to survive the child relies on these defensive strategies to help transform his or her experience into something manageable. Whilst defensive strategies such as denial, displacement, and reinterpreting enable the child to navigate the reality of such an experience, the result is a lifetime dependency on mechanisms such as repression and disassociation (Mannion, 2002). Reiker and Carmen (1986) explain that the result of having to rely on defensive mechanisms and strategies in order to accommodate abuse is a completely disordered and fragmented identity. It is thought that disturbed relationships, inability to trust and behave in self-protective ways, and affective instability are expressions of a disordered and fragmented identity, the legacy of trying to accommodate abuse (Reiker & Carmen, 1986). Defensive compartmentalising initially used to accommodate the abuse in childhood poses problems in adulthood as the legacy of the abuse results in involuntary intrusions of the trauma or secondary elaborations (Herman & Van der Kolk, 1987).

A child overwhelmed and engulfed by the abusive experience will resort back to the paranoid-schizoid state (Klein, 1946), relying on the primitive defenses of splitting, projecting, introjecting, and denying in an attempt to manage such anxieties (Mannion, 2002). Whilst the splitting of good and bad is a primitive defence, it is the child's way of managing and controlling the uncontrollable and unmanageable. Gomez (1997) explains that by introjecting the badness the child "can continue to see the needed external person as good enough...so continuing to relate to them. We

maintain an outward sense of security at the price of inward insecurity and conflict” (p.65).

As a result of introjecting the badness, the child is left with intense rage, hate, anger, and anxiety that is unmanageable given that they are shouldering it alone. Without the help of an external other to help contain, process, and manage such feelings, the child must rely on the primitive defence of projection. The child, left with such overwhelming feelings of rage, hate, and anger also has the very real fear of loss of the other on which they rely for survival in the world. The only way to manage this reality is by internalising the anger in an attempt to preserve the other. Mannion (2002) explains how anger and rage must be forfeited for need, which ultimately creates a split. The child left with unmanageable feelings of rage, anger, and frustration fears them to be unacceptable and of a potentially destructive nature, and so compliance is developed. The object-relational perspective on trauma as proposed by Fairbairn (1943) and implied by Winnicott (1960a, 1960b) emphasises that “early trauma signifies a betrayal of the child by one or more important early objects” (Davies & Frawley, 1994, p.22). Fairbairn (1943) suggests that exploitative contact with caretakers has a significant impact on the child’s developing psyche. Davies and Frawley (1994) suggest that survivors “painstakingly erect the semblance of a functioning, adaptive, interpersonally related self around the screaming core of a wounded and abandoned child” (p.67). Winnicott (1965) suggests that, in situations where emotional needs have not been met, a child must develop a ‘False-Self’ with the primary aim of protection and defense of a more vulnerable ‘True-Self’.

According to Fairbairn (1952), if our deepest motivation is for contact, then separation is our deepest fear. A child’s physical and psychological survival depends upon the significant others around them and, as such, a child will do anything to ensure the continuation of the relationship. When a child is sexually abused and the reality of such abuse is not picked up on by the parents or is neglected, then the child is left in a very difficult position. Do they rage against these people and fear rejection or retaliation? In most cases, it is thought that compliance with others is the only way to survive. However, this results in a break, or a split, a turning away from one’s own truth in an attempt to exist within the relationship system and the minds of others. Mannion (2002) notes that this leaves the child deeply confused and results in dissociated or “frozen blocks of cognitions and feelings which endure into adulthood

and form the template for future experiences” (p.51). As Mannion (2002) so aptly puts it, “It is not just childhood that is lost but adulthood as well” (p.46).

Summary

It is evident from the literature that a childhood experience of sexual abuse can have a profound impact on the developing child’s psychological world, which is often carried forward into adulthood. The literature implies that CSA can have a major impact upon the survivor’s adult relationships. This is not surprising given that as human beings we are always in relation. We are social beings and, as evidence appears to suggest, we thrive and blossom when provided with the best conditions for growing. Love, care, affection, and a nurturing environment are not just an added extra, we need them to grow and to blossom. We need to feel safe in the world and feel safe in relation to the human beings around us. But what if our caretakers were not Care-ful; indeed, what if they caused us harm or failed to protect us from harm? The literature suggests that, for many, this can have a profound impact on our ability to trust, be intimate, and feel safe in relation to others.

Aims of Research

The aim of the current study is to explore in depth the lived experience of relating amongst women who have been sexually abused during childhood. More specifically, the current study aims to gain an appreciation and understanding of the individual’s experience of relating and being in relationships. The very essence is to hear in the women’s own words their experience of being in relationships and the meaning and implications this has for their existence in the world.

I have chosen to use the term ‘significant others’ as opposed to specifically categorising relationships (i.e. parental, sexual, intimate, friends, and family). My reason for doing so is because the very essence of this study is to explore the individual’s experience and, as such, I wanted to remain as impartial as possible at this point. My aim was to pose the question in its simplest form to enable the participants to provide their own meanings and associations without too much direction from me. Smith, Flowers, and Larkin (2009) stipulate that such an approach can facilitate an appreciation of the participant’s priorities and the importance of what the participants talk about and bring to the focus of the interview. As such, the

responses will be defined more by the participant and not structured around previous knowledge or researcher-led assumptions or topics (Smith, Flowers, & Larkin, 2009).

Research question

How do women who were sexually abused in childhood experience being in relationships with significant others and what are the meanings and implications of this?

Chapter 2

Methodology and Procedures

Methodology¹

Research aims

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How do women who were sexually abused in childhood experience being in relationships with significant others and what are the meanings and implications of this?

¹ This chapter was written in the first person in order to directly address the reader and to underscore the reflexive stance integral to the process of conducting and writing this research.

Research Design

The present study employs a small-scale cross-sectional design. A qualitative methodological approach was employed. Data was collected using semi-structured interviews and analysed using Interpretive Phenomenological Analysis (IPA).

Rationale for using a qualitative research paradigm

A qualitative method of enquiry is proposed to explore the unique, subjective experience of relating amongst a group of women who have been sexually abused in childhood.

To date, there is a growing body of literature to suggest that the experience of CSA can have a lasting impact on relationships (Colman & Wisdom, 2004; Cherlin, Burton, Hurt, & Purvin, 2004; Holman, 2001; Browne & Finkelhor, 1986; Davis & Petretic-Jackson, 2000; Laing, Williams, & Siegel, 2006). A review of the literature demonstrates that research in the area is dominated by the use of quantitative methodologies which hold as their primary aim the identification and establishment of cause-effect relationships and the reduction of psychological phenomena to numerical values (Smith, 2008).

Whilst such research contributes to a sound and solid knowledge base in relation to the impact of CSA on relationships, it could be argued that it does so at the expense of capturing the essence and understanding of lived experience and meaning making. Whilst sifting through the existing body of methodologically strong and rigorous studies, I was impressed with the attention given to the subject area. However, I could not help but feel like it was missing something. I could not hear the individual voices, the individual's experience or their meaning-making. Of course, this is not what these studies set out to do and, as such, my view was not a criticism, but, instead, merely a hunger born from the desire to read more, to understand more, and to gain a deeper understanding of the individual. McLeod (2002) notes that, within Counselling Psychology, the superordinate research approach should be methodological pluralism, incorporating both qualitative and quantitative methodologies. I felt that, given that a wealth of quantitative research already exists, perhaps focusing on a purely qualitative study may add to the methodological pluralism of the research body. For this reason, I

wondered if a qualitative methodology would satisfy such a hunger. I wondered if it could open up new doors and complement the existing literature and provide richness to our understanding. It could enable me to hear the voices, the spoken word, and the individual's experience and, as such, provide a much deeper appreciation of the lived experience of these women. According to Walsh (1995), qualitative research works within an approach influenced by the researcher's pursuit of meaning and truth, which is embedded within the topic of enquiry. Indeed, such thinking did appear to offer me a way of getting closer to the lived experience.

As McLeod (2003) highlights, the aim of qualitative research is to illuminate and clarify the meaning of social actions and situations and to gain understanding rather than explanation. Smith (2009) highlights:

“given that we tend to make sense of our social world and express that sense-making to ourselves and others linguistically, qualitative research emphasises the value of analytic strategies that remain as close as possible to the symbolic system in which that sense making occurs” (p.2).

Another issue influencing my choice of a qualitative methodological approach was that a large body of existing research to date has more often than not considered the symptomatology resulting from CSA in diagnostic terms. Poulsney and Follette (1995) argue that such diagnostic constructs “may not provide the most valid or useful distinctions when working with this population” (p.154). Davis and Petretic-Jackson (2000) argue that the interpersonal aspects and relational problems reported by survivors are often ignored when we rely solely on the use of diagnostic systems. I was interested in exploring the relational aspect of interpersonal difficulties and, as such, was drawn to what a qualitative methodological approach could offer. As Smith (2009) highlights, the aim of qualitative methodologies is the exploration, description, and interpretation of personal and social experiences. Whilst quantitative methodologies are involved in determining how much of an entity there is, qualitative methodologies are concerned with describing the constituent properties of a given entity (Smith, 2009). In addition, it is noted that whilst the aim of quantitative research is to count occurrences, volumes, or the size of associations between entities, the aim of qualitative research is to provide rich descriptive accounts of the

phenomenon under investigation (Smith, 2009). This was the appeal of a qualitative paradigm, which ultimately influenced my decision.

Furthermore, given that the aim of the study is to attain a full and authentic description of the way in which adults with a history of CSA experience relationships with significant others, I was drawn to the words of Kvale (1996), who posits that the aim of qualitative methodology is to “obtain descriptions of the lived world of the interviewee with respect to interpretations of the meaning of the described phenomenon” (p.30).

It is hoped that a qualitative methodological approach could in some way contextualise existing findings from quantitative research and add an extra dimension to what is considered known. By shining light upon the lived experience of individuals, a qualitative methodological approach could add depth to the existing literature.

Philosophical underpinnings of Interpretive Phenomenological Analysis (IPA)

The theoretical underpinnings of IPA are informed by three key areas of the philosophy of knowledge, which include: phenomenology, hermeneutics, and idiography (Smith, Flowers, & Larkin, 2009).

It is phenomenological in its approach in that its aim is to achieve an authentic and comprehensive description of the way in which a particular phenomenon is experienced (McLeod, 2003). According to Kvale:

“Phenomenology is interested in elucidating both that which appears and the manner in which it appears. It studies the subjects’ perspectives of their world; attempts to describe in detail the content and structure of the subjects’ consciousness, to grasp the qualitative diversity of their experience and to elucidate their essential meanings” (1996, p. 53).

Smith, Flowers, and Larkin (2009) expand on this as they explain that phenomenology is not only interested in our experience of being human and what it is like but also the added dimension of how we might come to understand what our experiences of the world are like.

The phenomenological aspect of IPA has been greatly influenced by the work of philosophers, including Husserl and Heidegger. Given that IPA is interested in the exploration of the individual's personal account of a specific phenomena or experience, then we must turn to Husserl's attempts to construct a philosophical science of consciousness. Husserl was interested in the examination of experience and the perception of experience. More specifically, Husserl was concerned with how a person would come to know their own experience of a given phenomena. Husserl believed that if a means could be developed in which an individual could identify the essential qualities of their experience, then this could, in fact, illuminate the experience for others.

Husserl (1927) was interested in the conscious experience of the individual. He proposed the term 'intentionality', referring to the relationship that exists between the process occurring in consciousness and the object of attention for that process (Smith, Flowers, & Larkin, 2009). An intentional relationship therefore works on the premise that a relationship exists between a given object and the individual's awareness of that object. Husserl posited that in order to examine everyday experience we must step outside of our 'natural attitude'. He suggested that we adopt a phenomenological attitude by turning our gaze inwards towards our perceptions of a given experience. By focusing our gaze inwards, towards our perceptions in the external world as opposed to outwards towards the objects themselves, then we can identify the core structures and features of our experience.

The development of the 'phenomenological method' had as its primary aim the identification of the core structures and features of human experience. Husserl posited that though a process of 'bracketing' we could put to one side our assumptions about the existence of the external world and instead concentrate on our perceptions of that world. Smith, Flowers, and Larkin (2009) highlight that the work of Husserl has an important part to play in relation to IPA in that it emphasises the importance of the process of reflection. For instance, the IPA researcher will be constantly engaged in a process of 'bracketing' or 'setting aside' of pre-defined theories and assumptions throughout the research process in an attempt to allow the research to remain as uncontaminated as possible and to enable the true expert (the participant) to have a voice.

The work of Heidegger is often considered to be the beginning of emphasis upon hermeneutics and existential thinking in relation to phenomenological philosophy. Heidegger draws our attention to the individual as being-in-the-world and, as such, focuses our attention to the social, cultural, and contextual influences that one is surrounded by and involved in, through which the world appears to us and is made meaningful. Heidegger's stance on 'intersubjectivity' brings our attention to the fact that we are relational beings and, as such, we are forever involved in a process of communicating with and making sense of each other. Heidegger proposed that an individual's being-in-the-world and relatedness-to-the-world undoubtedly means that we cannot be separated from our relationships with people, the things that surround us, our language, and our culture. Therefore, each human being, whether they are taking up the role of the researcher or the participant, cannot possibly disconnect even for a moment from these parts of their lives in order to shed light upon lived existence (Larkin, Watts, & Clifton, 2006). Given Heidegger's thoughts on the inevitability of being-in-relation, all attempts to examine or comprehend lived experience appear futile given that our assumptions based on prior experiences mean the phenomenon can never be disclosed in its entirety (Moran, 2000). Therefore, Heidegger proposes that our lived engagement with the world always involves hermeneutics, or interpretation.

One of the primary concerns of IPA is examining how a phenomenon appears (Smith, Flowers, & Larkin, 2009). When keeping in mind the work of Heidegger, it becomes apparent that the researcher has a fundamental role in this given that the researcher is the one who facilitates it and makes sense of its appearance (Smith, Flowers, & Larkin, 2009). More specifically, Heidegger (1927) notes that the definition of the word phenomenology is comprised of two parts derived from the Greek 'phenomenon' and 'logos'. Upon further dissection of the words it becomes clear that 'phenomenon' translates as 'to show or to appear' and logos translates as 'discourse, reason or judgement'. Indeed, this is a fascinating discovery when we take into consideration that in order to provide discourse, reason, or judgement, one must have thought about it and is responding with one's own thoughts and ideas. As Heidegger (1927) so aptly puts it, "Whenever something is interpreted as something, the interpretation will be founded essentially upon fore-having, fore-sight, and fore-conception. An interpretation is never a presuppositionless apprehending of

something presented to us” (p. 191-192). It is noted that, when an individual comes into contact with anything at all, they bring their ‘fore-conception’ and, as such, will undoubtedly experience the new encounter in light of their own prior experiences (Smith, Flowers, and Larkin, 2009). Smith, Flowers, and Larkin (2009) highlight that while phenomenon is primarily perceptual, logos is primarily analytical and, as such, the breakdown of the word encompasses and communicates the two separate activities which are involved in phenomenology. Heidegger emphasised the cyclical nature of hermeneutics and the relationship between fore-conceptions, fore-understanding, and the new phenomenon being attended to (Smith, Flowers, & Larkin, 2009). As such, the hermeneutic circle with its focus on the relationship between the part and the whole was proposed as a means of approaching research, taking into consideration that our understanding as a whole is established in relation to our understanding of individual parts, which in turn influences our understanding of the whole.

Whilst hermeneutics regards understanding as being a matter of interpretation, phenomenology is concerned with the setting aside of assumptions about the phenomena via a process of meditative ‘in-dwelling’ in the phenomena until its essence or fundamental features are revealed. Heidegger brought together phenomenology and hermeneutics allowing for the limitations and value of both. IPA holds as its central theme a “focus on the life world” (Kvale, 1996, p.38) with “interpretation of meaning”, thus locating itself within a genre that fuses phenomenology and hermeneutics. Smith and Osborn (2008) propose that IPA involves a double hermeneutic in that it combines an empathic hermeneutic and a questioning hermeneutic. According to Kvale (1996), this is in keeping with the qualitative methodology as its aim is to “obtain descriptions of the lived world of the interviewee with respect to interpretations of the meaning of the described phenomenon” (p.30).

Another major theoretical influence underpinning IPA is that of idiography which is primarily concerned with a focus on the particular. This focus on the particular operates at two levels in that IPA holds as a central focus a commitment to detail and, as such, depth. Furthermore, it pays attention to how particular experiences or phenomena have been understood from the perspective of a particular person in a particular context (Smith, Flowers & Larkin, 2009). Whilst IPA is idiographic in

nature as opposed to nomothetic (concerned with making claims and generalisability at a group or population level), Smith, Flowers, and Larkin (2009) note that it does not refrain from making generalisations but, instead, establishes generalisations in a more cautious manner by locating them in the particular. It is suggested that by attending to the particular and delving into aspects of an individual's experience we can be brought closer to those aspects which are significant to us all at a universal level (Eatough & Smith, 2008). Furthermore, Warnock (1987) notes that paying attention to or shining light upon the particular can take us closer to the universal.

Rationale for selecting IPA

At the beginning of this research venture my aim was to gain an understanding of the relational quality of those who have experienced CSA. After reading a myriad of studies I felt that, whilst I had acquired a huge amount of information, one thing was missing, and for me that thing was the voice of the individual. I thought tentatively and realised that the voice, the ability, and opportunity to communicate one's own thoughts, feelings, and opinions is what is often missed within those who have been sexually abused in childhood. Perhaps it could even be considered that as far back as then, when the abuse was taking place, the voice was still not being heard and people were not listening. For this reason I considered the dynamic of communication, of giving voice to, and felt that it was paramount to do so. This consideration led me to qualitative methodological approaches to research.

Kvale (1996) explains that the aim of qualitative methodologies is to "obtain descriptions of the lived world of the interviewees with respect to interpretations of the meaning of the described phenomenon" (p.30). However, qualitative research is diverse in its approach and it is acknowledged that there are a variety of different ways of understanding and capturing the human experience. Ashworth (2008) notes that behind each qualitative approach to research lies a concern with people's grasp of their world. As such, I needed to consider the most appropriate means of giving voice to this particular group and was faced with numerous options, each with its own theoretical and methodological commitments.

Grounded theory was considered. Smith, Flowers, and Larkin (2009) note that the primary concern of grounded theory research is the generation of a theoretical-level

account of a given phenomenon. Grounded theory aims to produce mid-level theoretical accounts of psychosocial phenomena. More specifically, a grounded theory approach to research is concerned with a more conceptual explanatory level based on a larger sample in which the individual accounts are called upon with the aim of illustrating the theoretical claim (Smith, Flowers, and Larkin, 2009). Charmaz (2001) notes that grounded theory methods are concerned with the construction of theory via the systematic gathering, synthesising, analysing, and conceptualizing of qualitative data.

Whilst both IPA and grounded theory are inductivist in nature and aim to conceptualise the individual's or group's view of the world (Charmaz, 2008), there are some fundamental differences in their methodological and theoretical commitments. IPA aims to capture the essence of the phenomena, whereas grounded theory aims to offer an explanation for the phenomena through identification of the social process involved (Willig, 2001). As a result, IPA appears to offer a methodological approach that is closer to the aim of the study as its primary focus is capturing the essence of the individual's experience of relating as opposed to developing a theoretical account of it.

Consideration was also given to discourse analytical methods, including discursive psychology (DP) and Foucauldian discourse analysis (FDA). Willig (2008) highlights that whilst both approaches share a concern with the role of language in the construction of social reality, they address different sorts of research questions and identify with different theoretical traditions.

FDA is a version of discourse analysis that is concerned with language and its role in the constitution of social and psychological life (Willig, 2008). The concern of FDA centres on the relationship between discourse and how people think or feel, what they do, and the conditions in which certain experiences take place (Willig, 2008). Working on the premise that discourses offer subjective positions which, when taken up, have implications for subjectivity and experience, a Foucauldian approach to discourse analysis would focus upon the availability of discourses within a culture and its implications for those who live within it. With a focus on exploring the regulatory and constructive function of language and practices (Smith, Flowers & Larkin, 2009), FDA would almost certainly be a worthwhile approach. However,

given that the ambition of the research was to capture the essence of the lived experience of relating, it was felt that IPA offered the most appropriate method of investigation.

The focus of analysis in DP is on how participants use discursive resources and with what effects. Through attending to the action-orientation of talk, DP is concerned with the ways in which people manage issues of stake and interest (Willig, 2008). DP conceptualises language as productive and performative, meaning that participants' accounts, the views they express and the explanations they provide depend upon the discursive context in which they are produced. As such, it is thought that what people say tells us something about what they are doing with their words rather than the cognitive structures these words represent (Smith, Flowers & Larkin, 2009). DP would have offered an appropriate choice of method if the ambition of the research had been concerned with understanding the way that women use language in order to construct their experience of relating whilst giving further consideration to the performative value of language during the interview. Whilst such an approach would be deemed appealing and an exciting opportunity for future research, IPA appears to offer a methodological approach that is closer to the aim of the study as its primary focus is capturing the essence of the individual's experience of relating, as opposed to focusing on the action of discourse.

The interpretive phenomenological analytical stance is very much in line with the ethos of Counselling Psychology as it is concerned with the phenomenon as it is experienced by the individual, which in turn can give rise to new understanding from which theory can be born (Willig, 2008). According to Smith, Flowers, and Larkin (2009), phenomenological philosophy holds great value for the psychologist in that it can provide us with a wealth of ideas when it comes to examining and comprehending lived experience. As Smith, Flowers, and Larkin (2009) so aptly put it: "Without the phenomenology, there would be nothing to interpret, without the hermeneutics, the phenomenon would not be seen" (p.37). Smith and Osborn (2009) highlight that IPA researchers only claim to access a version of the experience as the participant makes sense of it through their narrative account as opposed to attempting to produce an objective account of a phenomenon. IPA is therefore connected to the core principles of phenomenology through paying respectful attention to a person's direct experience, and by encouraging research participants to tell their own story in their own words

(Smith, Flowers, & Larkin, 2009). The purpose of the literature review in IPA is thus to learn about the phenomenon of interest and to identify a gap in what is known about the particular phenomenon, but the literature is not subsequently used to inform data collection in a rigid way (Smith, 1999; Smith, Flowers, & Larkin, 2009).

Given that the aim of IPA is to explore how the individual makes sense of their personal and social world by examining the meanings that specific experiences or events hold for them (Smith & Osborn, 2008), it was deemed to be a most suitable approach with regard to addressing the research question. Furthermore, given the emotive nature of CSA and the fact that the majority of the research to date is quantitative in approach, I felt IPA to be a sound methodological approach which could give voice to the individual and obtain an in-depth understanding of their lived experience. It is hoped that knowledge and understanding gained in relation to lived experience and the individual's meaning-making could perhaps inform support and interventions for the individuals who feel they require help following such an experience. Furthermore, it is hoped that any understanding gained may help practitioners to consider the relational aspect of CSA and, as such, take this into consideration when working with the individual within the therapeutic relationship.

Epistemological considerations

This aim of this study is to gain insight into the lived world of the individual and produce knowledge in relation to meaning-making. Willig (2001) posits that the aim of IPA is to produce knowledge of what and how people think about the phenomenon under investigation and, whilst this could be considered a realist approach to knowledge production, IPA “recognises that the researcher's understanding of participants' thoughts is influenced by his or her own ways of thinking, assumptions and conceptions” (p.66).

Two basic epistemologies that have influenced the practice of IPA are that of phenomenology and hermeneutics and it is held that they are “the roots of all qualitative research” (McLeod, 2002, p.56). Phenomenology is concerned with the setting aside of assumptions about the object of inquiry through a process of ‘in-dwelling’ in the phenomenon until its essence or fundamental features are revealed. In contrast, hermeneutics regards understanding as always being a matter of interpretation (McLeod, 2002). However, Heidegger brought together

phenomenology and hermeneutics, allowing for the value and limitations of both. Therefore, the current study is located within a genre that fuses phenomenology and hermeneutics and seeks to “focus on the life world” yet, at the same time keeping “the interpretation of meaning as its central theme” (Kvale, 1996, p.38).

The epistemological positioning of this piece of research is allied closely with that of IPA in that, rather than claiming to have a distinctive epistemological position, I have been influenced by a number of theoretical influences, which include phenomenology (see Moran, 2000), symbolic interactionism (see Blumer, 1969), social cognition (see Smith & Osborn, 2008) and social constructionism (see Eatough & Smith, 2008; Danziger, 1997).

Given that IPA is concerned with a detailed examination of an individual’s lived experience and how an individual makes sense of that experience, it is therefore grounded in the experiential dimension (Shinebourne, 2011). At the same time, IPA “endorses social constructionism’s claim that sociocultural and historical processes are central to how we experience and understand our lives, including the stories we tell about these lives” (Eatough & Smith, 2004, p.184). However, Nightingale and Cromby (1999) highlight that whilst there are indeed principle areas of broad agreement within the field of social constructionism, there are also disparate and sometimes conflicting ideas. In particular, Danziger (1997) makes a distinction between two strands of social constructionist psychology, which includes a ‘dark’ version and a ‘light’ version. Rooted in the work of Foucault, the ‘dark’ version attends to issues of power and subjectivity, emphasising the idea that discourse is embedded in relations of power and that current patterns of interaction are dependent on rigid power structures established in the past. The ‘light’ version differs in its position in that it attends to the minutiae of discourse and social processes, emphasising the ongoing construction of meaning in present dialogue (Nightingale & Cromby, 1999).

In addition, IPA subscribes to a symbolic interactionist perspective because it acknowledges that experiences are situated within social interactions and processes (Eatough & Smith, 2004). In accordance with the theoretical perspective of symbolic interactionism, people act on the basis of the meanings that things have for them and that these meanings emerge in the processes of social interaction between people

(Blumer, 1969). As such, Blumer (1969) posits that meanings are constructed and modified through an interpretative process that is subject to change and redefinition. In light of this, Benzies and Allen (2001) propose that “people form new meanings and new ways to respond and thus are active in shaping their own future through the process of interpreting meaning” (p.544).

Taking such thinking into consideration, Eatough and Smith (2004) propose that IPA sits at the “light end of the social constructionist continuum maintaining that seeing the individual’s life world merely as a linguistic and discursive construction does not speak to the empirical realities of people’s lived experiences and their sense of self” (p.184). As such, it is proposed that this ‘light’ form of social constructionism is influenced by the theoretical perspective of symbolic interactionism, which emphasises the process of subjective meaning-making (Eatough & Smith, 2008).

Reflexivity

Willig (2001) distinguishes between two types of reflexivity: personal reflexivity and epistemological reflexivity. More specifically, in relation to personal reflexivity, Willig stresses the importance of considering and acknowledging the ways in which our own beliefs, values, and experiences have shaped our research. In addition, Willig highlights that, with regard to epistemological reflexivity, the researcher should reflect upon the assumptions made in the course of the research and the implications of such assumptions for the research and its findings.

Epistemological Reflexivity

With regard to epistemological reflexivity, I have been guided initially by Husserl’s work with its focus on ‘bracketing’. Although it has been argued that such a concept is not always possible given that we are always involved in the process of ‘being-in-the-world’ (Heidegger), the concept of ‘bracketing’ I find does facilitate an environment in which to reflect. Whilst I cannot possibly shut off my existence and reflect upon it in its entirety, I can pay closer attention, and this attending to and reflecting upon has facilitated an environment in which I can more carefully look at my involvement in the research. Husserl posits that through a process of bracketing and reflection we can examine attentively and systematically the content of our consciousness and lived experience. This has proved to be a valuable contribution to

my experience of the research process. However, Heidegger's (1962/1927) 'Dasien' brings us right back to fundamental intersubjectivity, thus highlighting the relational nature of our engagement in the world. In light of this, I must acknowledge that at all times I am governed by the very nature of my relational engagement with the world and, as such, I pay close attention to the hermeneutic quality involved in the research process, that is, interpretation. Furthermore, by considering what Heidegger (1927) terms as fore-conception (prior experiences, assumptions, and preconceptions) and thus fore-understanding, I am drawn to paying particular attention to the cyclical process involved with bracketing and the idea that it can only be partially achieved (Smith, Flowers, & Larkin, 2009).

This concept of hermeneutics draws my attention closely to the influence that I undoubtedly have both upon the research. Indeed, Willig (2001) highlights the importance of epistemological reflexivity by drawing our attention to focusing on how the data and the findings have been constructed by our research process. In doing so, I must take into consideration and reflect upon the ontological assumptions that I have made throughout the process of the research, taking into consideration the implications of my worldview in relation to the research process and the results.

I cannot be separated from the research process or its findings because I am directly involved. Smith and Osborn (2003) draw our attention to the 'double hermeneutic' involved in IPA in that the participant is making sense of a given phenomena and I, as the researcher, am making sense of the participant. Thus, I undoubtedly will be drawing on my own resources in order to make sense of the world and of what is being said to me and, ultimately, I will be seeing this through my own 'experientially informed lens' (Smith, Flowers, & Larkin, 2009, p.36). In relation to reflexivity, then, I must consider this lens in as much of its entirety as is possible.

In addition, I have had involvement from the very beginning until the very end of this research project. From the outset I chose the topic of investigation and the methodological approach best suited to addressing the research question. I composed the interview questions, sat with the participants as they told 'me' their story and shared their voice with 'me', and last but not least, I was the individual who was directly involved with the interpretation of the voices, and I structured the research study and wrote it in my own words. Here, it can be seen that although I have engaged

in a thorough and constant process of reflexivity, at all times it was once again myself who was engaged with the process of reflection. Taking into consideration all of the above points, it is clear that I cannot be separated from the research process or the findings. With this in mind, I have embarked upon a thorough engagement with the reflective process throughout the research and hope to convey this to the reader.

Personal reflexivity

As a result of my involvement with the research process and findings, I decided that it was of paramount importance to sit down and really reflect upon this concept of ‘myself’ in order to see what it was that I brought or failed to bring to the table. I suppose one of the first things I was struck by was my listening ear. I am deeply passionate about attachment theory and object-relations contributions to the understanding of human/infantile development. I have invested a huge amount of my time reading books by my favourite thinkers (Bowlby and Winnicott), I attend regular psychoanalytical lectures and study groups, and am extremely passionate about the conditions a child needs in order to develop in a healthy, secure way. Whilst in many ways such a compassion and commitment to understanding could be viewed as a good thing, I am struck by my investment in such a way of thinking. Of course, as a Trainee Counselling Psychologist I am proficient in numerous ways of working and have a sound knowledge and appreciation of them; however, in the aim of reflexivity and, as such, brutal honesty, I must acknowledge that when my ears are listening they are listening through an attachment/object-relational understanding and when my eyes are watching they once more are doing so through an attachment/object-relational lens. This led naturally to a feeling of unease and discomfort as I wanted to remain unbiased and have as little influence upon the research as possible. However, I do believe that, in line with Heideggerian thinking, this is just not possible, and given that I am directly involved with the research I will undoubtedly have an influence. I tried to think of it as a joint painting effort in which both myself and each of the participants have a paintbrush and some colours to paint with. The result of our painting efforts will be a picture which holds all of our colours. However, it is of paramount importance to me that I acknowledge which colour I contributed. As such, it can be seen that my involvement cannot be ignored or bracketed in its entirety. The way in which I have attempted to address such issues is through a constant process of reflecting upon my involvement, looking closely at my assumptions, my

preconceptions, my listening ears and my seeing ears, in an attempt to connect with and receive what the participants are communicating. As a further note, I think my Counselling Psychology training and commitment to a psychodynamic psychotherapeutic approach have actually facilitated me in the practice of attending to what the participant is saying and communicating. As a matter of practice when I am with my patients, I am constantly engaged in the process of free-floating attention, and attending to the countertransferential issues at play. Furthermore, personal therapy has also enabled me to facilitate a space which is influenced as little by me as possible as I have spent many years in psychoanalytical personal therapy reflecting upon, uncovering, and exploring what it is that I bring to the table.

The influence and significance of the psychoanalytic lens

In light of the influence and the significance of the psychoanalytic lens that can be seen to frame both my perspective (see section on Personal Reflexivity) and the therapeutic history of the participants (see section on Participants), further consideration must be given to reflecting on the tensions as well as choice of IPA.

When clarifying the bounds of IPA analysis, Smith (2004) highlights that there is a difference between a grounded IPA reading and an imported psychoanalytical one. He suggests that with an imported psychoanalytic reading of a text, one is invoking a particular theory, which is then ‘read into’ the text. As such, it could be argued that a grounded IPA reading and an imported psychoanalytic reading can be viewed as coming from two different epistemological perspectives, given that “the direction looked to for authority for the reading is different - outside in the case of the psychoanalytic position, inside in the case of IPA” (Smith, 2004, p.45).

However, this study does not aim to import a psychoanalytic reading of the interviews, but rather acknowledge the influence and significance of the psychoanalytic lens that frames both my perspective and the therapeutic history of the participants as a means of trying to account for the hermeneutic tension that arises in an IPA study. As opposed to importing a psychoanalytic reading of the interviews, the present study aims to remain true to the philosophical underpinnings of IPA and therefore takes up a middle position between a hermeneutics of empathy and a hermeneutics of suspicion.

Distinguishing between the two interpretative positions that can be seen to exist within this study, Ricoeur (1970) posits that whilst a hermeneutics of empathy attempts to reconstruct the original experience in its own terms, a hermeneutics of suspicion uses theoretical perspectives from outside (as in psychoanalysis) in order to shed light on the phenomenon.

According to Smith, Flowers and Larkin (2009), IPA can take a centre-ground position between the two, with interpretative work being appropriate so long as it serves to 'draw out' or 'disclose' the meaning of experience. Smith, Flowers and Larkin (2009) suggest that a centre-ground position combining a hermeneutics of empathy with a hermeneutics of 'questioning' requires the researcher to adopt an 'insider perspective' (seeing what it is like from the participant's view) whilst at the same time standing alongside the participant (taking a look at them from a different angle, asking questions and puzzling over things they are saying). It is suggested that IPA research combining both stances attempts to understand in the sense of "trying to see what it is like for someone" and in the sense of "analysing, illuminating, and making sense of something" (Smith, Flowers & Larkin, 2009, p.36).

In line with this interpretive phenomenological approach to analysis, my reading has remained as close to the text as possible. However, as Smith (2004) reminds us, "There is still a reader doing the reading" who is "influenced by all of her/his biographical presence when doing that reading" (p.45). Through acknowledging my theoretical positioning I have attempted to be as open and honest about myself and what kind of 'reader' I am. Whilst I cannot be separated from the reading or the final analysis produced, Smith (2004) suggests that there is a discipline in staying grounded and attentive to the text. In order to do so, I have incorporated Smith's (2004) suggestions, which encourage "checking one's reading again against the local text itself, and verifying it in light of the larger text/what is said elsewhere in the interview and one's unfolding analysis" (p.45). I have endeavored to attend to such an approach throughout the process. In line with the methodological approach of IPA, the more formal theoretical connections made were achieved after a close textual analysis and were guided by that emerging analysis (Smith, Flowers & Larkin, 2009).

Emphasising the interview process and emerging analysis as a product of 'joint action', Finlay (2009) argues that research data does not 'speak for itself' but is born

within the ‘between’ of the researcher-participant encounter. As such, further consideration must be given to the psychoanalytic lens framing my perspective and therapeutic history of the participants. Evans and Gilbert (2005) assert that researcher and participant “bring to the encounter the sum total of who they are in all their complexity and with their own individual histories and ways of organising their experience” (p.74). Finlay (2009) asserts that the participants’ life experiences and ways of interacting with another will impact both consciously and unconsciously on the researcher, and vice versa. In light of this, the research process and analysis produced can only ever be seen to be a reflection of ‘our story’ or our ‘co-construction’. As such, the psychoanalytic lens framing my perspective and the therapeutic history of the participants is significant and influential, and the findings of this study will not represent a factual account that can be seen to be representative of the experience of relating for all women who have been sexually abused in childhood, but rather a product of the interaction between this specific group of participants and myself.

Validity

The very essence of IPA holds close the idea that the concepts of ‘truth’ and ‘reality’ are subjective in nature given that each and every one of us will experience the world in entirely different ways. Given that we each possess a different version of ‘truth’ and ‘reality’, Gergen (1985) proposes that the world of the individual is a co-constructed social reality. Similarly, Yardley (2008) posits that our perspective on reality can be shaped by our context, culture, and activities and, as such, each person will have a very different perspective on ‘reality’. Yardley (2008) posits that, if we subscribe to the idea that there is no ‘true’ perspective on reality, then when evaluating the validity of a piece of qualitative research it is necessary to make judgements about the value of the research. According to McLeod (2003), Weber, and Dilthey’s concept of Verstehen, a ‘sense of understanding’ is the fundamental criterion for evaluating the products of this type of human science. It is proposed that, in terms of practice, the concept of Verstehen has two sides, including: recognition that the ‘world’ or set of experiences described by the researcher are credible and authentic; and the researcher should lead us to new insights into the object of study through his analysis, interpretation, and conceptualisations (McLeod, 2003). Whilst this leads us some of the way in relation to thinking about validity, McLeod (2003)

acknowledges the highly subjective nature of such criteria. For this reason, McLeod (2003) goes on to propose additional issues of importance when assessing the validity of qualitative research in the field of Counselling Psychology. Such issues include: the adequacy of information provided in relation to the content of the study and the methodological procedures that were employed, the extent to which the conceptualisation is grounded in the data, the degree to which the research participants have been empowered by being involved in the research, and the extent to which conclusions have been triangulated against various different sources of data.

In response to the growing need for qualitative researchers to demonstrate the strength, rigour, and value of their studies, several guidelines have been proposed (see: Yardley, 2000; Elliot, Fischer, & Rennie, 1999; Henwood & Pidgeon, 1992; Stiles, 1993). Whilst I have found such guidelines extremely useful, I am reminded of a quote from Yardley (2008), who highlights that:

“Simply following guidelines cannot guarantee good research; qualitative research is not simply a descriptive science but also relies on the capacity to evoke imaginative experience and reveal new meanings” (p.239).

This provided me with much to consider in relation to the qualitative nature of my study. After careful consideration I decided to apply Yardley’s (2008) guidelines for assessing the quality and validity of my study, given that they present clearly defined general guidelines encompassing a sophisticated and pluralistic stance (Smith, Flowers, & Larkin, 2009).

Yardley (2008) posits that good qualitative research will demonstrate sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. I aim in the remainder of this piece to demonstrate to the reader how I have attempted to adhere to these guidelines. Yardley (2008) emphasises that by using the following procedures in a thoughtful manner to improve the depth, breadth, and sensitivity of analysis, the validity of the research will be enhanced.

In order to demonstrate sensitivity to context I refer to Yardley (2008), who proposes that the researcher take into consideration relevant theoretical and empirical literature, socio-cultural setting, ethical issues, empirical data, and participants’ perspectives. Yardley (2008) posits that the researcher should show sensitivity to existing literature

on the topic in relation to the development of a research topic and question. In relation to the present study, I have paid much attention to existing theoretical and empirical literature. I have researched the topic widely and feel that, whilst a growing body of quantitative research does exist pertaining to the area of CSA and relationships, there are relatively few, if any, qualitative studies that specifically explore the lived experience of the individual and their subsequent meaning-making. Through a systematic review of the literature I feel that this study could add quality to the quantity and add the essence of lived experience from the individuals themselves, which is fundamental when working with such a client group who could be viewed as being silenced in many different ways. By giving voice to this group, this study aims not only to add to the existing literature and thus inform practice, but also to enable the participants to speak for themselves so that in turn we as practitioners and researchers can learn from the expert.

In relation to sensitivity with regard to the socio-cultural context, the perspective of the participants was taken into consideration and delicately and empathically kept in mind throughout the research process. I was aware of the sensitive and emotive nature of the topic and, as such, responded sensitively to participants' needs. Participants were asked to consider where they would prefer to meet for the interview. Some decided that they would be more comfortable speaking in their homes and so I met with them there, whilst others felt that it would be better to meet outside of their homes so that they could create some distance between what they were sharing and their home lives; this was also facilitated and I met with these women in a local therapy room. Furthermore, my disposition and counselling skills (embracing Rogerian concepts of empathy and unconditional positive regard) enabled me to facilitate an environment and a process in which the women were free to express openly their experiences. The semi-structured and open-ended nature of the interview was also adopted, with the aim of allowing the women to speak in their own time and express what was important for them, their lived world, with minimal interference from myself.

In relation to demonstrating commitment and rigour, I took into consideration the importance of thorough data collection, sufficient depth and insight in relation to analysis, methodological competence, and an in-depth engagement with the topic (Yardley, 2008). I demonstrated commitment by ensuring a sensitive and careful

analysis of each case, trying to ensure that I captured the voice of each individual whilst also being mindful of the interpretive nature of IPA. In order to fully engage with the material I spent long periods immersed in the data, with the aim of capturing the essence of the participants and ensuring that I was attending closely to what they were saying. Rigour refers to taking into consideration appropriateness of the sample, the quality of the interview, and the completeness of the analysis undertaken (Smith, Flowers, & Larkin, 2009). In order to ensure that the sample was appropriate and representative of the group under investigation, I gave sampling careful consideration at the outset by ensuring that information leaflets pertaining to the study clearly stipulated the criteria. As such, the sample was selected purposively and is homogenous in nature.

In relation to transparency and coherence I provide a careful and detailed description of how participants were selected, how the interview schedule was constructed and the interview conducted, and a detailed description of the data analysis. Such steps are considered to ensure transparency (Smith, Flowers, & Larkin, 2009). In relation to coherence, I have aimed throughout to provide a rational, structured, and coherent piece of work which is in line with the underlying principles of IPA and demonstrates a clear link between the surrounding theory and the proposed method. I acknowledge the relevant theory to date in the literature review and acknowledge the study's concern with the link between phenomenology and hermeneutics as in line with the philosophy of IPA.

Finally, I must also take into consideration Yardley's (2008) final principle, which is impact and importance. From the initial stages of research in which I was considering what topic to look at, and what methodology to employ, I have been ever aware of the fundamental nature of impact and importance. As a matter of opinion, it could be viewed as unethical to interview participants and involve them in the research if you as the researcher do not put the research findings to good use. For this reason, I carefully and considerately chose an area and a methodology which I thought could add another dimension to the existing literature.

Procedures

Participants and sampling considerations

Smith, Flowers, and Larkin (2009) state that sampling must be theoretically consistent and, as such, I selected the sample purposively in light of the research aim. The aim of the research is to understand how adults sexually abused as children experience relationships with significant others. Given the specific research aims, a homogenous sample was selected with the aim of giving insight into this particular phenomenon from the perspective of this particular group of people. The sample is then considered in terms of 'representing' a perspective, as opposed to representing a population (Smith, Flowers, & Larkin, 2009).

Given the above considerations, inclusion and exclusion criteria were deemed essential. As evident from the literature review, the types of activities considered to be 'sexual' and the circumstances considered to constitute childhood sexual abuse vary (Draucker, 2000). As a result, I felt that inclusion criteria needed to be specified clearly from the outset and, as such, this study aimed only to include adults over the age of 18 years (upper age limit was not restricted) who had experienced contact sexual abuse (abuse involving physical contact of a sexual nature) at some point during childhood. Only those who had experienced incestuous (interfamilial abuse) and abuse by a known perpetrator (step-parents or family friends) were considered. Given the sensitive nature of CSA it was thought that only those who had experienced extensive personal therapy would be included. The reason for this was that I wanted to ensure that participants had processed their experience and were not currently living with the acute psychological or emotional distress. In addition, my concern with regard to causing or eliciting psychological distress in the participants meant that I felt it was necessary to exclude anyone who was currently experiencing psychological distress or who was living with a diagnosis (e.g., personality disorder, PTSD, acute anxiety, or depression).

With regard to the recruitment process, I compiled a list of counselling organisations and private psychotherapy practices in Northern Ireland. Whilst some of the agencies dealt solely with survivors of sexual abuse, others were generic counselling or psychotherapy organisations. The first stage of the recruitment process involved writing to the organisations to inform them about the research. I then personally met

with the managers of the organisations and provided them with details of the study, its purpose, and the procedure. I provided the organisations with a copy of the information leaflets and consent forms (Appendix 1). They agreed to distribute the information to individuals who attend or have attended the organisation on behalf of the researcher.

I was contacted by sixteen individuals in response to the information leaflets. Interestingly, it was only women who responded to the leaflet, 10 of which had received or were receiving psychoanalytic psychotherapy. I responded to each of the individuals via email to request an initial telephone conversation with the aim of introducing myself and establishing whether they would be appropriate for inclusion in the research and also to provide more details so that they, too, could establish whether they indeed wished to still be included. Following this, six of the participants were considered inappropriate for inclusion on the basis of the following: one individual had recently disclosed her experience and had just commenced personal therapy, two individuals had yet to receive personal therapy as they were on a waiting list, one individual had recently spent a number of months as an inpatient due to psychological distress, and two individuals informed me that they had recently received a diagnosis of borderline personality disorder. All of those who were not considered appropriate on the grounds of distress or vulnerability were thanked for expressing their interest and communicated with in a sensitive and warm manner as I did not want them to feel hurt or rejected.

The interview protocol was piloted on the first two women who volunteered. Information pertaining to this is included in the section entitled 'Interview schedule'.

Eight participants were considered suitable for inclusion in the research and, as such, communication was set up between myself and each of the individuals regarding appropriate times and places to meet. Interestingly, five out of the eight participants included had received psychoanalytic psychotherapy. The only inclusion criterion regarding therapeutic history was that participants should have experienced 'extensive' personal therapy in relation to their abuse experience. The reasons for this were to ensure participants had processed their experience and were not currently living with acute psychological or emotional distress. As a way of expressing my utmost gratitude to the women for committing time and energy to contribute to the

research I gave each a £20 gift voucher for Marks and Spencer as a token of my appreciation.

Participants

In accordance with the principles of IPA, the sample included eight participants (Smith & Osborn, 2008). The sample included white British/Irish females who were born and raised in Northern Ireland. The women came from diverse cultural and religious backgrounds. Their marital status, sexuality, age, personal histories, socio-economic, and status as mothers were also varied. All participants experienced contact CSA. All participants were abused by their fathers. The age when abuse started and ended varied (ranging between commencement at age three and ending age 16). Whilst some of the participants were unable to remember the duration of the abuse, rough estimates appear to have been between one year and 12 years. Out of the eight participants included, five had been involved in long-term psychoanalytic therapy, two had received person centred counseling and one had received Cognitive Behavioural Therapy.

Demographic information

Information on the demographics of the participants who took part in the study is included in Table 1.

Table 1¹

Name	Ethnicity	Age	Sexuality	Marital status	Children	Therapy history	Duration of abuse	Age when abuse commenced
Eve	White	43	Heterosexual	Divorced	4	14 years (Psychoanalytic psychotherapy)	8 years	Aged 4
Emily	White	41	Heterosexual	Single	2	9 years (Psychoanalytic psychotherapy)	12 years	Aged 3
Tori	White	28	Lesbian	Single	0	3 years (Person Centred Counselling)	7 years	Aged 5
Fran	White	56	Heterosexual	Single	3	7 years (Psychoanalytic psychotherapy)	14 years	Aged 4
Annie	White	27	Heterosexual	Engaged	2	4 years (Psychoanalytic psychotherapy)	5 years	Aged 6
Sara	White	36	Heterosexual	Single	0	3 years (Person Centred Counselling)	6 years	Aged 8
Jen	White	44	Heterosexual	Married	2	5 years (Psychoanalytic psychotherapy)	10 years	Aged 6
Jo	White	28	Heterosexual	Cohabiting	1	1 year (Cognitive Behavioural Therapy)	1 year	Aged 11

¹ All names and identifying details have been changed to preserve anonymity.

Interview schedule

Smith, Flowers, and Larkin (2009) propose that in-depth semi-structured interviews are a well-suited method of data collection as they elicit stories, thoughts, and feelings about the phenomenon and offer the individual the opportunity to provide a rich, detailed, and personal account of their experiences. More specifically, it is suggested that, with an intimate focus on the individual's unique experience, the semi-structured interview can grant the participants an opportunity to speak freely and reflectively, tell their story, develop their own ideas, and express their concerns (Smith, Flowers, & Larkin, 2009).

They emphasise the importance of carefully developing an interview schedule as a means of facilitating a comfortable interaction with the participant, thus enabling them to provide a detailed account of their experiences (Smith, Flowers, & Larkin, 2009). Whilst an interview schedule did provide a framework, it did not dictate the direction of the interview but instead was used in a flexible manner. Smith, Flowers, and Larkin (2009) advocate the role of the researcher as active listener or active co-participant, and emphasise that, given the participant is the experiential expert, it may at times be necessary to move away from the schedule and instead follow the concerns of the participant.

A number of factors contributed to the fact that I found the interview process to be a very fluid one. Whilst I had done an extensive literature review, I was very committed to the idea that I wanted to hear from the participants themselves; this, after all, was what I felt existing literature was missing and my reason for choosing IPA. With this in mind, my only agenda, so to speak, was then that of facilitating a space in which the participants could speak about what was personal to their own life world. I think because of the sensitive nature in which contact had been established between myself and the participants and the fact that this was not a probing interview, rather a 'one-sided conversation' (Smith, Flowers, & Larkin, 2009, p.64), rapport was established as the participants came to realise that I was gently listening and was being led by them as opposed to my own agenda. This really did facilitate a much more relaxed space and, as such, each of the participants was able to speak more freely and set their own pace. I was in no rush to conduct the interviews as I had set aside sufficient time and, as such, silences were golden because in those silent moments it occurred to me

that they were not awkward in nature and void of activity but rather full of activity as the women pieced together their thoughts.

Employing the use of a semi-structured interview enables both the researcher and the participant to engage in a dialogue in which the initial questions set out in the interview schedule can be modified in accordance with participants' responses, thus enabling the researcher to capture any interesting and important areas which arise (Smith & Osborn, 2008). Whilst I had dictated the area of interest and did have questions in line with this interest to pursue, I was cognisant of the aim, which was to try and enter as far as possible the world of the respondent (Smith & Osborn, 2008).

Sampson (2004) recommends that a pilot study be carried out initially, with the aim of giving the researcher the opportunity to review the interview process, reflect on the draft interview questions and highlight potential concerns regarding ethics and validity. As such, I conducted a pilot interview with the first two participants who volunteered for the research. This process provided me with the opportunity to ascertain the relevance and appropriateness of the interview schedule and also provided me with an opportunity to fully consider my interview style. Smith and Osborn (2008) posit that, by giving consideration in advance to the wording of questions and the sensitive nature of certain areas, the interviewer will be more aware of ways in which the interview may proceed and, subsequently, will be able to concentrate more thoroughly and confidently on what the respondent is saying in the interview situation. Data obtained as a result of pilot interviews was not included in the analysis. The reason for this was that the interview schedule was subsequently altered due to the fact that the questions were not yielding rich-enough data.

I initially thought the questions to be appropriate and clear; however, I later realised that they were perhaps too specific in that they were requesting the interviewee to attend specifically to particular things. In response to these concerns I re-adjusted the interview schedule (Appendix 2). On consultation with my supervisor and subsequent reading I devised a different schedule. I was influenced by specific guidelines proposed by Smith and Osborn (2009), who note that the interview schedule should include both specific and general questions with the aim being that general questions will enable the participants to give their own views in relation to the topic before you

as the interviewer ‘funnel’ the questions so that the participant responds to more specific areas that are of particular concern for the researcher.

Participants were either interviewed in their own homes or in private therapy rooms. Interviews lasted between 45 minutes and 115 minutes depending on the participant. Given that each of the participants had engaged in long-term personal therapy, they were incredibly reflective and well able to consider the main research question and provide great insight into their experiences.

Recording and Transcription

All interviews were recorded on a digital voice recorder. All recordings were then uploaded onto my personal computer and stored onto a CD. Following this, recordings were deleted from the digital recorder and the CDs were locked in a filing cabinet located in my home. All interviews were transcribed by me. Smith and Osborn (2008) highlight that a recording is not a complete or ‘objective’ record given that non-verbal communication cannot be picked up. As such, I transcribed each of the recordings immediately after the interview with the aim of capturing the nuances, paying particular attention to non-verbal communication such as pauses, the feeling in the room, gestures, and laughter (Smith & Dunworth, 2003). My aim was to capture the essence of the interview and reflect it in its truest form as far as possible. Once transcribed, interviews were stored in a locked filing cabinet.

Ethical considerations

I have given careful consideration to the risks involved in carrying out this research in paying particular attention to the possible harm it may cause participants. This in turn was looked at in relation to the extent to which any potential new information generated from the findings may potentially contribute to work within the field. Therefore, careful consideration has been given to the ethical issues that the study would undoubtedly raise. I was particularly aware of the sensitive and emotive nature of the focus of the study and therefore spent a sufficient period of time and energy taking into consideration the potential that it may cause distress. As such, I have taken into consideration various different aspects relating to the proposed research.

In relation to ethical considerations, the researcher has paid close attention to the British Psychological Society Guidelines for Minimum Standards of Ethical Approval

in Psychological Research (2004). Full ethical approval from the Department of Psychology at City University was obtained (Appendix 7). In addition to this, the researcher has also paid careful consideration to an additional code of ethics and conduct. The University of Ulster Ethical Principles for Researching Vulnerable Groups (Connolly, 2003) was consulted due to the fact that it is specific to Northern Ireland and the current research took place in Northern Ireland. Connolly (2003) notes that whilst the code must be consulted, it is not meant to replace existing ethical guidelines but simply build upon and supplement existing codes of practice. The code was drawn up in conjunction with The Office of the First Minister and Deputy First Minister (OFMDFM), which is responsible for a number of sensitive policy areas with regard to community relations and vulnerable client groups. The aim is to ensure that research involving vulnerable groups within Northern Ireland society is of the highest possible standard and that all research is conducted with integrity, respect, and sensitivity. In light of the above-named ethical practice guidelines, the researcher was guided by several key issues which are included below:

Confidentiality and anonymity

The issue of CSA is a highly sensitive area and so involving people who have experienced CSA requires assurance of protection of confidentiality. However, it must be noted that participants must be informed of the limits to confidentiality prior to commencing the interview in relation to any disclosure of harm to self or others (Bond, 2004).

I took the following steps to ensure that privacy, confidentiality, and anonymity were maintained at all times:

All data generated was transcribed and coded in such a way that no individual could be identified. This included changing the names of all people and places mentioned by the participants.

All data was and is currently stored on an encrypted file in a locked cabinet in the researcher's office. The office door was and is currently locked at all times when the researcher is out.

A copy of the findings will also be available to participants, prior to any publication being sought. This will provide participants with an opportunity to request changes.

Participants were also informed of their right to withdraw at any stage of the research. To ensure it was not possible to identify any individual participant, all data was anonymised.

Adverse effects of participating in research

The researcher endeavoured to ensure each participant felt secure and at ease during the interview. As a way of ensuring this, all participants were asked where they would feel most comfortable when taking part in the interview. As such, some wished to be interviewed in their home whilst others wanted to meet at an independent location of the researcher's choice. This was facilitated.

I was cognisant of the fact that, during the semi-structured interviews, participants may allude to their trauma experience in order to illustrate points. I remained vigilant at all times to ensure the emotional and psychological well-being of the client. I looked out for any signs of distress throughout the interview process.

As a Trainee Counselling Psychologist with experience working with individuals who have experienced CSA, I was sufficiently able to recognise any potential harm that could be caused and, as such, was prepared to manage any difficulties that may arise in a professional, ethical, and effective manner.

Opportunities for support that may be necessary during and after the research were discussed with the participant prior to conducting the research. In addition, the participants were provided with an information leaflet (Appendix 3) detailing counselling organisations and sources of support. Further to this, arrangements were made with the voluntary organisations to provide additional support after the interview or at a later date if needs be.

Transparency

Willig (2001) notes that the chosen methodology depends primarily upon the rapport established between interviewer and interviewee. By remaining open and transparent regarding the nature, purpose, and aims of the research, I felt that a good rapport was established.

Consent

All participants were provided with a written statement of the research aims, procedure, and information about any potential risks (Appendix 1). The written consent form contained details of how to contact the researcher and the researcher's supervisor.

Competence of researcher

The researcher has conducted several research projects with vulnerable client groups and, as a result, was experienced and mindful of professional and ethical issues. In addition, the research was being supervised by an experienced member of staff at the university and, as such, support and guidance was available at all times.

Analytic strategy

Throughout the analytical process I was mindful of a quote by Smith, Flowers, and Larkin (2008), who posited that "Without the phenomenology, there would be nothing to interpret, without the hermeneutics, the phenomenon would not be seen" (p.37). This was always at the forefront of my mind, guiding me to continually consider and acknowledge the joint role of the participant and myself. I was mindful of my role as the researcher in accessing a version of the experience as the individual participants made sense of it through their narrative account (Smith & Osborn, 2008). This aided me greatly with the task that I was to embark upon.

Smith and Osborn (2008) highlight the centrality of meaning within IPA and, as such, emphasise the importance of trying to understand the content and complexity of the meaning as opposed to measuring the frequency. Ultimately, as the researcher it was my job to engage in an interpretative relationship with the transcript (Smith & Osborn, 2008). It is thought that through a sustained engagement with the text and a process of interpretation the researcher is aiming to capture and do justice to the meanings of the respondents and learn about the various facets of their world (Smith & Osborn, 2008).

My approach to the analysis of the transcripts was informed by Smith, Flowers, and Larkin (2008), who note the iterative and inductive cycle (Smith, 2007) of analysis and therefore encourage the employment of the following strategies:

They postulate that, firstly, the researcher must fully immerse themselves in the transcripts, reading them over and over again as they engage in a close line by line analysis of each participant's experiential claims, concerns, and understandings. They propose the use of the left-hand margin to annotate interesting or significant points about what the respondent said. Secondly, the researcher will identify the emergent themes within the experiential material, paying particular attention to convergence and divergence, commonality, and nuance. This is done in respect to each individual transcript and then across the multiple transcripts. Thirdly, there is a turn to interpretation in which a dialogue is developed between the coded data and the researcher's psychological knowledge as the researcher focuses on what it might mean for the participants to have these concerns in this context. It is emphasised that the researcher must then develop a structure or a frame illustrating the relationships that exist between the themes. They encourage the researcher to organise all of the material so that the data can be traced through the process. This means that the initial comments on the transcript can be traced through to initial clustering and thematic development to the final structure of the themes. An important aspect throughout the process is the use of supervision and collaboration as a means of testing and developing not only the coherence but the plausibility of the interpretation. Furthermore, they suggest the development of a full narrative in the form of a detailed commentary on the extracts as a means of guiding the reader through the interpretation. Finally, they encourage the researcher to engage in a continual process of reflection in relation to perceptions, conceptions, and processes throughout.

Chapter 3

Analysis

“Without the phenomenology, there would be nothing to interpret, without the hermeneutics, the phenomenon would not be seen” (Smith, Flowers, & Larkin, 2009, p.37).

An interpretive phenomenological approach to data analysis was taken with the aim of exploring in depth the lived experience of relating in a group of women sexually abused in childhood. Following a detailed analysis of the data, it became clear that a number of interesting and complex themes emerged. As each of the women spoke, they extended an invitation into their world for a brief period of time, sharing their unique, subjective experience of relating and being in relationships. Themes and understandings began to emerge with each and every turn. Each journey was a single journey, traveled only by the individual, but what became clear through the interviews and the analysis of the interviews was that whilst no one journey was the same, there were indeed a number of shared themes, and through this chapter of analysis it is the author’s hope to share the insights and discoveries revealed through the process of analysis, shining light upon the participants’ experience of relating and the meanings and implications that relating has upon their existence in the world.

In accordance with the analytical strategy and process (outlined in chapter 2), a detailed analysis of each individual transcript was embarked upon, exploring and considering the emergent themes specific to each individual. Through the identification of emergent patterns and commonalities within the experiential material relating to the individual and subsequently across the cases it became apparent that themes particular to individual cases also represented instances of higher order concepts that the cases shared. Whilst there were considerable areas of overlap between the themes, some themes resonated more closely, shining light upon each other and contributing to a fuller richer understanding of the individual phenomena. As such, three superordinate themes were developed, representing an organisational group that illustrates the relationships between the themes. Throughout the chapter it can be seen that, whilst each participant’s experiential accounts contributed to the development of the superordinate themes, not all participants are represented within each subtheme. With the aim of ensuring that the subthemes are representative of the

majority of the sample, a minimum of five participants have contributed to each subtheme. The analytic process was extensive given the amount of data and, as such, the findings revealed rich and detailed accounts of the individuals' experience of relating. As opposed to attempting a sweeping account of everything that emerged the author has attempted to do justice to the data and, as such, has concentrated on presenting an in-depth comprehensive presentation of some of the more prevalent and prominent themes that emerged. The superordinate themes that emerged from the data included: ***'Protection'***, ***'Disturbed Intercourse'*** and ***'Responsive and unresponsive mothers and others'***.

The first superordinate theme ***'Protection'*** captures the participants' experience of needing protection when relating with others, the ways in which they protect themselves, and the repercussions they experience as a result of self-protection. The second superordinate theme ***'Disturbed intercourse'*** presents an account of the various levels of disturbance experienced when interacting and communicating with others. The third superordinate theme ***'Responsive and unresponsive mothers and others'*** captures the essence of the importance of responsiveness and how, for many of the participants, worlds dominated by unthinking and unseeing others in childhood remain very much evident in their present experiences of relating. It further encompasses how past childhood experiences have impacted upon the participants' experience of being a mother and finally considers just how important the experience of a good-enough relationship has been.

The structure of the following chapter will be a combined effort as the author presents the participants' own words in the form of extracts from the transcribed interviews along with detailed analytical interpretations of the text. It may therefore be considered throughout this process of Interpretive Phenomenological Analysis that the participant brings the 'P' (the phenomenon and their experience of it) and the author brings the 'I' (the analytical interpretations). This chapter presents the participants accounts and the analytical interpretations without theoretical discussion. The aim is to present the results in their purest form without contamination from relevant theoretical understandings and existing literature. Further discussion of the findings in relation to relevant literature and existing psychological theories and concepts can be found in the 'Discussion Chapter' (Chapter 4). All quotations included within the analysis are referenced (page and line number) in accordance with the original

transcript. The presence of empty brackets indicates that text has been omitted.

Superordinate theme 1: Protection

Superordinate theme 1 captures the women's experience of being protected both within and from relationships. It encompasses the participants' experience of needing protection when relating to others, how they protect themselves, and the repercussions they experience as result of being protected. There is some overlap between the sub-themes as the participants move back and forth with the aim of setting their individual experiences in context; however each subtheme can be seen to capture a unique aspect of the superordinate theme. It can therefore be seen that each of the individual subthemes are joined together with a common thread that ultimately forms a tapestry capturing and communicating the essence of the women's lived experience in which 'protection' is of paramount importance.

Subtheme 1: The need for protection

The first subtheme aims to capture the participants' experiences of needing protection from relationships and within relationships. The narratives portray that for all concerned, their need for protection emanates greatly from abusive childhood experiences in which others caused harm, failed to protect, or were simply not 'care-full' enough. As such, the participants communicate how a lack of protection in childhoods that were much too frightening has meant that they now experience a very real need for protection when relating with others. The narratives communicate that the need for protection appears to be two-fold. For some, relating with others can be experienced as very frightening given the threat experienced. Whilst for others protecting the truth of their experiences serves as a means of protecting the self from the shame associated with abusive childhood experiences. The thread that weaves throughout the dialogues communicates a strong sense of how present relating is inextricably bound to past experiences.

At grass roots level Luca is terrified. Our grass roots are suggestive of our early conditions of growth, and just like a small plant that needs just the right amount of soil, water, sunlight, and fertiliser to grow, we as human beings need nourishment and protection from the elements. Luca's comment invariably draws attention to her early conditions, indicating that a repercussion of being fed on fear, and by careless others, is a resounding terror of other people in present-day life which is communicated

through her repetition.

“at grass root level, I am frightened of other people. I long for them of course I do, desperate...I am absolutely desperate but I’m terrified, absolutely terrified of them.”
(Luca, 3, 72-75)

The phrase ‘to turn the tables’ originated from the playing of games such as chess when the board would be turned around to enable the opponent to take their go. Luca’s narrative invites consideration of what it feels like to be playing in the game of life with malevolent others. Anticipating danger and the inevitability of disingenuous moves on the part of the other means that for Luca the only certainty when relating is the unpredictable nature of human beings.

“I keep myself so distant because I am frightened. I just think the tables will be turned on me at any moment. () It’s just a matter of time and so it’s very hard then to relax.” (Luca, 3, 78-93)

Annie’s narrative juxtaposes two extreme parallels. Whilst she demonstrates her understanding that it is not people’s intent to let her down, the sheer force of her words and tone when communicating that “they just fuck you over time and time again” demonstrates her anger and frustration at being caught in the powerless position of knowing that she doesn’t want things to be that way but having no control over the other’s actions. The metaphor could also be seen as suggestive of her early relationships in which she was powerless in the presence of powerful others who invaded and intruded upon her boundaries. Perhaps the result of such treatment has meant that what is now “over” is her hope for a benign and consistent other.

“they just fuck you over time and time again and I actually know now that they don’t mean to....they do not mean to but it happens, it continually happens.” (Annie, 10, 283-286)

In a similar vein, Emily depicts a world coloured with malevolent objects that could invariably cause harm. Interestingly, she notes that people can “sense” a bad aura. In this world dominated by malevolent figures, others appear to take on the guise of predators and Emily the prey should she allow them close enough. Emily depicts her good nature as a vulnerability that places her in dangerous territory when relating with disingenuous others. Perhaps this is suggestive of her early environment whereby the

very nature of her vulnerability as a child meant that she was used at the disposal of others. In present-day relating she is the hunted in a world of hunters and her vulnerability makes her an easy target.

“I think people can sense a bad aura about you. People can see – you know not nice people can see if you are kind and giving they take advantage.” (Emily, 7, 183-184)

Fran’s language conveys her reality of never having experienced unconditional love, care, and compassion. Her mention of “conditions” conjures up images of legal documents or contracts in which parties enter into an agreement of what is to be expected and the role and responsibilities of each party. But what, then, were the conditions imparted upon her? What were her contractual duties? For Fran, relating with others in childhood meant a surrendering to the wishes or conditions of another party, and, having never experienced a love without conditions, relating in the present becomes inextricably bound to her past. Fran’s need for protection is evident and, as such, is communicated through her reluctance to ask for what she needs.

“I couldn’t go () hand out to my dad and say....I’m feeling lonely can I have a cuddle () you wouldn’t just get a cuddle...it would be something else () And so now I’m very reluctant to () to go to another person and ask () because I don’t know that it comes without conditions.” (Fran, 13, 361-384)

The unpredictability and uncertainty regarding people’s nature means that, for Jen, the risk of relating with another would be too great. Explaining that she does not want to leave herself “open”, her choice of words conjures up images of a self that is then closed. To be open would imply a self that is without defences, a much too vulnerable position to be in, in light of what she has just described.

“I could be friends with somebody who at one point might be good, then could be bad and I don’t want to leave myself open to them changing. It’s.....I am aware there is good and bad in everyone but how do I know who’s who.” (Jen, 9, 256-259)

To “turn over” is suggestive of a surrendering or a relinquishing of one’s own self to the power of the other and, indeed, it could be viewed that, in her vulnerable position as a child when she was reliant on abusive others to attend to her needs, Jo’s vulnerability was taken advantage of. Her past experiences impact upon adult relating as even asking somebody for help, or “to look after” her, is deemed simply not safe

enough. There are too many uncertainties involved when one turns over some control to the other and, ultimately, it would appear that fear is the overriding force. Jo's fear that the other cannot be trusted to be careful means the safest option available is to care for herself.

"If I'm not entirely looking after myself and looking after my own needs, if I turn any of those over to somebody else to look after for a little while then I would be frightened about what they'll do with it." (Jo, 7, 143-147)

When a part of the self is damaged, it is not as robust and, as such, much care must be taken to protect it. Jo depicts a world in which people can be harmful and cause damage and therefore she is not willing to go into battle without a defence. However, with a robustness that is "not inbuilt", questions must be raised as to who builds robustness and, more specifically, who the unqualified or inattentive builders of Jo were who left her without. Making comparisons between herself and other people Jo's language is suggestive of the fact that robustness can be built but that her builders did not take care to do a good job. Without robustness as a child she was unprotected in the presence of harmful others and, as such, we can more fully appreciate the fundamental need for her creation of a barrier, even if it is not inbuilt.

"because of that damage I'm not as robust as other people so I have created a robustness but it's not inbuilt, it's more like a barrier () to protect myself from other people and the damage that can be caused when I am with other people." (Jo, 12, 339-346)

The blurring of boundaries within the parent-child relationship and the "repercussions" experienced as a result would suggest that, for Tori, intimacy, love, care, and attention are closely coupled with feelings of intense fear. Being "scared to death" captures the sheer horror experienced as a child that serves as a permanent reminder, ensuring that she does not enter such life-threatening situations again. Her intolerance of closeness and relatedness are evident and results in her self-exclusion from loving relationships.

"being my dad's special girl and being given affection... () all the things that go hand in hand with being in a loving relationship.....I couldn't tolerate it because I would be scared to death about the repercussions." (Tori, 12, 352-366)

Whilst the previous narratives have communicated the need for protection from and within relationships given the fear associated with the damage that could be caused, a different aspect prevalent across many of the narratives appears to be related to protection of the self against shame. Secrecy serves as means of protecting the truth whilst at the same time protecting Luca from the shame experienced should the truth be exposed. Her true and authentic self cannot be “upfront”, it cannot be the self that others see, and, as such, her language suggests that in protecting the secret she is also protecting herself. She is the keeper of secrets, but perhaps she herself is the biggest secret that has as of yet not been shared. The keeping of secrets could also be seen as indicative of keeping part of the self locked away to ensure no further damage occurs, given her previous experiences of being exposed as a child.

“there’s the whole issue of () explaining to new friends, new partners, new colleagues why I have no mum, why there is no dad, why there is no brother () it does impact because I can’t be upfront and straightforward and say hey this is me and this is where I come from, I kind of have to () be more secretive you know.” (Luca, 14, 411-417)

Baring her soul and exposing her past would be to unveil parts of the self that are still felt to be disgusting. To bare the “disgusting” self would be too much and, as such, Annie is forced to protect it, to cover it over, and to never unveil it. As she says, “what I’m like”, her language speaks of her identification with her abusive experiences and her early environment. It is all-encompassing and her abuse has come to represent a part of her, a part that she feels to be repulsive. Such protection of this part means that authentic connection with her friend is rendered impossible and she herself must remain in captivity along with her past.

“how do I offer her an explanation, how without telling her, without bearing my soul and telling her the disgusting person I am, telling her what a fucked up place I come from. What my family are like, what I’m like.” (Annie, 3, 94-98)

For Emily, fear of exposure means that her only alternative is to protect herself. However, encompassed within the following narrative is the suggestion that Emily’s past has come to represent her and by illuminating such a past she would be illuminating herself. We must then assume that Emily is not standing in the shine of the light but, instead, that a part of her is hidden beneath the cover of darkness so as to

protect her from the shame of exposure. Perhaps hidden behind her words is the communication of how humiliating and hurtful it was as a child to be unprotected and exposed. Thus, keeping herself to herself means no longer running the risk of having to experience harm at the hands of disingenuous others.

“it would be humiliating and hurtful and would shine a light on something which will make others look at me differently and it will make me sad, so I just keep myself to myself.” (Emily, 25, 754-761)

Throughout the narratives a prevailing sense of vulnerability and fear associated with being in relationships is evident and, as such, the need for protection is paramount. Whilst none of the women are still involved in relationships with abusive early caregivers, it is their internal worlds and the fear that the past could be repeated in the future that prevents them from relating. The dangers associated with love, connection, and closeness are communicated, and, for many, close and intimate relationships with others are deemed simply not a safe place to reside. In a world surrounded with malevolent objects who could cause harm, many feel that to be powerless in the presence of a powerful other would be much too frightening. Moreover, the women reveal the need to protect the self from the shame and vulnerability associated with others finding out about their childhood experiences. For many, the protection of the truth resulted in the inevitable existence of a barrier, as they strive to ensure that their past remains permanently hidden.

Subtheme 2: The ways and means of protection

Introducing the ways and means of self-protection, the participants portray a world of relating which is altogether very frightening, posing much risk to the self. As such, they depict the full-time job involved in self-protection and just how vital it is for survival. For some, barriers, guards, and fences serve as a means of ensuring the self is kept safe when relating. For others, even a guard would not be deemed safe enough and, as such, abstinence, escape, and isolation serve as ways of ensuring the self is protected from relating altogether. Regardless of the method, what is shared amongst the narratives is the prevailing sense of just how frightening relating can be and, as a result, the impossibility of entering into a relationship without some form of protection.

Annie's retreat from the world of relating is evident and, as such, her authentic self is kept safe on the "inside", away from the dangers that lurk on the outside where other people reside. Explaining that she can never be herself, she communicates that she cannot let her authentic self out as to be unprotected in the world alongside others would be much too frightening. Annie is "still" on the inside and her words are suggestive of a self that continues to rely on the methods of survival learnt in childhood. Through emphasising "I can never be", the sadness and regret in her voice communicates the pain and heaviness experienced as a result of the shackles that continue to imprison her.

"I'm still on the inside looking out at the world so I don't relate to it. () I'm never myself, I can never ever be authentic, I can never be myself." (Annie, 3, 79-83)

Jo offers a vivid comparison as a way of illustrating the nature of her protected self. She demonstrates how trusting her cat is of his environment and how he knows that nobody will hurt him. As he lies relaxed and untroubled by fear of his environment, she shares the same environment but does not share his experience of it. Whilst she does not elaborate at this point on how their lives are different, it could be suggested that if he is baring his belly and trusting of his environment in the knowledge that "nobody will come along and hurt him", then she being "so so different" must therefore be deeply mistrusting of her environment and feel entirely unable to relax to such an extent given the threat posed by others in her mind.

"he lies on his back with his arms in the air and can bare his belly and () when I look at him he is very relaxed and he is so trusting of his environment that nobody will come along and hurt him.....and that is so so different to how I live." (Jo, 9, 260-266)

Jo is the opposite of the cat on his back as she sleeps curled up in a ball protecting her vital organs. She presents a self that must be protected even in sleep. Our vital organs are necessary for survival and the protection of such organs even in sleep communicates the extent of the threat that Jo experiences. The vulnerable state of sleep is one in which we take for granted that others around us will not take advantage of our defenceless state, but in Jo's world, sleeping as a child only increased her already vulnerable state, and her narrative suggests that the sheer terror associated

with being so defenceless continues to this day.

“Well even how I sleep.....I sleep curled up in a ball protecting all my vital organs.....and I don’t like sleeping in the room with anybody.” (Jo, 10, 270-272)

Introducing a different aspect of protection, Luca communicates how remaining vigilant ensures that she is attuned to any signs that may indicate that she could be misused or treated badly. However, attention must be drawn to the force of her language in this communication and the incredible power of the metaphor she uses, explaining that she is watching out for “being screwed over”. These words are deeply impacting and draw us straight back to the reality of her experiences as a child when this is indeed exactly what happened to her at the hands of abusive others. Furthermore, “over” could be seen as suggestive of an ending and we must wonder if, in fact, what was actually over was her potential to have hope and trust in the goodness of others. Being highly attuned suggests another dimension to experience, calling to mind the tuning of an instrument to the correct notes and frequency of the other instruments in the orchestra. If she is highly attuned to being screwed over, then this is indicative of the ‘orchestra’ or family system in which she came from, one in which threat, fear, and abuse were the resounding notes emanating from her early environment.

“I think that I am highly attuned to watching out for being screwed over.” (Luca, 4, 93-94)

Eve’s “method” of relating appears to encompass two different methodologies involving abstinence or escape. The imprint she refers to emphasises the ever-lasting reminder that her abusive experiences have had on her developing mind as a child. Her abusive experiences have been heavily ingrained and, as such, she must now resort to the employment of methods to enable her to manage relating that can often be experienced as unmanageable or unbearable.

“The only way to deal with it is either not getting involved in the first place or find a way out. () if you destroy something then it can't be, it can't exist. So that kind of method () it's like an imprint.” (Eve, 2, 37-43)

For Jen, starvation acts as a form of protection. She paints a vivid picture of the sheer

intolerable nature of relationships. Her narrative suggests that relationships are like a food that could induce sickness and discomfort and she must therefore strive to avoid them entirely. Emphasising that she does not want to “run the risk” introduces a further dimension, given that risk does not imply the certainty of danger but rather the possibility. It could therefore be suggested that Jen has awareness that not all relationships result in such grave consequences. Her total avoidance emphasises, however, just how intolerable it would be to take such a chance, given that she has prior experience of the repercussions.

“I starve myself of it if that makes any sense so that I don’t run the risk of it making me sick.” (Jen, 6, 176-178)

A further means of protection shared amongst the narratives is the functioning of the self behind barriers, fences, guards, and constructions. Functioning through the use of a constructed self facilitates Annie’s ability to relate, as it ensures the protection of a more vulnerable self that is kept safe inside. Through emphasising that she is not “able” to be herself “ever”, she introduces the overwhelming nature of her felt vulnerability, and therefore just how dangerous it would be if she were to relate without the use of such scaffolding and exterior constructs that serve as a means of protecting the contents of her inwardly more vulnerable state.

“I’m never able to be me....ever.... I am a construction of whatever you want to call it, you can call it various different things but it is a fabrication.” (Annie, 4, 110-112)

Emily presents a self that is guarded in the presence of others. Stressing that “even at 43” she “can’t” let her guard down, she communicates just how fundamental the guard is and how she does not feel safe enough to relate without it. However, as she explains that nobody gets to see the real Emily, indicating that the real Emily is located behind the guard, her words conjure up images of a guard that was once entrusted to prevent danger but that now serves as a prison guard. Emily’s tone is sad and her words stress just how isolated she is from others, given that nobody sees her or knows her. It could be suggested that she is indeed now imprisoned by this guard and as of “yet” has not been set free. The solace afforded by the protective guard in childhood has now come at a price and, for Emily, that is her freedom to relate.

"I can't let my guard down () there is nobody really even yet and I am 43 () there is nobody really knows or gets to see the real me. (Emily, 1, 18-21)

Appearances can be deceiving, and Fran's language communicates the sheer disparity experienced between her outward and inward self. The carefully crafted exterior creates the illusion that she is being normal and natural. However, what is presented on the outside is actually not what is on the inside: Fran is on the inside and she is vigilant and watchful. The creation of a crafted self enables relating to take place as the more vulnerable self is located safe inside. As she explains that the creation of the exterior makes her "look like" she is being "normal and natural", it could be suggested that within this narrative is a direct communication of how "un-normal and unnatural" she actually feels.

"I'm actually appearing to be natural on the outside.....but what I'm doing on the inside is.....is watching.....and it's like a () carefully crafted exterior that I have created that makes me look like I'm there...and that I'm being normal and natural but really I'm very kind of vigilant of what's going on." (Fran, 4, 107-114)

Eve communicates the ways in which she had to protect herself as a child whilst still being surrounded by the family network in which her abuse was taking place. Emphasising the enormity and the catastrophic nature of what happens when abused, Eve refers to "the child" as opposed to herself. Perhaps even in this short segment there is an unconscious creation of distance between the material she is conveying and the fact that she is talking about herself. Due to the overwhelming nature of her experiences, her mind served as a protective mechanism through warding off the reality of her experiences and creating a safe distance between Eve and her truth. Her use of metaphor as she tells how a child is "literally impregnated" conjures up images of the horror of the abuse that was put into Eve. Furthermore, just as in pregnancy when there is a gestation period before the baby is born, Eve's dissociating from her abuse could be seen as a gestation period that afforded solace and kept the reality of her abuse hidden, but, eventually, it was born and came alive, causing a series of breakdowns in adulthood.

"sexual abuse throws the child's body into absolute confusion, so yes you're invaded and literally impregnated with all of that stuff which is actually impossible for the

child to make sense of () so for me.....the way that I dealt with that in my kind of late teens, early adulthood was not realising.... and I had a series of breakdowns... for a number of years.” (Eve, 9, 239-250)

The chosen narratives aim to capture the essence of the ways in which these women protect themselves both within and from relationships. For some, the construction or creation of an “outside self” serves to protect the “inside self”, some rely on guards, barriers or fences, and others feel no other option but to resign or opt out of relating altogether. The mind can also serve as a protective mechanism and through detaching from reality and fleeing to the solace afforded by confusion, relating can continue. Each of the women communicate just how frightening relating can be and, as such, how vital protective mechanisms are when relating with others around them.

Subtheme 3: The repercussions of protection

Capturing the repercussions of protection the participants share the isolation and loneliness experienced as a result of being protected from genuine and authentic connection with others. For many, a prevailing sense of inner aloneness is evident along with an enduring and ever-present hunger that can never be satisfied, given the barriers they have in place to protect them from the fear that they associate with closeness and connection. When formative relationships were so very destructive, the participants have relied on various protective measures to ensure the safety and survival of the self. Regardless of the methods of protection used, a prevailing sense of loneliness and isolation is ever present.

Annie speaks about the self as an actress and, as such, it is the actress and the act that people get to know, leaving a very isolated and lonely self that is not seen, not known, and therefore not loved. The true self that is locked away is alone and Annie emphasises just how lonely such an existence feels. The deep hurt and overwhelming loneliness communicated is tailed off with a laugh that seems at odds with the narrative that has gone before. Explaining that “nobody knows who I am” and then laughing after disclosing her true feelings could be seen as an attempt to ensure that both Annie and I remain further away from the real her.

“because people never see the real me then there is a given to me that I have never

been loved....for who I am because nobody knows who I am... all they know is stories and acting lessons.... acting classes (laughs).... yes I know to act and so then I realise () no-one actually knows what I'm like so it is incredibly lonely....incredibly lonely.” (Annie, 5, 119-127)

When one is so removed from “actual people” and “genuine connection”, then real love, to love or to be loved, is impossible. For Annie, such a meeting with another would not be safe enough and, as a result, she misses out on real and genuine connection, left with only “fake” love and “fake” friendships. The disparity between the presented self and the real self is highlighted and it could be seen that, whilst the act protects Annie’s true self, it prevents genuine connection, love, and friendships. As a result, the worthlessness of her connections become clear. Interestingly, she notes that “the real me never gets touched” and we must then wonder if it was, in fact, the abusive and harmful qualities of touch in childhood that have resulted in the removal of the self from genuine connection. As a result of such devastating relationships in which intimacy and connection caused not only physical hurt but emotional suffering, Annie’s language suggests that every effort must be taken to protect herself from experiencing such harm in the present.

“I don’t know what real love is, I have no idea because I am so removed from actual people, from genuine connection ()...anything I do have is fake because it’s not me that people relate to, well it is me but not the real me. The real me never gets touched or seen.” (Annie 10, 275-293)

The impossibility of sharing her past with others creates an invisible but very real barrier between Emily and her friends. Whilst the barrier serves to protect her from the shame experienced should the truth be exposed, it does so at the expense of keeping Emily hidden in the background along with her past. As such, it could be seen that the vault that stores her childhood experiences also imprisons Emily, preventing her freedom of speech and freedom to be herself. Her narrative speaks of a self that is imprisoned both by and in her childhood, and the restraint needed to prevent the prisoner escaping results in her exclusion from relatedness with others.

“I’m not going to be able to take part in those conversations because no matter how much therapy I have had or can have, I can’t change my story, I can’t make up happy

memories to share with people or chat away about my childhood. .” (Emily, 25, 754-756)

In explaining that the most important thing “is the being left without”, it could be suggested that Fran is the “being” that is left without. Her hunger sounds throughout the narrative, and as she explains that “it all comes back to that”; the ever-present void is evident. Whilst the nourishment afforded by relationships is on offer and she could decide to partake, her narrative suggests her overwhelming fear prevents her from doing so. This could be suggestive of her early experiences in which seeking closeness and connection with others resulted in dire consequences.

“the most important thing...is the being left without...so even if it is available now for me to take...I am scared of what happens if I do take it so I just leave it...but then I’m left without. It all comes back to that.” (Fran, 15, 419-423)

Jen communicates a deep longing for friendship and to share in companionship, but fear is the commander and the decision-maker and therefore, connection and relationships are rendered impossible. Resonating throughout her narrative is the sheer extent of the exclusion and separateness she feels and just how dissimilar to “those girls” she really feels. The idealised version of girls in films highlights the sheer contrast that she feels between herself and the depictions of what girls are like. Telling us that “you’ll never be”, her words take on a prophetic quality, and it could be suggested that her inner narrative now is directly linked to early experiences as a child in which she was singled out by her abuser and used at his disposal. Her self-esteem, as a result, is weakened and diminished as the ever-present whispers of her inner script communicate her difference from other girls.

“you watch those kind of girly flicks on television and ...you want to be those girls in the film you’ll never be part of those girls watching the film together sitting there in their pjs with popcorn or drinks. I would love that but...just it’s notit’s just not possible for me, I can’t do it.” (Jen, 6, 155-160)

Jo’s vulnerable state is highlighted as she likens her need for protection to her baby’s need for an incubator. This conjures up images of why, in fact, babies need incubators and quite often it as a result of insufficient time in a warm and nourishing womb. The

incubator can serve as a pseudo womb, but, indeed, it is just that, and Jo's words speak of the loneliness and separation of an incubated self. Surrounded by others her barrier keeps harm at bay, but it prevents genuine interaction, closeness, and connection. In explaining that her baby missed out on being "breastfed" her words speak of another level, of her own experience, and are suggestive of a self that missed out on the nourishing, sustaining, and comforting offerings of a benign parental figure. The milk of Jo's childhood was either non-existent or sour in taste, leaving her with a desperate need to avoid the feeding process altogether. Furthermore, her use of words such as "someone's knee", "have a cuddle" and "be breastfed" speak of a sense of embodiment, and, as a result, Jo's exclusion from such belonging and togetherness is made all the more apparent.

"whenever my wee one was born () she had to go into an incubator and () she couldn't actually have a cuddle () but what it reminds me of is () she was in an environment in which she was surrounded by people and I'm in an environment in which I am surrounded by people, she wasn't able to sit on someone's knee or have a cuddle or be breastfed or () there was no close connection and almost I think starvedstarved her of those things and I think that's what I'm trying to explain to you in a very kind of convoluted way is that my barrier or incubator keeps me safe but I'm starved." (Jo, 12, 356-382)

Whilst the incubator may be "invisible", the resulting impact of Jo's separateness from the world of relating is clear to see. Her words speak of a prevailing hunger that has never been satisfied. Using words such as "full" and "deeply" her language draws a direct comparison to the reality of her existence, highlighting the scarcity of plentiful provisions and emphasising the resounding emptiness she feels as a result.

"it is an invisible incubator now.....so when I'm having a hug I don't get the full connection, the emotion, that rush of really deeply wanting something and it being given." (Jo, 13, 386-389)

The lack of others in Luca's life is highlighted when she sees examples of real-life relating and this leaves her feeling much resentment. Luca is indeed faced with the loss of something, and the sadness associated with the loss is communicated through her voice as she shares her longing to be part of a relationship, even just to share in

the buying of an ice-cream with another. To 'radiate' is to glow, but the glow must be fuelled or powered by an energy source. We are social beings, and working together we can thrive but when working alone our energy levels can become sorely depleted without love and compassion to keep us sustained. In noticing the radiance of others, Luca draws a direct comparison between herself and others. The lack of emotional sustenance in Luca's life, due to her isolation from connection with others, echoes throughout the narrative. The ice-cream conjures up images of the sweet and satisfying treats given to us as children, and, as such, the absence of sweetness and satisfaction resonate throughout the narrative, emphasising her separateness from others.

"I resent people because I see them radiating. I see people at the ice cream van buying ice cream and smiling and I know they are not always smiling but I don't even have anyone to do that with because I keep myself so distant because I am frightened." (Luca, 3, 75-79)

Communicating a deep sadness and longing for another, Tori emphasises that distancing herself from close relationships results in "real loneliness and isolation". The sheer pain and torture of her reality is communicated through the harshness of her words "cut off". To be cut off is not a delicate and gradual growing apart, but rather a traumatic and violent separation and it could be suggested that her words speak of her much too early departure from her early object relations, like a small bird plucked from its nest that must learn to survive on its own. It could also be seen as indicative of the harshness of her early world and her desperation to cut herself away from a metaphorical umbilical cord that tied her to her abusive early objects.

"what this leaves me with then is isolation, real loneliness and isolation because I'm totally cut off from everybody else." (Tori, 7, 196-203)

The hurt that was too much means that Tori has taken safety precautions and, as such, lives a very isolated existence. Referring to herself as a "very isolated girl", she presents a self that is identified with the child within, a child who is still frightened and taking safety measures to prevent further damage. Her tone is softer than her previous narratives and her voice sounds hauntingly childlike, which emphasises her longing for a benign parental figure and some friends, ultimately belonging.

“the hurt was just too much () I live my life now as a very isolated.....very isolated girl. () I am entirely on my own.” (Tori, 10, 272-278)

The repercussions of protection from and within relationships leaves a resounding feeling of loneliness and isolation as the women hunger for yet fear intimacy and close connection with others. Emanating from the narratives is a prevailing sense of being left without and a hunger that goes unsatisfied.

Superordinate theme 2: Disturbed Intercourse

Superordinate theme 2 captures the essence of disturbance and disruption prevalent throughout the participants' various experiences of intercourse. Intercourse refers to the communication and interactions commonly associated with relating and, for the women involved, disturbance in such intercourse is apparent on various different levels permeating their experience of relating with others around them. Resonance and echoes, disturbed sexual relating, and communications that are lost in translation each deal with specific facets of intercourse, but what is shared is the experience that the past has, in some way, formed an unconscious template as it colours, taints, and impacts upon the participants' present experience of relating. The narratives communicate a strong sense of how the past is very much alive in the present, causing difficulties in the formation and maintenance of relationships.

Subtheme 1: Resonance and echoes

Throughout Subtheme 1 the narratives capture the existence of the echoes of past relationships with inconsistent, unpredictable, and often feared others that resonate throughout present-day relationships. The resounding impact is that current relating is experienced with an 'as if' quality, as the ghosts of past relationships lurk throughout the present, causing fear and disease.

Due to a lack of “solid foundations”, Jen experiences trouble with trusting people. Jen depicts how her unstable foundations leave her feeling vulnerable in the presence of others who could invariably cause damage. Such vulnerability means that the trust essential for relating is very difficult. The “foundations” she speaks of conjure up images of her early environment, and, indeed, the carelessness of those tasked with the responsibility of ensuring her development and safety. Her narrative suggests that

the early environment in which her foundations were built was not conducive to the construction of a strong and sturdy self but rather a shaky core that is rendered vulnerable, with a fear of harsh conditions that could cause harm.

“I have trouble with trusting people through all walks of life whether it is friends, men, anybody really.....being with people now it just feels like the same because I don’t think I have any solid foundations to relate to people.” (Jen, 7, 195-199)

Jo explains that this “element” that exists within her, an uncertainty that whispers ‘is everything what it seems?’ means that she cannot be in the moment. Emphasising that she “can’t feel being in the moment”, her words are suggestive of a disconnection from reality, perhaps indicative of dissociative patterns in childhood when to actually “be” in the moment would have been horrendously overwhelming. We need some safe place to reside when life becomes frightening, and if we have consistent and compassionate caregivers, then it is under their wing we flock to. Jo’s narrative highlights the frantic escape of a child to another part of their mind as an attempt to flee from reality, to some form of solace, given the absence of benign others in her childhood life.

“There is an element of me that is unable to know that what is happening ...is actually happening...and what I mean is I can be in circumstances now with family () I am receiving love and I am receiving care and things seem ok, everything seems to be going ok but there is an element of me that is unable to know....unable to take for granted that is what it is...I don’t know when it will change or if it will change or if there is an undercurrent that I am not aware of and so ()I can’t feel being in the moment.” (Jo, 11, 327-340)

In a world in which others are experienced as “changeable, very changeable” and not consistent, Annie portrays a self that is not at ease with such uncertainty and unpredictability. Not trusting that the other will be good invariably means that she cannot rest. Annie’s narrative tails off after she says “I just don’t understand what they are about” and it could be suggested that she is communicating that she does not understand what they are about ‘to do to her’. Her next sentence captures such a thought and speaks of the overwhelming fear that she has that the other will turn out to be bad. Her early experiences cause a fear that acts as a warning, instructing her to

take care and be on guard. As such, her continuous surveillance and monitoring is a full-time job and there can be no rest when one is tasked with ensuring survival in dangerous times.

“It’s tiring and there is very little relaxation, there is very little peace or ease because I can’t rest... I () can’t rest when I am with other people because () I just don’t understand what they are about.... it is something to do with trust and not trusting that they will be good () I have no inner trust in what they are like because they are very changeable, very changeable and they are not consistent.” (Annie, 8, 213-223)

Emily’s narrative may shine light upon Annie’s experience of not being able to rest or relax when relating with the other. In explaining “I was and still am” her words speak of the permanence of her abusive experiences. In saying that she is “not” going to sit comfortably her words almost take on an instructive quality, and she sounds like she is reciting a mantra. Perhaps this is indicative of her early learnings gained in childhood that now serve as important and fundamental rules for survival.

“I was and still am frightened of people, people were scary, I’m not going to sit comfortably when I’m scared.” (Emily, 18, 533-534)

With no voice to assert her authority or autonomy Eve depicts a world in which the self is powerless in the presence of powerful others. To ‘engulf’ is to immerse or to bury, and upon looking to this definition we are brought closer to Eve’s feelings of revolt and disgust at the treatment she once endured in childhood. Resonating throughout the definition are connotations that echo back to the reality of Eve’s sexual abuse in which not only her physical body had to endure the invasion of another but her psychological world was buried amongst the resulting fear and trauma.

“Certainly if there is a relationship established there is a real element of loath and fear, it’s about being engulfed ... or being completely overwhelmed by the relationship itself... there is no choice.” (Eve 3, 75-78)

Eve’s past is very much alive in her experience of the present as she gives insight into how she observes and perceives others’ relationships in relation to her own internal world and experiences. Providing the example of observing a man with a small girl Eve’s automatic thought is of concern for the girl, concern that she is in danger and

that something might happen to her. She depicts the experiencing of present stimuli through the lens or template of her own past experiences, which are coloured with threat and danger. This speaks of the permanence of her abusive experiences and the power that past abuse now wields over her present day world.

“and I still do find myself observing other relationships which is as much to do with how I think about relationships – observing for example a man with a small girl, my automatic thought would be that child is in danger.....that’s my automatic thought, I worry that something bad might happen.” (Eve 8, 219-223)

Fran’s communications indicate that a part of her remains heavily identified with her past. Explaining that “I do try to stand on my own feet”, her words invite us to consider whose feet she was standing on. To have to stand on someone else’s feet would mean an absence of autonomy and rendering oneself powerless to the wishes of the other. This is highlighted by Fran’s powerful language when she explains it feels like being “at the mercy” of other people. Her narrative captures the essence of her vulnerability, and communicates the impact that her experiences have had on her present-day world as she draws attention to the fact that she no longer is a victim but still feels like one. This speaks of the power of her abusive experiences, a power that prevails in present-day relating.

“I do try to stand on my own feet more now but I still sort of feel exactly the same in my head if that makes sense. I haven’t really been able to shift that part yet that still feels like a victim....even though I know I’m not....I can still sort of feel like that...you know at the mercy of other people.” (Fran, 3, 81-86)

Luca communicates that, when relating with others in the present, there remains a part of her that is heavily enmeshed with her past, a self that is trapped and imprisoned in the past and by her past. Her words “cut free” conjure up images of the sheer constricting nature of her past that now surrounds her, preventing her from breaking free, as it holds her in its tight and constricting grip.

“I can’t really get cut free from my past...it follows me around...in my head.” (Luca, 8, 304-305)

The chosen narratives convey a sense of how past experiences with disingenuous and unpredictable others have formed a template for present experiences of relating. Some participants make an explicit link between their past and present experiences of relating, whilst others make reference to “foundations” which are suggestive of the very conditions upon which we are built. What is shared amongst the narratives is a prevailing sense of how early conditions and experiences of formative relationships have, in some way, coloured and impacted upon the women’s perception and experience of others that occupy their present-day world.

Subtheme 2: Disturbed sexual relating

Throughout the narratives various levels of disturbance within the context of sexual relating are communicated. The accounts strongly suggest that for many of the women their original experiences have formed the templates for current sexual and intimate relating, leaving them with a prevailing sense of fear, vulnerability, and unease. What becomes apparent is a sense of how earlier experiences of sexual abuse have, in some way, coloured and tainted present experiences, causing fear within intimate relationships. The narratives throughout suggest the presence of two selves: adult selves that desire intimacy and sexual relating, but child selves that are extremely fearful of connection and intercourse of a sexual nature.

Fran’s desire to be loved is closely coupled with fear of the repercussions as memories of abusive experiences in childhood lurk in the background, causing fear. As such, the present, which is an entirely separate experience, is felt to be the same as the past. Perhaps the ambivalence she speaks of is as a result of being stuck in between the pulls of two equally powerful states of mind: one in which love and intimacy are desired, and one in which love and intimacy are feared. As she states, “being a special girl then to somebody in adult life”, her choice of language highlights the presence of a child self within as she refers to herself as a girl as opposed to a woman. Perhaps, then, the reality that it is “almost felt to be the same” is due to existence of the once traumatised child that is still very much alive within Fran.

“I’m very ambivalent () because () when I was a child....they sought me out for these things and I was able to provide these things and then I’d get presents, I’d be showered with presents and gifts and I was a very special little girl.....and so being a

special girl then to somebody in adult life () is it's terrifying because it's almost felt to be the same." (Fran, 8, 230-240)

Fear in the present of being used by the other, of a powerless self in the presence of a powerful other, and a fear that love is always accompanied by conditions portrays the extent to which Fran remains a prisoner of her past. In present-day relationships the fear associated with the past is ever present and the qualities associated with a loving relationship appear in Fran's world to be of a very similar quality to her first experiences of intimate relationships that were of an abusive nature. As she emphasises her fear that "something is going to be done to me", her words speak of the objectifying qualities of her abuse as a child and liken her to an object used at the disposal of the other.

"I'm frightened things will be how they were, that's how I imagine these things go, so when you are shown love and shown affection and shown that you are a wonderful person that equally then something is going to be done to me () and I am not going to have any power to stop it and that the two go hand in hand, that the love is not unconditional." (Fran, 9, 254-261)

Jo's narrative speaks of her extreme sense of powerlessness in the presence of a powerful other. Whilst power is not her husband's intention, it is inevitable in Jo's mind and she explains that this for her stems from her experiences as a child. Explaining that if she came from a "better place" and came without the "baggage" then she wouldn't be so frightened, her words are indicative of the sheer weight of her traumatic experiences and how she is now burdened with the task of carrying them around. For Jo, had she not experienced the dangers associated with cuddles as a child, then they would not be so frightening now. Interestingly, she states that she "wouldn't be the same child" and her choice of language suggests that, although in years she is an adult, there is still a very frightened child within her. It could be suggested that present experiences of adult intimate relating are experienced by both the adult self who knows she won't be hurt and the child within who fears she may be.

"he has never hurt me and I don't imagine he would but something as normal as having sex and him wanting to have sex so within him he has that power to.....and

that's not what he intentionally does but that's what happens, that's the result.....if I was from a better place I think.....and didn't come with the baggage that I've come with then I wouldn't be so frightened of him rolling round and cuddling me in the night...it wouldn't be so dangerous and I wouldn't be so frightened () I wouldn't be the same child.” (Jo, 10, 293-304)

Taking a slightly different direction but still linking the past and the present, Eve conveys the pull of the resonance of the abuse as she describes the repetition of relationship she had with her father in present intimate relating. Stating that she responds to the “perceived kind of romance”, her language is suggestive of a childlike naivety and is perhaps indicative of her early experiences in which the seduction and grooming served as a way of luring her in. The grooming and seduction resonate closely with her abusive experiences and such resonance implies that something is received or understood, and so, for Eve, it can be seen that this repeating of abusive relationships due to resonance speaks of the pull of her formative experiences. In explaining that she has known how to “find” the guy who is going to “appear” wonderful but treat her badly, her words imply a seeking out of abusive experiences and, as such, demonstrate the power that abusive experiences have had over her mind, thus repeating childhood patterns of relating.

“I have known how to find the guy who is going to appear wonderful but who is going to treat me very badly, like my father. () I would find myself responding more deeply to perceived kind of romance which might actually just be grooming and seduction but that has more of the resonance of the abuse for me.” (Eve, 12, 330-338)

Eve describes the repetition of past experiences in present adult intimate relationships. Describing the impact of abuse on “the child’s body”, Eve explains that whilst the body experiences harmful physical reactions, there is no emotional understanding, and both of these elements are repeated in her adult intimate relationships. Depersonalising the statement by referring to “the child” and “the adult”, she creates a safe distance between herself and the material. Perhaps this is indicative of how even now as an adult Eve creates distance from the emotional connection with her own experiences. It could be suggested that, in creating such a distance, she inadvertently allows us closer to the overwhelming nature of her experiences because it becomes clear that to own the childhood she speaks about would be to connect with

it, something deemed simply too much.

“It is almost surreal but in fact it is very real and of abusive quality and the very kind of isolated but harmful physical reactions that the body has, it’s like the child’s body reacts physically even when there is no kind of emotional understanding of what is happening so each of those elements can be repeated in the adult relationships.”
(Eve, 13, 372-377)

Luca’s past is very much alive in her present experience of intimate relating as she describes how her desire to be sexually intimate is accompanied by “horrible thoughts”. Such thoughts could be seen as holding the trauma of her abusive experiences that come back to act as a warning sign, ensuring that she does not place herself in further danger. The experiencing of sexual desire to be intimate is troubling for Luca, as she wonders if the desire that she experiences now as an adult was present when she was a child and if she may have played a role in the abuse she once encountered. This speaks of the internalisation of her abusive experiences and the holding of badness within herself as opposed to attributing it to the perpetrator. This could be seen as a way of trying to unconsciously control what was experienced as uncontrollable.

“if there’s a part of me which does want more than that wants to be sexually intimate then I get these horrible thoughts of maybe this is what I wanted when I was wee. Maybe I brought this upon myself.....maybe I was the instigator in all of this.....and so there is an awful, awful lot of shame attached to that.” (Luca, 13, 383-386)

Through comparing her experience of sexual relating to a “military operation”, Jen’s language introduces and emphasises how necessary safety precautions are when it comes to military operations, given the ever-present threat that looms over soldiers at war. The other’s actions could throw her into a state of fear, horror, and craziness, perhaps what she experienced as a child. It would seem that Jen’s present relating is inextricably bound to past experiences whereby due to the very nature of her being a child she was vulnerable in the hands of caretakers who were not care-full.

“it’s like a military operation because it can frighten me if it just happens without me knowing that it is () going to happen.....so () their actions can throw me into a state

of fear and horror and just craziness.” (Jen, 10, 282-288)

The women present their current experience of intercourse and sexual intimacy in the context of their early abuse experiences. For some, engagement in sexual intercourse can take place, but it is always accompanied with feelings of fear and memories of past experiences, whilst, for others, the fear associated with past abusive experiences means that sexual relating is something that is avoided in its entirety. What is shared across the accounts is the permanence of past abusive experiences and how current sexual relating is coloured and tainted with fear and memories of the past.

Subtheme 3: Communications that are lost in translation

Subtheme 3 captures the different levels of disturbance that occur within the context of communication. It encompasses the various different types of disturbance in communication that the women experience, such as the inability to communicate with the other, relating in the present to masks from the past and the externalising of internal pain and suffering. What is evident throughout the narratives is a strong sense of how past experiences have, in some way, formed an invisible but very real template for present relating and, as such, their communications can become lost in translation.

One aspect of disturbed communication that appeared prevalent throughout a number of the narratives was the relating in the present to masks from the past. A number of the accounts appear to share a similar experience as the participants describe in their individual ways how the past has served as an invisible template for present relating. Annie introduces such an experience as she explains that quite often she will notice that it is not an individual she is relating to, but rather a mask that the person has in front of their face. Whilst she does not elaborate at this point, her later narratives suggest that she is referring to the relating in the present to masks from the past, the individual templates of masks that she has internalised throughout childhood that are still very much alive in her mind as representative of all objects.

As Annie tells of her wish to be “able” to relate to the individual and not the mask, her language is suggestive of an inability. Curiosity then leads to a wondering about why she is unable and what it is that inhibits such ability. To mask is to cover over or conceal the true identity of the other and it could be suggested that Annie’s narrative

speaks of the sheer power of her internalised objects from childhood. The masking of the individual means that they become blocked from view and so the establishment of real and authentic connections with others becomes profoundly difficult. Perhaps her “wish” then speaks of her immense longing and desire for authentic connection. It could be suggested that such a longing then highlights the power and the restrictive nature of the masks, the masks of her early childhood that are now metaphorically superimposed onto the faces of present-day people.

“I only wish that in terms of relating to people that I was actually able to relate to people and not to these kind of masks that I have in front of their face.” (Annie, 9, 266-268)

Jo describes relating in the present with an “as if” quality and, as such, communication and relating take on a disorganised or disrupted quality. The strength of her internalised objects overpower the separateness of the individual, and her language speaks of the projection of her internal world onto and into the external other. Her language speaks of the omnipotent and dominating nature of her internalised objects and raises questions as to why such an internalisation still wields control over present-day relating. Perhaps this is indicative of the damage caused in childhood, damage so colossal that it renders present-day relating impossible.

“it wouldn’t matter who the human being in the world was, who you put in front of me, I am dealing with my mum. I react to that person as if I am reacting to my mum.” (Jo, 7, 180-184)

Luca shares her experience of relating in the present to shadows from the past. Present reality can become clouded by shadows of the past, indicating the presence of two different realities: the reality of her experience, her internal world, and the reality of the situation, the external world. Her use of the word “shadows” is interesting and requires some thought, given that shadows can take on a variety of meanings. A shadow often refers to the residing darkness cast upon an area due to the obstruction of light by another object. However, shadows can also be seen to be representative of ghosts, nebulous images, or the spirits of dead people that roam throughout the world of the living. Looking to an amalgamation of the two definitions could bring us closer to Luca’s communication. Her narrative conjures up images of ghosts of the past that lurk throughout her present-day life and either overshadow the identity of present-day

others or act as a warning sign, reminding her to be careful and not to take risks when it comes to relating.

“it was about shadows from the past...it wasn’t actually () about the here and now about what people were doing because people () are not bad to me now, they are just people but it was me always waiting for badness to happen.” (Luca, 5, 140-144)

Emily explains the difficulty she experiences when trying to communicate with the other. Such difficulty is directly linked to her childhood experience of not being allowed to speak, to show feelings or emotions. As she notes that she was brought up with “a big bully who beats it out of you”, she communicates how her autonomy, her voice, and her authentic self were beaten out. Emily describes how she still experiences difficulty in trying to communicate her thoughts, feelings, and emotions; ultimately, herself. When the voice of the self is beaten out, the self is rendered silent, and, for Emily, it can be seen that past experiences impact heavily on her ability to communicate in the present.

“I’ve have grown up not allowed to speak, not allowed to show feelings or emotions because I don’t matter, generally brought up by a big bully who beats it out of you, certainly in my case because I was never allowed to speak, I didn’t know how to communicate and I still have difficulty with that.” (Emily 22, 672-677)

Emily compares the overwhelming angst and terror she experienced to a child being separated from its mother. It can be seen that even in such terrifying situations she was unable to voice such feelings. Ultimately, she was rendered voiceless in the presence of a doctor who was unseeing and unhearing. Communications become lost in translation on a number of different levels, given Emily’s inability to speak and the closed ears of the other.

“I remember feeling like that when I was in with my doctor – don’t leave me for another month! I don’t know what I am going to do with myself in that month and that was just terrifying, like a child being separated from its mummy....but I couldn’t say that and he wasn’t picking it up.” (Emily, 23, 680-684)

A further aspect of communications that become lost in translation is demonstrated through the externalisation of internal pain and suffering, using the body as a voice and a means of communication. For Tori, the bearing of external wounds caused by

self-harm was a means of communicating with the other her distress and internal wounds. However, the disruption on the line of communication meant the message was not picked up on correctly, as following bandaging and stitching she would be sent on her way. Explaining that “I would cut myself to pieces” and then go through a process of “displaying” such wounds could be seen as indicative of her experiences in childhood in which her wounds were internal, and whilst an attentive caregiver would undoubtedly be able to notice, her inattentive caregivers paid no attention.

“I would cut myself to pieces and then walk up the ward displaying my wounds again the same as I did when I went to A&E and things would be fixed up, they would be treated and I would get some bandages on, some plasters or I’d get stitches, whatever was needed and then sent on my way again and this back and forth relationship with harming myself was my way of trying to show people that I was wounded, that I was distressed.” (Tori, 2, 42-48)

Similarly, Fran’s narrative speaks of the externalising of internal pain and suffering through self-harm as a means of appealing for some benign attention and care. The communication takes on a disturbed quality as, instead of making her communications explicit, they came in a disguised form. As she speaks of “acting-out behaviour”, attention must be drawn to the meaning of acting. Through acting we demonstrate and illustrate, and in years gone by acting was a common way to bring the common conditions of human existence (joy sorrow, pain, and anger) to light. Quite often in today’s society “acting out behaviours” can be seen as insincere and denoting of bad behavior, but such thoughts do nothing to attend to the reason behind the act. If we have no need to act, then we simply would not do it, and, as such, the pain and torture of Fran’s world must be attended to. Her communications were a way of demonstrating and illuminating her internal pain, and a way of asking for help.

“this kind of self harming and acting out behaviour...was a way of showing how horrendous I felt inside...and how much attention I...needed.” (Fran, 8, 270-273)

There are many different levels to the disturbance that is experienced within the context of communication. Whether it is an inability to communicate the self to the other, relating to present others “as if” they were people from the past, or externalising the internal as a way of communicating pain and suffering, what is shared is the sense that, in some way, the voice of the self exists, but it is the

communicating of this voice to others that proves difficult, and, as such, the self's communications can often become lost in translation.

Superordinate theme 3: Responsive and unresponsive mothers and others

Through the course of the analysis the superordinate theme entitled 'Responsive and unresponsive mothers and others' began to emerge as the participants presented accounts of worlds in which a heavy emphasis is put on the importance of parental responsiveness and the repercussions experienced as a result of living in a world surrounded by inattentive and unresponsive others. Throughout the first subtheme the narratives portray how, for many of the women, the neglect experienced in childhood at the hands of inattentive and unresponsive caregivers has, in some way, been repeated in adulthood, as they find themselves continually coming face to face with inattentive and unresponsive others in present-day relationships. The second subtheme aims to capture how damaging inattentive and unresponsive parenting can be and how as adults and as mothers themselves they strive to ensure that their own children do not encounter the same traumas and devastating circumstances that they once did. The final subtheme captures the women's experience of therapy and their therapeutic relationships. The narratives suggest that the experiencing of a relationship in which it was safe enough to "be" meant that, for the first time ever, the participants were able to sit in the presence of another without guards of protection. The experiencing of relational conditions in which attentiveness and responsiveness were afforded has meant that, for many, a degree of separation from their past has been afforded.

Subtheme 1: A world occupied with unseeing and unresponsive others

Many of the accounts portray a world occupied with unseeing and unthinking others. The women's experience of relating with mental health services and their families appear to be extremely difficult as they try to communicate with others who continually fail to respond in an appropriate manner.

Emily's "care plan" appears to have not been particularly 'care-full', and as she communicates how she felt "bucked out in the rain" to fend for herself, her words conjure up images of a stray animal surviving in a world with no home to go to. Her narrative speaks of the blatant neglect she experienced and reveals a strong desire to

have received parenting and nurturing from alternative caregivers. Her experience of mental health services resonates closely with her previous narratives in which she has told us about her childhood conditions of neglect and a lack of appropriate care. Explaining that she felt that she was being asked to live in the world with a sore arm “as if it wasn’t” sore, her words capture the extent of the injury that Emily felt and how, in such desperate times of need, people failed to attend to such injury. As she laughs, the sheer ludicrous nature of the treatment she received becomes clear and the remainder of the narrative is filled with sadness and regret. Her narrative suggests that instead of being “taken into care”, she was actually further abandoned and lost from the minds of others.

“I feel like they were asking me to, you know, with a sore arm that was hanging off, to go out and live in the world as if it wasn’t hanging off (laughs). That’s the insane part. () It’s just not appropriate the care plan for children who are abused and taken into care...I don’t think I was parented and nurtured, I was bucked out in the rain to fend for myself.” (Emily, 25, 743-750)

Tori experienced people who could not comprehend why she was communicating such distress. Desperately wanting someone to look at her, to see her, and, ultimately, to help her, her communications fell on blind eyes and deaf ears. For Tori, this experience has caused much pain, the pain of not being responded to in the way she needed. The extent of her anger, pain, and frustration is communicated through her forceful language, and her tone communicates the desperation of her pleas. Wanting staff to “look back and see”, her words suggest that she is linking her self-injurious behaviour to her past. She was trying to tell people; she wanted them to see but just as in childhood she was forced to carry her pain herself, without the help of another.

“I was () cutting myself and taking overdoses and everyone is looking as if to say why....why is this happening and the whole time I’m wanting to scream and say for fuck sake () why don’t you know why don’t you realise, look and see...look back and see.....stop being so blind.” (Tori, 6, 149-158)

The pain and sorrow of having to live a life surrounded by others who are unable, or unwilling, to acknowledge her truth is expressed throughout the narrative. Explaining how her mother “blinked”, “rewound”, and “taped over” her truth speaks of the extent to which her truth has been entirely disregarded and obliterated. For Tori, this

dynamic of relating with people who cannot or will not acknowledge her own truth continues, and the isolation and sense of aloneness in her personal suffering emanates throughout.

“It was incredibly, incredibly destructive for me and everybody else didn’t actually open their eyes and look and see or try to...to understand and even my mum, you know when I eventually told her she kind of closed her eyes and blinked....and it was as if she deleted it all, deleted everything from her mind.....what was said was almost like rewind and taped over....as if it didn’t happen and that’s how I’ve lived my life with people who have been unable to acknowledge that anything has happened to me.” (Tori, 6, 166-173)

Luca’s experience with mental health services involves relating with people who do not comprehend or understand her communications. Surrounded by the puzzled faces that cannot understand, Luca communicates how she desperately wants to shout, to appeal to them to try to think and to put themselves in her shoes. She is angry at the unseeing and unthinking others around her and her mention of “Jesus” emphasises her plea for help. Jesus is looked upon by many as representing a loving and compassionate entity, a saviour who died in order to save the lives of others. In referring to Jesus, it could be suggested that Luca is communicating the extent of her need for help from a benign and paternal figure who could help her in her time of need. Instead, she was surrounded by “puzzled” faces and it could be suggested that such puzzlement was as a result of others trying to comprehend something incomprehensible. As opposed to helping her find a way out of her puzzle, they gave up and left her to navigate the maze alone.

“All you see is your mental health worker or the nurses or the doctors all just looking at you with these puzzled faces as if to say what is all of this about. And you know now I’m better able to deal with it because its ignorance but I still do feel like shouting...for Jesus sake could you think a little bit what do you think its all about.” (Luca, 11, 324-329)

Jen’s communications also fall on deaf ears as the other appears to be doing all the right things, like writing down what she is saying and nodding in agreement as if they understand, but in Jen’s experience these staff simply do not understand. She further explains that in her experience it is not always that they don’t understand, it is that

they don't want her suffering to be real, as it would cause them too much anxiety if the truth were to be made real. The extent of her aloneness is evident as she is inadvertently told to keep her suffering to herself. It could be suggested that such an experience of inattentive caregivers resonates closely with her childhood experiences in which she was forced to keep a secret and ensure that nobody ever found out. Relating in adult life now, with people entrusted with the job of taking care of her, the setting is different and there is no intent to cause harm, but the message is as loud and clear as ever...do not speak.

"they can appear to be listening and they have their little note pad and paper out and nodding along like one of those Churchill dogs but I know that they can't actually hear. They want you to just tell them good things about how well you are feeling and how great life is, I tell you something if there's one thing they don't want to hear is that you feel like shit...no bloody way, I think it makes them too anxious." (Jen, 12, 330-336)

Jo introduces her experience of being with her family, who for many years have created a wall of silence around the "can of worms" that contains her past experiences of abuse and neglect. A can of worms refers to a source of unpredictable trouble and complexity and conjures up images of the unmanageable and unwanted infestation that could occur if the contents were to spill out, destroying everything in their path. The others around Jo would prefer if the can would remain shut, and even though people can clearly see and pick up on the fact that there is something that causes her distress, the repercussions of coming face to face with the reality of her experiences would be too much for others to contend with. As such, Jo's existence in the world is that of being surrounded by others who fail to acknowledge her truth, leaving her to carry the burden of the "can" all by herself.

"if you had an acute eye you would be able to see, you must surely see it and I know people do but they just don't do anything about it, its like... () people can pick up on it, they just leave it though or ignore it, it would be like opening a can of worms so everyone just pretends it doesn't even exist." (Jo, 3, 63-75)

Providing a rich example, Emily compares the treatment she received as a paracetamol treatment for a festering abscess when, in fact, what she actually needed was someone to help her get to the root of the matter. Deeply wanting someone to get

to the “root” of the matter highlights the temporary and superficial treatments she received and how alone she was in her suffering of a “bloody” and “festering abscess”. An abscess is an enclosed collection of pus in the body and is the result of the body’s defensive reaction to foreign material. Through the use of such a vivid piece of imagery her words speak of the foreign material that resided within her. It could be suggested that this contains connotations of her abusive experiences in which foreign and damaging material was put into her, along with the resulting trauma held within the body and the mind. Her words speak of a calling for a specialist to help remove the source of her pain and supply a comforting and soothing treatment to help her heal. Whilst the paracetamol can help with easing the pain, it does nothing to eradicate the source, and in the case where one should accidentally run out of tablets, then the horror and the suffering will continue.

“I always wondered where is their concern at 5 o’clock...I’m still on the earth at 5 o’clock but it’s like when they go off shift I disappear and everything about me that caused them concern up until that point. () it just feels like a lot of pseudo concern if that makes sense. They are nice, there is no malice in them but there is harm in this kind of pseudo care. It’s a paracetamol treatment for a bloody festering abscess () when all I really needed was a root canal.” (Emily, 12, 346-359)

It is hoped that, through the presentation of the chosen narratives and the process of analysis, it can be seen that, for many of the women involved, their worlds can at times be dominated with interactions and experiences of inattentive and unresponsive others. What appeared particularly prominent was the women’s experience of those in caring capacities who were perceived as failing on some part to pick up on the communications of the participants and providing at times packages of care that did not fully meet or reach the need that so desperately needed attending to. What became apparent through the interviews was a shared feeling amongst the women of speaking with or relating to others who, in some way, fail to respond appropriately.

Subtheme 2: The mother self

Throughout the narratives the women share their experience of relating with their children. The accounts shared open up doorways into the many different aspects of the participants’ experience of parenting, their relationship with their children, and their journey through motherhood. Whilst each of the accounts shine light on the

individual's subjective experience of parenting, what is shared amongst the narratives is the resounding impact that their own childhood has had upon their relationship with their children.

For Fran, being "overly vigilant" is "the only way" that she can ensure that her children do not suffer the abuse that she once did. Her words speak of the excessive nature of her alert and watchful demeanour and, as a result, we are taken closer to the magnitude of pain and fear that her abusive experiences caused. Her words suggest that her excessive vigilance and constant efforts to ensure that history is not repeated stems from her own childhood in which the lack of attentive parenting and protection left her open to abusive experiences. Her own childhood now serves as a permanent reminder, urging her to take all necessary precautions and, as such, her words are suggestive of the damaging and destructive nature of her abuse.

"I'm really overly vigilant with my children, I think it's because () no one was vigilant with me or my sisters and so that's the only way that I can ensure that the same things don't happen to my children." (Fran 4, 118-122)

Emily's constant efforts to be an attentive mother are inextricably bound to her experience of childhood in which attentiveness, care, and protection were non-existent. The lack of attentive parenting in her own childhood has driven her to be a present, demonstrative, and care-full parent for her children. A childhood void of "stories" and being able to sit on somebody's knee highlights the sheer absence of comfort and benign affection experienced in childhood. Her narrative speaks of an innate knowing and understanding of what her children need, and it could be suggested that such a knowing stems from an awareness of her own hunger that went unsatisfied. Starved of the nourishing provisions of love and affection as a child, the scarcity of such provisions only highlight her hunger and ensure that she does not leave her children in a similar position.

"I was so affectionate with my children so vocal about how I feel about them, I got none of that as a child, nothing – no stories, never being on anybody's knee – in fact I can remember as a child just staring at the walls - but that was my escapism and what I'm saying is that my two have always been attended to (), I am there when they need me." (Emily, 6, 155-165)

A childhood void of peace has left an indelible mark on Jo's life. Her own experiences have been the driving force behind her constant efforts to ensure and protect the sanctity of peace for her daughter. Whilst she cannot provide everything in the way of material things, she can provide boundaries, a safe home, and kindness, and, as such, she strives to ensure her daughter's needs are met. Her choice of words "forever just soiled, tainted, or tarnished" speak of the ever-lasting reminder of her abusive experiences, they have tarnished her and left her marked. Such words speak of the infecting touch of abuse and it can be seen that, for Jo, a life bearing such infection has meant she knows the damage that results and wants to ensure her child never has to carry the internal scars that she now does.

"she seems to have peace and that's sacred for me to ensure that she has that. I can't give her everything but I do try to give her what she needs and that's a safe home and kindness and boundaries. I think I know it's so important because it's something I missed out on and I was left feeling that I was just forever just soiled, tainted or tarnished or something." (Jo, 15, 419-427)

Emphasising the fundamental importance of love as a basic human right by comparing it to food and water, the very things that keep us alive, Jen communicates the repercussions that a lack of such sustenance has had on her life and the influencing power of the hunger within her that ensures she tries very hard to provide her children with love. Her own hunger highlights the importance of the absence of love and, as such, she endeavors to assure plentiful provisions for her own children.

"I think that love is meant to be basic human right like water, food.... not having something that I see other people getting.I couldn't really understand why I had parents that couldn't give me love. () I know the world is unfair but there are some things you can do without but love I don't think a child can do without and so I have tried very hard with my ones." (Jen, 3, 82-93)

Jen communicates that whilst giving her children love is experienced as great, it can also leave a bitter taste. The unpleasant and unpalatable taste that is left emanates as the giving of love magnifies the fact that she had to go without and, as such, it magnifies her hunger. Giving love is central and she ensures she provides it, but it is the providing of something that one never had that highlights the absence and leaves the bitter taste.

"I have always loved my children and giving them love it is great but to be honest it can leave a bitter taste...all thethings...I didn't have, confidence, self-worth, the most important things ...they go alongside....I have to make sure they are kept fairly central, that they are part of the family, that they have love and care." (Jen, 4, 96-101)

Eve introduces another aspect of parenting that is shared across a number of the narratives and that is the concerns that exist over one's own parenting. Eve demonstrates that the power of sexual abuse is that it taints everything, even genuine love. She communicates an overwhelming fear that her own genuine love may not be genuine, that she may pose a risk or danger to her children, and a fear that her own love could be dangerous. Perhaps this is indicative of the internalisation of the badness that was put into her as a child. Internalising it and locating it within herself may have been the only way in which she could have created an illusion of control. However, the price paid for locating the horror within herself is a terrifying worry and anxiety that she could, in fact, cause harm to her vulnerable children.

"at times especially when they were babies and worrying that, a feeling of fondness, you know, your love for a child, and it is just that...fondness and genuine love.....but that worry would creep in, that I would do something to hurt them to actually – in a sexual way." (Eve, 8, 209-216)

Emily's fear of identification with her parents drives her to ensure that she does not get caught up in the cycle of abuse and re-enact her own experience of childhood with her children. Explaining that she simply "couldn't stomach" herself if she was anything like her parents, her powerful words speak of the sheer intolerable and indigestible nature of such thoughts.

"it is all relevant to my childhood. As a child in a way – you either re-enact or you break the cycle. () if I was anything like my parents I couldn't stomach myself." (Emily, 5, 133-139)

For many of the women, there appeared to be a catalyst for change at crucial moments in their life that meant they knew they had to do things differently. Emily's son was born prior to her therapy, during a very tumultuous period in which she spent much time in and out of hospital. Social services became concerned that she could not care

for her child and had planned to have him placed in care. Emily describes that it was at this point she knew she had to break the cycle that up until that point she was deeply caught up in. The very frightening reality that she could cause him damage meant that she finally made “that call” to her therapist. This was the beginning of a new journey for Emily, one which was primarily influenced by her desire to be a good parent and not allow her son to experience the same horror that she did spend at the hands of abusive or neglectful parents. Emphasising that she “couldn’t not” be able to care for her son, her language and tone emphasise that, for Emily, it was quite simply not an option and, as such, speaks of her vehement willpower and desire to ensure history was not repeated.

“It goes back to how I take seriously wee children and I had to break the cycle that I couldn't not be able to care for my son so I sort of knew that making that call was obviously the start of it.” (Emily, 12, 334-339)

For Eve, the catalyst for change came in the wake of the abortion of her unborn child. Coming face to face with her own potential to cause destruction to her child frightened her, and it was life-changing as she knew for as long as she lived she would never do it again. Seeing her own potential to be destructive and the damage caused to her unborn child was the catalyst for change and began the process of transformation for Eve. Her narrative speaks of the overwhelming intolerable nature of an identification with her parents and realising that she had damaged the life of another child, just as her life had been damaged. The narrative also speaks of her sheer determination to be different, to ensure that she does not cause suffering to another child, given that she knows what it is like to suffer at the hands of an abusive and destructive other.

“in order to start over again I had to reach that ultimate low. In that destructive act to myself and another life I could see the destruction, it was as clear as day. It was from then that I knew I had to get myself sorted. And it wasn't easy, it's twenty years down the line and what I'm actively doing as a parent now in relating to the children is providing that which wasn't there for me in that time.” (Eve 16, 456-466)

It can be seen that parenting is a full-time job as the women strive to ensure that their own children do not suffer the same experiences as they once did. This, for many, has involved a constant struggle to keep their children in mind, ensuring that as parents

they do not repeat the experiences that befell them as children. For some, this has been a painful journey as in relating to their own children they are invariably faced with reminders of their own painful experiences as children. However, for Annie, parenting and the nurturing of her own children has also created an environment for her in which healing can take place.

“It is the loss of never having had a family and parent and a mum and then the loss all through my life of not having been nurtured. () that is where healing comes in being able to do it for my two and I do it for me.” (Annie, 9, 265-271)

What becomes apparent through the narratives is that, in various ways, the women’s own experiences of abusive and neglectful childhoods at the hands of inattentive others have had a fundamental impact on their lived experience of parenting. For some, it is the desire to ensure that history is not repeated, whereas for others it is the fear and disgust associated with identification with their own parents; but what is shared amongst the journeys is that parenting in the here and now is heavily influenced by their own experiences as children. Ever present throughout the experience of parenting is their own childhood, which acts as a catalyst for change and is the driving force behind the women, ensuring that their own children do not suffer a similar existence to what they once did.

Subtheme 3: A good-enough experience

This final subtheme brings us not only to the end of the superordinate theme but to the end of the chapter aimed at capturing the lived experience particular to this group of participants. As such, ‘A good-enough experience’ contains within it accounts that communicate just how important and transformative a good-enough relationship can be in light of the difficulties communicated thus far. Throughout the accounts the importance of the therapeutic relationship is echoed by many of the participants as they share how fundamental the experience has been. For some, the therapeutic relationship and the conditions experienced have meant that for the first time ever they have been able to sit unprotected in the presence of another. For others, the experience has been compared to re-parenting as they finally come into contact with a parental figure who can receive their communications and respond appropriately, meeting needs that had previously gone unmet.

The qualities attributed to both the therapist and the nature of the long-term therapeutic encounter gradually helped Emily to experience that she was not only allowed to “be” but that she was going to be safe enough to “be”. She describes that it “sunk in”, communicating a realisation or an experiencing that she was indeed going to be safe enough to be unguarded in the presence of another. The “just be me” invites us to consider what an immense step this was for Emily, to just be herself as opposed to herself along with the “guard”. In letting the “guard down”, it becomes clear how for the first time in her life she experienced a relationship in which she did not feel the need to be protected.

“eventually it sunk in – oh this is going to be a long time – I am going to be allowed to come and just be me and she wasn't cross when I didn't speak. I didn't feel in any way I was wasting time and all of that helped me just relax and eventually I let my guard down.” (Emily, 12, 357-362)

In stark contrast to her earlier experiences in which her environment was much too harsh to enable her to be herself and to voice her own voice in the presence of others, Emily conveys how being allowed to remain quiet for another month along with not feeling forced into speaking meant that gradually and with time she learned that it was going to be safe enough to speak. Giving voice to the self through words is liberating for Emily as she speaks with excitement and animation, communicating how great it is to have a little more freedom from the shackles that once restricted her.

“growing up with feeling everything was my fault and I am bad for absolutely everything and then here I was, I wasn't being made to feel bad for not speaking for another month. () That was huge because you know... I'm different now. I am very vocal and never shut up.” (Emily, 13, 362-367)

Emily explains that if the therapist had rushed her then “she never would have got me”. We must then wonder who she would have “got”. Perhaps Emily is describing the importance of safety in order to allow the self to emerge, and if the correct conditions are not there, then it is not the self that emerges but the self that is located firmly behind a protective barrier. Without feeling the need for protection, given that she had spent over nine months in silence and had during that time come to experience the therapist as non-intrusive, Emily experienced that it was, in fact, safe enough to allow the therapist to see her, to meet her, to “get” her.

“if I had at all felt that my therapist was goingright well this has gone on for months...well I would have clammed up and she would never have got me.... and that is definite. My therapist took the time to pull all that together and it took time.”
(Emily, 19, 565-569)

The presence of the therapist and the experience of the therapeutic relationship enabled Eve to experience the conditions that an infant needs to become integrated with experience. As Eve explains that she was then able to do what an infant learns, it becomes apparent just how different this relationship was, as up until this point without the presence of a parental figure to help her navigate and process her traumatic experiences, Eve relied on the only other means available to her, which involved disconnection.

“only in retracing and going back over and over and over and reliving things was I then able to do what an infant learns to do, become aware of the bodily experience, the emotional experience and the experience of the relationship with another person.”
(Eve, 6, 152-167)

Eve communicates that she needed another person to enable her or allow her to know her own truth. The mirroring experienced through the therapeutic experience allowed her to know her own truth and, as such, become connected and integrated with her own experiences. This speaks of the containing and metabolising qualities of the therapist that helped Eve to digest in manageable portions something that was once too great to consume and take in. This conjures up images of what it must be like to be force-fed a huge meal, an impossible task for a child whose stomach is much too small and delicate. If a mother can break it up into manageable portions, something more easily digestible, then the meal can be digested, but if not it causes sickness and the overwhelmed child would be forced to expel such an intolerable and unmanageable amount.

“You know the analogy of the image in the mirror is that a child or infant needs the mirror to survive because for the infant there is nothing there. The only thing is from the outside. I needed a person to allow me to know my truth.” (Eve, 7, 174-178)

Fran uses language and tone to communicate the enormity of the change in her since therapy and what the therapist did for her...she saved her. Perhaps she saved her true

self. Whilst things are still not great, she is not as trapped and is better able to separate things out. Her language speaks of the degree of freedom experienced.

“She saved me...that’s the only way I can put it. I owe everything to her. I know things still aren’t great but I am able to separate things out and not get so caught up in things...or trapped.” (Fran, 10, 294-297)

Luca invites us to see how the self that speaks to us today is a very different self to the one that would have been speaking nine years ago, as she communicates the journey she has travelled that has been life-changing. Trying to find the correct word, she moves from structured to created but settles on nurtured as she describes how therapy and being in therapy has allowed her to emerge. She portrays how vital nurturance was in enabling herself to emerge. Her choice of words such as “coming out the other end”, “structured or created”, and “nurtured” could almost be seen as indicative of the gestation period, the warm, comforting, protecting, and, most importantly, nurturing time in the womb prior to birth. Her words almost paint a picture of her time in therapy as a time in which her true self received nourishment, protection, and a containing mother. As result of such an experience, it could be suggested that her true self felt better prepared to emerge or be ‘born’.

“I’m only speaking to you now as me and me is now.....coming out the other end of therapy because had you spoken to me nine years ago you would be speaking to a very different me so I think I have to keep referring back to the therapy because it’s what’s kind of structured or created or I don’t know what you would call it...mm..nurture, yes would have nurtured this other part of me.” (Luca, 12, 329-336)

Annie is rich because she now has something that she never previously had: an internalised good-enough object to call upon in times of need. She paints a very vivid picture of her existence prior to experiencing her therapeutic relationship, one in which there was nobody good enough to call upon, a life void of attentive and responsive, ultimately helpful others. To be “rich” then highlights the wealth and abundance she now feels she has compared to her former life in which provisions were minimal and she was forced to survive on such meagre offerings.

“There is not one person I would feel I would go if there was a problem...only my therapist but I don’t see her now so she’s in my head....yes... and I suppose I am really rich to have that because I haven’t had that all my life.” (Annie, 27, 801-805)

Through the narratives the life-giving and life-changing quality of the therapeutic encounter emanates as the women portray how fundamental their experiences have been. Experiencing a different kind of relationship to what has gone before has opened up new realities, new ways of thinking, and a different template for relating. Whilst the original experiences of caregivers and abusive relationships can never be undone, what appears to have been appreciated is the addition of something else, something that is different, that is good enough and offers hope.

Chapter 4

Discussion

Exploring lived experience

To date, a growing body of literature suggests that CSA can have a profound impact on a developing child's psychological world, which is often carried forward into adulthood (Saywitz, Mannarino, Berliner, & Choen, 2000; Cohen, Mannarino, & Knudsen, 2005; Fergusson, Boden, & Horwood, 2008). The deleterious effects have been well documented and evidence indicates that disruptions during early stages of development as a result of CSA can have a lasting impact on interpersonal functioning during adulthood (Colman & Widom, 2004; Cherlin, Burton, Hurt & Purvin, 2004; Holman, 2001; Davis & Petretic-Jackson, 2000; Laing, Williams & Segal, 2006). More specifically, DiLillo (2001) posits that CSA represents a risk factor for a range of interpersonal dysfunction amongst survivors, impacting upon relationships with particular individuals in their life (spouses and partners, friends, children, and other family members), as well as the dimensions upon which those relationships might thereby be impacted (communication, trust, intimacy).

The majority of existing research studies have employed quantitative methodologies and, as such, have contributed greatly to the knowledge base, shining light upon the identification and establishment of cause-effect relationships. However, where we shine light upon one element a resounding darkness inevitably falls beyond the remit of our torch. As a result of focused attention on quantitative methodologies the essence of understanding and lived experience of meaning-making has remained unilluminated thus far. With this in mind, and encouraged by the words of McLeod (2002) who argues for the case of methodological pluralism, the present paper aspires to capture the very essence of lived experience and meaning-making, in order to gain understanding.

The current research explores in depth the lived experience of relating amongst a group of women who were sexually abused in childhood. More specifically, it shines light upon the women's experience of relating and being in relationships, and the meaning and implications this has for their existence in the world. Goethe espoused

that “the particular eternally underlies the general; the general eternally has to comply with the particular” (quoted in Hermans, 1988, p.785). With this in mind, it was hoped that the present research would contribute to understanding and in some way contextualise existing findings, adding an extra dimension to what is considered known. It aimed to open up new doors and complement existing literature, providing richness to understanding, and by giving voice to the individual, provide a deeper appreciation of their lived experience.

The very heart of this research venture was inspired by the words of Husserl (1936/1970), who encouraged a “return to the things themselves”. Merleau-Ponty (1945/1962) states that “to return to the things themselves is to return to *that* world which precedes knowledge, of which knowledge *always* speaks”. The interview process afforded an opportunity to do just this, an opportunity to capture rich and textured descriptions of the lived experience of relating. Holding central the Husserlian concept of *Lebenswelt* (1936/1970), the life-world of relating amongst this particular group of women was the central focus of this study. Finlay (2008) posits that our life-world is comprised of the world of objects around us, our perception of them, and our experience of our self, body, and relationships. Todres et al. (2006) draw attention to the fact that our lived world is not an objective world ‘out there’, but moreover, it is a humanly relational world. The present study sought to find out more about this humanly relational world as it is experienced by this particular group of women. The aim of such an approach was to describe and elucidate “the lived world in a way that expands our understanding of human beings and human experience” (Dahlberg, Dahlberg, & Nystrom, 2008, p.37).

Phenomenology and hermeneutic inquiry are at the very roots of the detailed and inductive approach of IPA (Eatough & Smith, 2006a), and through such an approach the author along with the participants offers a picture that reflects the complexity of the participants’ experience. It focuses on the participants’ lived relations with others, paying particular attention to capturing their being-in-the-world along with their ‘creative adjustments’, which Finlay (2008) refers to as the defensive strategies developed in order to help us cope. The narratives portray the variability and diversity of the lived world of relating amongst this group of women and the similarities and differences in experience are evident throughout. Each of the following subsections

aims to look at the lived experience of relating as revealed during the analysis in relation to existing research and theoretical insights.

The need for protection

A prevailing sense of fear echoed throughout the narratives as each of the women portrayed overwhelming feelings of vulnerability and fear when relating with others. For all concerned, their need for protection emanates greatly from abusive childhood experiences in which others caused harm, failed to protect, or were simply not ‘care-full’ enough. As such, the participants communicate how a lack of protection in childhoods that were much too frightening has meant that they now experience a very real need for protection when relating with others. The narratives communicate that the need for protection appears to be two-fold. For some, relating with others can be experienced as very frightening, given the threat experienced. For others, protecting the truth of their experiences serves as a means of protecting the self from the shame associated with abusive childhood experiences. The resounding communication evident throughout all of the dialogues appears to suggest that present relating is inextricably bound to past experiences.

Whilst none of the women are still involved in relationships with abusive early caregivers, it is their fear that the past could be repeated in the present that prevents them from relating or results in them feeling the need to be protected. The dangers associated with love, connection, and closeness are communicated and, for many, close and intimate relationships with others are deemed overwhelmingly terrifying. In a world surrounded by malevolent objects who could cause harm, many of the women feel that to be powerless in the presence of a powerful other would be much too frightening. Luca in particular tells of her fear that the other may “turn the tables” and her narrative captures the essence of her experience and invites consideration of what it feels like to be playing in the game of life with malevolent others. Anticipating danger and the inevitability of disingenuous moves on the part of the other means that, for Luca, the only certainty when relating is the unpredictable nature of human beings. As such, suspicion and uncertainty resonate throughout her dialogue. Fear, vulnerability, and suspicion resonate throughout all of the participants’ accounts and the existence of such feelings appeared to be related to the unpredictable nature of others.

Existing literature may shine light upon the present study's findings, and offer possible ways of considering the suspicion and uncertainty revealed throughout. According to Finkelhor and Browne (1985), CSA can alter children's cognitive and emotional orientation to the world, and create trauma by distorting their world-view. When a child who relies solely on caregivers to provide security and protection is abused, then a sense of betrayal may arise from the fact that trust and security is deeply wounded (Finkelhor & Browne, 1985). Davis and Petretic-Jackson (2000) posit that childhood sexual abuse signifies a sense of loss and betrayal in childhood and can be carried forward into adulthood and subsequent relationships. Such early experiences are thought to throw the child into a state of uncertainty and unknowing, resulting in poor judgments in relation to whom they should or can trust. It is thought that this can result in suspicion of intimate relationships and impact negatively upon the individual's potential to develop healthy intimate relationships (Davis & Petretic-Jackson, 2000).

The narratives of the women in this study revealed particular difficulties associated with experiencing an overwhelming sense of powerlessness in the presence of powerful others who could invariably cause harm. Annie describes her experience of relating by telling us that it would not be safe enough for her to love another. Whilst it is a given that 'to love' encompasses a variety of related but distinct meanings, the underlying force involved in all love is a form of attachment to the loved object. Annie communicates that the dangers associated with such attachment are indeed too dangerous. In a similar vein, Emily depicts a world coloured with malevolent objects that could invariably cause harm. Emily's world is dominated by malevolent others who can "sense a bad aura" and, as such, they invariably take on the guise of predators and Emily the prey should she allow them close enough. Similarly, Fran's strong desire to be loved is coupled with fear in relation to the dangers involved. She depicts the image of a voiceless, powerless self who is at the mercy of the other's power. For Fran, love is not unconditional but is accompanied with a fear of conditions.

Such depictions resonate closely with the findings of Davis and Petretic-Jackson (2000), who suggest that it is commonplace for adult survivors of CSA to experience fear and anxiety in relation to lack of control as they may feel they have no control over what happens to them or their bodies. When considering possible reasons for

such a dynamic, Finkelhor and Browne (1985) note that during sexual abuse “the child’s will, desires and sense of efficacy are continually contravened” (Finkelhor & Browne, 1985, p.532). It is further suggested that deviations in the related ability to experience a sense of trust and confidence in others underlie the long-term psychological difficulties associated with CSA (Cole & Putnam, 1992). Further to this, Cole and Putnam (1992) suggest that these difficulties in social functioning are reflected in insecurity in relationships, particularly distrust and suspicion.

Throughout the narratives the women communicated their desire for closeness, intimacy, and companionship. For Fran, it was a desire to be loved and to feel special; for Tori, it was to be part of a family; and for Annie, it was to share in authentic friendship. Each individual desired different types of relationships, but what was shared amongst the accounts was a desire for attachment and belonging and to share in the nourishment afforded by relatedness. However, for all concerned the desire for attachment and relatedness was closely coupled with a fear of the consequences and the perceived dangers involved. The narratives demonstrate that when faced with two opposing forces such as a desire and fear of attachment, the forces are indeed not equal and the magnitude of the fear prevails, rendering relatedness impossible. The findings of the present study complement the work of Sanderson (2006), who proposes that adult survivors of CSA vacillate between yearning for, and at the same time, fearing, attachment. Sanderson highlights that a deep “yearning for enmeshment and yet need to separate” (2006, p.57) is evident amongst survivors of CSA and, indeed, it can be seen that such an account resonates closely with the narratives of the women in the present study.

Looking to Attachment Theory (Bowlby, 1973) may shine light upon the present study’s findings and provide a framework for understanding how early interactions with primary caregivers can influence our experience of relating in adulthood. Bowlby (1969) purported that a secure and responsive attachment of an infant to the primary caregiver is the origin of healthy development. It is thought that the way a child is treated or responded to by his or her parents or parental figures can have a profound influence on their development. Furthermore, Bowlby (1989) proposes that attachment patterns during infancy, childhood, and adolescence are greatly influenced by the way in which the child is treated by his or her caregivers (Bowlby, 1989). If a

child has experienced abuse or neglect, these early attachment bonds can become disrupted, leaving the child to suffer physiological as well as psychological effects (Davies & Frawley, 1994). If the primary caregiver is physically or emotionally unavailable, an anxious attachment may result, which predisposes the individual to dependency and anxiety. When considering attachment behaviour, Alexander (1992) posits that it serves the survival function of protection. Bowlby (1973) introduced the concept of the internal working model to explain how an infant will develop expectations about its own and others' roles in relationships based on early experiences with the attachment figure. From an attachment perspective it is thought that the young child learns about affect regulation in the context of its early relationships. It is thought that, through early experiences with important caregivers, the child will gradually develop internal representations of the self as worthy of care and attention (or not), and of others as trustworthy and available (or not) depending on the care received (Bowlby, 1969). Taking into consideration such a contribution in relation to the findings of the present study may shine light upon the women's experience of their overwhelming fear that renders relatedness impossible. The women in the present study were not only sexually abused by their formative caretakers but were also neglected and, as such, it could be suggested that their internal working models are not of benign and careful others but of abusive and unresponsive caregivers. This undoubtedly has had an impact on their experience of present-day others as they fear they will be treated as they were as children. They have no experience of others as kind and caring and, as such, uncertainty, fear, and suspicion reign supreme.

A further aspect of experience emanating throughout the narratives was a prevailing sense of shame associated with abusive childhood experiences. As a result, the women revealed a fundamental need to protect themselves from the shame and vulnerability associated with others finding out about their childhood experiences. For many, the protection of the truth resulted in an inevitable existence of a barrier as they strive to ensure that their past remains permanently hidden. Secrecy serves as means of protecting the truth whilst at the same time protecting Luca from the shame experienced should the truth be exposed. For Annie, baring her soul and exposing her past would be to unveil parts of the self that are still felt to be disgusting and, as such, Annie is forced to protect it.

The narratives of the present study resonate closely with the findings of Philips and Daniluk (2004), who report that participants in their study believed that they had to keep themselves from being 'known' because the abuse defined who they were and how they felt about themselves. Traumagenic Dynamics Theory, as proposed by Finkelhor and Browne (1985), could well offer a way of contextualising the narratives of the present study that convey the need for protection due to the shame experienced should the truth of abusive experiences be exposed. Finkelhor and Browne (1985) propose that the negative connotations of abuse, such as badness, shame, and guilt, become incorporated into the child's self-image, resulting in stigmatisation. Furthermore, they suggest that a combination of secrecy that surrounds incestuous relationships, the reactions of others upon disclosure or discovery of the abuse, and berating by the perpetrator are factors that contribute to the evolvement of a dynamic such as stigmatisation. Davis and Petretic-Jackson (2000) suggest that stigmatisation can impact heavily upon later interpersonal relationships as the individual may harbour deep feelings of being damaged and unworthy (Davis & Petretic-Jackson, 2000).

Existing literature has acknowledged the existence of shame in adult survivors of CSA. Evidence suggests that CSA can produce profound feelings of shame in adult survivors (Feiring & Taska, 2005) and that women with sexual abuse histories report more shame in their daily lives, which in turn is associated with higher levels of interpersonal dysfunction (Kim, Talbot, & Cicchetti, 2009). Several studies have highlighted that shame plays an important role in the psychological adjustment of women sexually abused in childhood (Andrews, Brewin, Rose, & Kirk, 2000; Talbot, Talbot, & Tu, 2004) and findings indicate that shame arising from CSA can impede constructive social interaction (Feiring, Rosenthal, & Taska, 2000; Finkelhor & Browne, 1985). Such findings resonate closely with the present study. Luca in particular speaks of having to keep her past a secret and her narrative suggests that through keeping the past locked away, a part of herself is also hidden. As a result, authentic connection is rendered impossible as she cannot be upfront and open with new people.

The ways and means of protection

The women's narratives revealed a world of relating which is altogether very frightening, posing much risk to the self. As such, they depict the full-time job involved in self-protection and just how vital it is for survival. For some, barriers, guards, and fences serve as a means of ensuring the self is kept safe when relating. For others, even a guard would not be deemed safe enough and, as such, abstinence, escape, and isolation serve as ways of ensuring the self is protected from relating altogether. Regardless of the method, what is shared amongst the narratives is the prevailing sense of just how frightening relating can be and, as a result, the impossibility of entering into a relationship without some form of protection.

Annie speaks of the outside self as “construction”, and how the real self is on the “inside looking out”. Similarly, Jo has a created robustness in the form of a barrier that serves to protect the inside self from the outside world. For Emily, the “guard” means that people never get to see the real her and Fran has a carefully crafted exterior but she is on the inside, kept safe from the dangers of the outside world. Such findings resonate closely with a study by Philips and Daniluk (2004), who reported that the women in their study described having experienced a sense of incongruence between how they were feeling on the inside and what others perceived from their outward appearance.

According to Boulanger (2002), traumatic experiences can become incorporated into a developing child's mental structure and, subsequently, dealings with the world bear the trauma's thumbprint. By defensively dissociating and forming split-off self-states which hold the trauma and the terror, the child is better able to engage in a world that is less threatening (Boulanger, 2002). The embodiment of trauma in different self-states offers protection but, subsequently, becomes part of self-experience (Boulanger, 2002). Such an explanation offers a way of explaining and contextualising the findings of the present study that indicate the presence of different self-states. By contributing the voice of the individual as they tell of their lived experience in their own words, the present study can add depth and richness to such theory.

Taking into consideration the work of Winnicott may offer us a way of considering

the findings of the present study. For Winnicott, relating and all that relating concerns will pose significant difficulty for the child who has not experienced stable and continuous care. Winnicott posits that only through a continuous personal relationship which offers care and protection with ‘holding’ ‘handling’, and ‘object presenting’ can the ‘true-self’ emerge and develop. This ‘true-self’ refers to the child’s spontaneous needs and way of being. It is thought that fostering, protecting, and creating a safe environment for the ‘true-self’ to grow enables the child to develop coherence and continuity. If the caring environment fails to provide the holding and protection that the child so desperately needs, the child must try to take over the caring environment so as not to become overwhelmed by the fear of ‘annihilation’, and instead of ‘going on being’, the child must hold itself together. However, Winnicott notes that this impinges upon the child’s spontaneous way of being and inhibits their ability to exist as a unified alive and authentic child. Furthermore, in the attempt to achieve wholeness, coherence, and continuity of self, the child will resurrect the semblance of a false self that hides the anguish, which is their inner state of being. Winnicott (1965) states that the “development of a ‘False Self’ hides and protects the ‘True Self’ by complying with the environmental demands, taking over the caring environment that has failed” (p.133). It is noted that the ‘false self’ is not a bad or fake attribute, but rather facilitates relatedness to others and protects the ‘true self’ by being tuned to outer reality (Scharff & Scharff, 1998). Such explanation can be seen to offer a way of understanding the narratives presented within the present study.

For others, isolating the self from relationships and remaining abstinent serves as a preventative and protective measure, ensuring that no further damage occurs. Several interesting theories can be seen to offer possible ways of considering why isolation can serve as a form of protection. Follette (1991) suggests that, in an attempt to avoid stimuli associated with memories of abuse that occurred within the context of an interpersonal relationship, individuals engage in emotionally avoidant behaviours such as avoidance of affection. Furthermore, Poulsney and Follette (1995) note that avoidance of relationships and intimacy can serve as a means of avoiding stimuli associated with memories of abuse. Such an account echoes that of Fran, who said, “The only way I can manage them is to abstain from anything that would stir them up.” Davies and Frawley (1994) suggest that “early trauma signifies a betrayal of the

child by one or more important early objects” (p.22). Such early experiences are thought to throw the child into a state of uncertainty and unknowing, resulting in poor judgments in relation to whom they should or can trust. It is thought that this can result in suspicion of intimate relationships, a tendency to isolate, and avoidance of intimacy that, ultimately, will impact negatively upon the individual’s potential to develop healthy intimate relationships in adulthood (Davis & Petretic-Jackson, 2000).

The mind can also serve as a protective mechanism, and through detaching from reality and fleeing to the solace afforded by the confusion, relating can continue. Eve in particular speaks of how becoming confused can be at times easier than knowing, and how constantly trying to stay away from the truth enabled her to remain disconnected from her experiences. Her experience can perhaps illuminate what Kluft (1992) refers to as “mental flight when physical flight is not possible”. Reiker and Carmen (1986) explain how following sexual abuse, defensive mechanisms enable the child to alter reality and accommodate the family system. The result of having to rely on defensive mechanisms and strategies in order to accommodate abuse is a completely disordered and fragmented identity (Reiker & Carmen, 1986). It is thought that disturbed relationships, inability to trust and behave in self-protective ways, and affective instability are expressions of the legacy of trying to accommodate abuse (Reiker & Carmen, 1986). Such thinking can provide us with a way of contextualising the protective function of the mind that Eve relied upon in childhood and early adulthood.

The repercussions of protection

Emanating throughout the narratives was the prevailing sense of isolation and loneliness experienced as a result of being protected from genuine and authentic connection with others. When formative relationships were so very destructive, the participants have relied on various protective measures to ensure the safety and survival of the self. The accounts suggest that the repercussions suffered as a result of such barriers are inner aloneness and an enduring and ever-present hunger that has never been satisfied.

A part of Jen is “starving”, but the overpowering force of fear prevents her from being nourished by the offerings of a relationship. Keeping herself shut off from relating

means that she must remain hungry, starved, and, ultimately, without. Jo likens her own experience to that of her incubated baby who needed the incubator for protection, given her vulnerable state. Just as her baby missed out on the nourishment provided by the breast, due to her overwhelming fear of the other, Jo too misses out on the nourishment provided by relationships. Luca communicates a self that misses out on the close connection and warmth that being part of a family can provide. The lack of people in her life means she cannot share in such togetherness.

Existing findings echo that of the participants in the present study. Available evidence suggests that individuals sexually abused in childhood continue to experience problems in their relationships in adulthood. Women who report a history of childhood sexual abuse have been found to be more likely than non-sexually abused women to report feeling distrust and/or fear of others (Davis & Petretic-Jackson, 2000; Roche, Runtz, & Hunter, 1999) and, as such, feel socially isolated (Harter, Alexander, & Neimeyer, 1988). Feelings of isolation are well documented within the literature as a long-term deleterious effect of CSA (see Browne & Finkelhor, 1986; Briere & Runtz, 1987). More recently, an insightful qualitative study by Chaudry (2012) found that the women in her study who experienced CSA reported profound experiences of isolation and loneliness.

When a child is sexually abused, boundaries on all levels are violated, closeness is dangerous and, as such, relatedness or attachment poses great risk to the self. Sanderson (2006) posits that adult survivors may fear dependency as this might elicit feelings of vulnerability which are too dangerous in case they are exploited or abused. Sanderson (2006) highlights that fear of such closeness can lead to isolation and alienation, with the survivor becoming withdrawn and lonely. As a result of such isolation, feelings of loneliness are prevalent amongst the narratives of the women in the present study. Such accounts resonate closely with the findings of several previous studies suggesting that individuals sexually abused in childhood report intense feelings of isolation in adulthood (Gibson & Hartshorne, 1996; Turner, 1993; Briere, 1984; Jehu, 1988; Lew, 1988).

Shining light on the phenomena, Davis and Petretic-Jackson (2000) suggest that suspicion of intimate relationships, a tendency to isolate, and avoidance of intimacy will ultimately impact negatively upon the individual's potential to develop healthy

intimate relationships. Furthermore, it is suggested that, in an attempt to avoid stimuli associated with memories of abuse that occurred within the context of an interpersonal relationship, individuals engage in emotionally avoidant behaviours such as avoidance of affection (Follette, 1991). Poulsney and Follette (1995) note that by avoiding relationships and intimacy, the individual may be left feeling socially isolated and dissatisfied within relationships. The aforementioned studies and theories can offer a way of contextualising the findings of the present study and, when considered in combination, a fuller appreciation of the phenomena of loneliness and isolation is afforded.

Resonance and echoes

The narratives of the present study portray how each of the women experience the echoes of past relationships with inconsistent, unpredictable, and often feared others resonating throughout present-day relationships, causing fear and anxiety. The narratives convey a sense of how past experiences with disingenuous and unpredictable others have formed a template for present experiences of relating. Some participants make an explicit link between their past and present experiences of relating, whilst others make references to “grass roots” and “foundations”, which are suggestive of the very conditions from which we grow or are built upon. What is shared amongst the narratives is a prevailing sense of how, for the women concerned, their early conditions and experiences of formative relationships have in some way coloured and impacted upon their perception and experience of the others that occupy their present-day world.

Looking specifically to the individual communications, it can be seen that for many of the participants the past is very much alive in their experience of the present. Fran explains that she still feels “at the mercy” of other people. Her narrative captures the essence of her vulnerability, and communicates the impact that her experiences have had on her present-day world as she draws attention to the fact that she no longer is a victim but still feels like one. This speaks of the power of her abusive experiences, a power that prevails in present-day relating. Luca communicates that, when relating with others in the present, there remains a part of her that is heavily enmeshed with her past, a self that is trapped and imprisoned in the past and by her past. Her words “cut free” conjure up images of the sheer constricting nature of her past that now

surrounds her, preventing her from breaking free, as it holds her in its tight and constricting grip. Similarly, Eve's past is very much alive in her experience of the present as she gives insight into how she observes and perceives others' relationships in relation to her own internal world and experiences. Providing the example of observing a man with a small girl, Eve's automatic thought is of concern for the girl, concern that she is in danger and that something might happen to her. She depicts the experiencing of present stimuli through the lens or template of her own past experiences, which are coloured with threat and danger. This speaks of the permanence of her abusive experiences and the power that past abuse now wields over her present-day world.

The present study is able to complement existing literature, providing an even more detailed picture of how the past can serve as an unconscious template for future experiences of others. Cloitre (1998) proposed that interpersonal schemas developed during childhood can guide our future expectations in adulthood. Jurgens (2005) explains that schemas are broadly defined as firmly held beliefs about the self, others, and the world, and that they are often molded by our early attachments with important caregivers. Cloitre, Cohen, and Koenen (2006) propose that schemas are like templates that guide our future expectations. They propose a schema model, which suggests that reliance on past experiences to anticipate the future is a typically adaptive strategy for living and that the tendency to repeat one's history is normative. However, they posit that, for those sexually abused in childhood, reliance on past experiences means reliance on deviant patterns of relating.

Theory developed from a psychodynamic framework may shine light upon such a phenomenon. It is commonly thought that early experiences, particularly relationships with parents and other important caregivers, structure the child's conscious and unconscious perceptions of the world, along with their ways of relating (Milton, Polmear, & Fabricius, 2004). Greenberg and Mitchell (1983) propose that "people react to and interact with not only an actual other but also an internal other, a psychic representation of a person which in itself has the power to influence both the individual's affective states and his overt behavioural reactions" (p.10). Within object relations theory, it is commonly thought that an interaction exists between our past and present interpersonal experiences. Object relations theory explains the way in

which interpersonal experiences (self and object representations) are mentally reflected in images coloured with affect (Kernhof, Kaufhold, & Grabhorn, 2005). Greenberg and Mitchell (1983) state that these representations serve as “a kind of loose anticipatory image of what is to be expected from people in the real world”(p.11). It is proposed that these representations, or inner working models as they are referred to in attachment theory (Bretherton, 1992), are an expression of the subjective processing of interpersonal experiences and interactions. Kernhof, Kaufhold, and Grabhorn (2005) propose that, depending on the subjective status of a person’s development, conscious and unconscious parts of the representations may fuse, forming conflict-laden internal relational images and that, ultimately, these influence current relationships and interfere with the internalisation of new interactional experiences. The existing theoretical insights mentioned above may offer a very plausible way of considering the experiences portrayed within the present study.

Disturbed sexual relating

Throughout the narratives, various levels of disturbance within the context of sexual relating are communicated. The accounts strongly suggest that, for many of the women, their original experiences have formed the templates for current sexual and intimate relating, leaving them with a prevailing sense of fear, vulnerability, and unease. What becomes apparent is a sense of how earlier experiences of sexual abuse have in some way coloured and tainted present experiences and caused fear within intimate relationships. The narratives throughout suggest the presence of two selves: adult selves that desire intimacy and sexual relating, but child selves that are extremely fearful of connection and intercourse of a sexual nature.

The women present their current experience of intercourse and sexual intimacy in the context of their early abuse experiences. For some, engagement in sexual intercourse can take place but it is always accompanied with feelings of fear and memories of past experiences, whilst, for others, the fear associated with past abusive experiences means that sexual relating as an adult is something that is avoided in its entirety. What is shared across the accounts is the permanence of past abusive experiences and how current sexual relating is coloured and tainted with fear and memories of the past.

Fran's desire to be loved is closely coupled with fear of the repercussions, as memories of abusive experiences in childhood lurk in the background causing fear. She experiences a state of ambivalence as she is stuck between the pulls of two equally powerful states of mind. For Tori, even considering an intimate relationship would be out of the question, given the consequences and repercussions she fears she would have to suffer. For Tori, it would seem that to be intimate with another would involve the total loss of autonomy and power of the self to the other's wishes. Jen portrays how she needs to be in the right state of mind and needs to have control as she compares sexual relating to a military operation. The other's actions could throw her into a state of fear, horror, and craziness, and it would seem that Jen's present relating is inextricably bound to past experiences whereby the very nature of her being a child meant she was vulnerable in the hands of caretakers who were not careful.

According to Davis and Petretic-Jackson (2000), the trauma of CSA has implications in relation to two primary areas of interpersonal functioning, including intimacy and sexuality within partner relationships. They suggest that, given that trust plays a predominant role in the development of relationships and the fact CSA represents a severe breach of trust, then a child who has experienced CSA may continue to experience difficulty in trusting others in later relationships (Davis & Petretic-Jackson, 2000). It is suggested that the individual's experience in intimate relationships as an adult will be greatly impacted upon by the inability to form trusting relationships (Davis & Petretic-Jackson, 2000).

A growing body of evidence has suggested that the experience of CSA can have a profound impact on the adult's ability to trust in relationships, which subsequently impacts upon the establishment of intimate relationships (Jehu, 1989; James & Meyerding, 1978; Jehu, 1988; Silbert & Pines, 1983). Briere (1992b) notes that a fear, distrust, vulnerability, and ambivalence about interpersonal closeness is indicative of intimacy disturbance. Furthermore, Briere (1992b) notes that the impact CSA has on the individual's ability to trust in the other can have a direct influence on the development and maintenance of intimate relationships.

The findings of the present study suggest that memories of sexual abuse experienced as a child can be reawakened within the context of present intimate relationships. In

an attempt to avoid such painful and distressing memories, a number of the participants avoid such intimate relating. This coincides with the existing literature that suggests that, in an attempt to avoid stimuli associated with memories of abuse that occurred within the context of an interpersonal relationship, individuals engage in emotionally avoidant behaviours such as avoidance of affection (Follette, 1991).

Emanating from the narratives was a prevailing and overwhelming sense of the fear and danger associated with intimacy. Several studies have demonstrated a connection between intimate relationship disturbance and CSA (Cherlin, Burton, Hurt, & Purvin 2004; Holman, 2001). This is consistent with existing literature documenting that women who had experienced CSA reported feeling less comfortable with closeness and intimacy in relationships than non-abused women. They also reported being more anxious in relationships, and feared not being loved or being abandoned (Dimitrova et al. 2010). The majority of the work in relation to CSA has been quantitative in approach. However, one noteworthy and novel qualitative study by Chaudry (2012) provides a great contribution to the literature. Chaudry (2012) notes that the women in her study portrayed a mixture of experiences with regard to intimate relationships. For some, a deep desire to be involved in a loving and caring relationship was coupled with fear and mistrust, which often impeded the development of meaningful or enduring relationships. Furthermore, Chaudry (2012) notes that the narratives revealed experiences such as subservience and passivity within relationships, feeling total mistrust and cynicism towards others, feelings of profound disconnection with the other, and avoidance of intimate relationships altogether. She concludes that, for women who have experienced CSA, intimate relationships may be perceived as threatening and synonymous with earlier trauma. As a result, dissociative responses to intimacy are common and may threaten to jeopardise any prospect of proximity and connection with another.

The present study compliments existing literature as it resonates closely with previous findings, adding depth to what is already known by voicing the life-world of the individuals concerned.

Communications that become lost in translation

The narratives of the women in the present study revealed particular difficulties experienced within the context of communication. The narratives revealed a mixture of experiences, but the overall sense was that communicating with others in the present can often take on a disorganised and disrupted quality. A shared experience across a number of the participants' accounts appeared to speak of the power of internalised objects from childhood that now serve as invisible templates or masks that shield present-day others. Whilst Annie refers to relating in the present to masks from the past, Jo speaks of relating to present-day others “as if” she was relating to her mum. Similarly, Luca speaks of relating in the present to “shadows” from the past. Whilst each of the women use different words, the narratives all speak of the power of internalised objects from childhood that now serve as invisible templates that are in some way superimposed onto the present-day other. As a result, relating in the present takes on a disorganised and disrupted quality as present-day others lose their individuality and are related to “as if” they were somebody else. It could be suggested that the narratives speak of the projection of internalised objects onto and into external others. As a result, the sheer power of the internalised object becomes apparent and it can be seen that the past has in some way formed an invisible template for present relating.

The findings of the present study are consistent with an existing body of literature that has focused on object relations and interpersonal difficulties amongst women who experienced sexual abuse in childhood. An interesting study by Kernhoff, Kaufhold, and Grabhorn (2008) examined the object relations and interpersonal problems in sexually abused females and concluded that traumatic sexual abuse in childhood profoundly impacts upon the formation of object representations and the occurrence of interpersonal conflicts. They proposed that, depending on the subjective status of a person's affective, psychosexual, cognitive, and social development, conscious and unconscious parts of the representations may fuse to form conflict-laden internal relational images. These representations exert an influence on current relationships and interfere with the internalisation of new interactional experiences. Such findings resonate closely with the narratives of the present study that speak of the strength of internalised objects that shadow and mask but ultimately overpower present-day others and cause disruption and disturbance to communication.

Similarly, a study by Jurgens (2005) investigated the relationship between interpersonal schemas and interpersonal problems in a sample of women sexually abused in childhood. Findings indicated that childhood abuse can have profound effect on both predictions and actual experiences of interpersonal relationships. Jurgens (2005) concluded that interpersonal schemas impact upon the way in which experiences are processed and internalised, and amongst those sexually abused in childhood maladaptive schemas pose a threat to the individual's ability to separate past experiences from interactions in current situations.

Existing literature can offer a way of contextualising the findings of the present study. According to Kernberg (1975), the affective context within which self- and object-representations form greatly influence an individual's expectations of and responses to others in relationships. Ornduff (2000) proposes that the experience of CSA can lead to the development of an internal representational world that is characterised by feelings of being overwhelmed and threatened by violence and distrust. Malevolence, violence, and rejection become an integral part of interpersonal expectations and constitute a filter of perception through which all human experience is regarded and interpreted. Ornduff (2000) proposes that organised patterns of self and object formed during childhood determine how a person experiences and relates to others in the external world. Deriving from a combination of constitutional and environmental influences, representational configurations constitute a template through which individuals process and organise interpersonal experiences.

A further aspect of disturbed communication is demonstrated through the externalisation of internal pain and suffering. The narratives reveal how self-injury and the displaying of external wounds served as a means of communicating their internal wounds. In particular, Fran and Tori describe a process of illuminating internal pain and suffering through self-harm. However, given that the communications come in an indirect and disrupted manner Tori describes how her communications were not received by the other and, as a result, she would be "fixed up" and sent on her way.

To date, a growing body of research suggests that self-harm and self-injurious behaviour are common amongst survivors of CSA (Calof, 1995; Polusny & Follette,

1995; Romans, 1995; Van der Kolk, McFarlane, & Weisarth, 1996). Sta Mina (2005) posits that whilst there are multiple reasons for self-harming behaviour, one possible explanation may be that the act of self-harm is an expression of affect and a way to release awful feelings. Findings from her study indicated that amongst females sexually abused as children, reasons for self-harm were related to the expression of affect, a release of tension, and intolerable distress. Similarly, Miller (1994) posits that self-harm behaviour is articulated as a connection to the individual's trauma, a mechanism to be heard rather than silenced and as a means to communicate the experience of pain.

According to Dieter, Nicholls, and Pearlman (2000), self-injurious behavior may represent a desperate attempt to cope with that, which feels unendurable, in the wake of childhood abuse. They propose that in the case of childhood sexual abuse, self-capacities are not developed fully. It is thought that the capacity to maintain a sense of connection with others is the basis from which affect regulation and self-worth develop. However, in the case of CSA, impaired self-capacities are evident and, as a result, the survivor may experience disconnection along with experiencing terrible affects that he or she cannot soothe. The experience of CSA is thought to pose great threat to the child's ability to experience, tolerate, and integrate strong affect, and self-punishment (through actions of self-harm) may become natural responses to overwhelming feelings. Dieter, Nicholls, and Pearlman (2000) conclude that self-injurious behavior may be viewed as adaptations to powerful psychological circumstances rooted in otherwise impossible developmental conditions.

Similarly, Suyemoto (1998) posits that self-mutilation serves to express and externalise intolerable and overwhelming emotion (both to the self-mutilator herself and to others around her), as well as to create a sense of control over that emotion. This is echoed by other findings in which externalising of internal pain through self-harm can serve as a means of communicating to the other and the self (Darche, 1990; Dubovsky, 1978; Leibenluft, Gardner, & Cowdry, 1987; Raine, 1982; Woods, 1988). Suyemoto (1998) suggests that self-harm can serve as a means of validating internal experience and to express the depth of this feeling to others, given the difficulty experienced with verbal communication. However, it is further suggested that quite often self-harm fails to communicate the information in which the primitive feeling is embedded (Suyemoto, 1998). Such findings may offer a plausible way of considering

Tori's experience of care by hospital staff that unfortunately did not meet the need she was trying to communicate.

The findings of the present study resonate closely with existing literature and add another dimension to what is considered known by contributing the voice of the individual. Furthermore, it is hoped that the aforementioned literature can offer a way of contextualising the findings of the present study that highlight the disturbance experienced within the context of communication.

A world occupied with unseeing and unresponsive others

The narratives revealed, for many of the women involved, that their worlds can at times be dominated with interactions with and experiences of inattentive and unresponsive others. What appeared particularly prominent was the women's experience of those in caring capacities who were perceived as failing on some part to pick up on the communications of the participants, and providing at times packages of care that did not fully meet or reach the need that so desperately needed attending to. What became apparent through the interviews was a shared feeling amongst the women of speaking with or relating to others who in some way failed to respond appropriately.

Emily communicated the extent of the inattentive responses she experienced at the hands of the social workers and doctors, the people entrusted with her care who unfortunately did not respond in the way she so desperately needed them to. Similarly, Tori communicated her experience of unseeing, unthinking, and unresponsive caregivers even in adult life and her experience of deeply wanting staff to be able to comprehend her nightmare and not just see her as a troublemaker. Luca's experience with mental health services involved relating with people who do not comprehend, or understand, her communications. Surrounded by the puzzled faces, Luca communicates how she desperately wanted to shout, to appeal to them to try to think and to put themselves in her shoes. Jen compared the treatment she received as a paracetamol treatment for a festering abscess when in fact what she actually needed was someone to help her get to the root of the matter. Deeply wanting someone to get to the "root" of the matter highlights the temporary and superficial treatments she received and how alone she was in her suffering of a "bloody" and "festering

abscess”. Her words speak of calling for a specialist to help remove the source of her pain and supply a comforting and soothing treatment to help her heal.

The findings of the present study resonate closely with existing literature documenting the experiences of service users who have been sexually abused in childhood. The narratives of the participants from a qualitative study by Lothian and Read (2002) included:

“There were so many doctors and registrars and nurses and social workers and psychiatric district nurses in your life asking you about the same thing, mental, mental, mental, but not asking you why.”

“It took ten years, many admissions, a lot of different medication, ECTs. No one was able to draw out any abuse issues until my very last admission when a psychologist asked me ‘have you been abused’?”

“I just wish they would have said what happened to you, what happened—but they didn’t.”

Such narratives bear a striking resemblance to the findings of the present study as the participants communicate how they often felt their communications fell on deaf ears. Furthermore, Lothian and Read (2002) reported that the majority (69%) of participants who had experienced sexual abuse believed that there was a connection between having been abused and their mental health problems, but few (17%) thought the clinician saw such a connection. The authors concluded that those reporting abuse were more likely than other participants to believe that their diagnosis was not an accurate description of their difficulties and to be dissatisfied with their treatment. Further evidence suggests that survivors of CSA have experienced health professionals as being unresponsive (Koehn, 2007; Nelson, 2009). Such findings resonate closely with the experiences of the participants in the present study. In particular, as Tori notes that she desperately wanted staff to “look back and see”, her narrative could be seen as suggesting that the reason for her self-harming and the answer to the mystery that baffled staff lay in her past.

Existing literature has highlighted that seeking and receiving help to deal with experiences of sexual abuse has been shown to be a long, complex, and difficult

process for most survivors (Frenken & Van Stolk, 1990). A study by Read, McGregor, Coggan, and Thomas (2006) found that among users of mental health services, those subjected to CSA have earlier first admissions, have longer and more frequent hospitalisations, spend longer in seclusion, receive more medication, are more likely to self-mutilate, and have higher global symptom severity. CSA survivors therefore represent a large proportion of service users and, as such, consideration must be given to the communications that may not be overtly stated but that exist in disturbed and disrupted forms. Evidence suggests that CSA can have a lasting impact on adult interpersonal functioning and that communication can be greatly impacted upon (DiLillo, 2001). Taking into consideration the sheer fragmentation that can occur when a child is abused and the subsequent relational difficulties experienced, it is clear that disruptions in the lines of communication are an inevitable reality. The narratives of the present study highlight such disruption and the subsequent experience of having to go without.

The mother self

Throughout the narratives the women share their experience of relating with their children. What becomes apparent through the narratives is that in various ways the women's own experiences of abusive and neglectful childhoods at the hands of inattentive others have had a fundamental impact on their lived experience of parenting. For some, it is the desire to ensure that history is not repeated, whilst for others, it is the fear and disgust associated with identification with their own parents; but what is shared amongst the journeys is that parenting in the here and now is heavily influenced by their own experiences as children. Ever present throughout the experience of parenting is their own childhood that acts as a catalyst for change and is the driving force behind the women ensuring that their own children do not suffer a similar existence as they once did.

Fran describes how her need to be a vigilant parent stems from her own experience of childhood in which a distinct lack of vigilance ultimately led to her being unprotected against the abuse she suffered. Fran explains that she does not want the past repeated in the present and, as such, vigilance is the only way she can ensure that her children will be safe. Emily's constant effort to be an attentive mother is inextricably bound to her experience of childhood in which attentiveness, care, and protection were non-

existent. The lack of attentive parenting in her own childhood has driven her to be a present, demonstrative, and care-full parent for her children. A childhood void of peace has left an indelible mark on Eve's life. Her own experiences have been the driving force behind her constant efforts to ensure and protect the sanctity of peace for her daughter. Emphasising the fundamental importance of love as a basic human right by comparing it to food and water, the very things that keep us alive, Jen communicates the repercussions that a lack of such sustenance has had on her life and the influencing power of the hunger within her that ensures she tries very hard to provide her children with love.

For many of the women, there appeared to be a catalyst for change at crucial moments in their life that meant they knew they had to do things differently. Emily's son was born prior to her therapy, during a very tumultuous period in which she spent much time in and out of hospital. Social services became concerned that she could not care for her child and had planned to have him placed in care. Emily describes that it was at this point she knew she had to break the cycle that up until that point she was deeply caught up in. The very frightening reality that she could cause him damage meant that she finally made "that call" to her therapist. This was the beginning of a new journey for Emily, one which was primarily influenced by her desire to be a good parent and not allow her son to experience the same horror that she did spend at the hands of abusive or neglectful parents. For Eve, the aborting of her unborn child was the catalyst for change, and whilst a different scenario to Emily's, they bear striking similarities in the nature of the reasons for changing. Eve explains that it was coming face to face with the destruction she had caused to the unborn child within her that initiated her seeking therapy.

The parenting practices of survivors of CSA have received relatively little attention. The limited literature that does exist focuses on the correlation between victimisation and becoming a perpetrator. DiLillo, Tremblay, and Peterson (2000) suggest that CSA may be a risk factor for subsequent physically abusive parenting. Further evidence suggests that mothers who have experienced CSA will engage in harsher parenting (Banyard, Williams, & Siegal, 2003; Mapp, 2006; Schuetze & Eiden, 2005), more permissive parenting (DiLillo & Damashek, 2003), and inconsistent discipline and monitoring of their children (Collin-Vezina, Cyr, Pauze, & McDuff, 2005).

Furthermore, previous research has also suggested that maternal histories of CSA place offspring at risk for various forms of adversity (Avery, Hutchinson & Whitaker, 2002; Noll, Trickett, Harris, & Putnam, 2009; Roberts, O'Connor, Dunn, & Golding, 2004).

The nature of the present study cannot shine light upon the reality of the parenting practices amongst this group of women (i.e whether their parenting practices are permissive, harsh, or inconsistent), but what has emerged from the data does add another dimension to existing literature as the narratives reveal the compassion and empathy these women have for their children along with their very evident ability to keep their children in mind. The author proposes that it is just this, an ability to be mind-full of the other, that can go a long way to providing a safer environment for children. The accounts of parenting within the present study are rich with evidence of mindful parenting and a drive to protect and provide their children with a different experience of childhood than they once had, one rich with provisions of care, boundaries, love, and attentiveness. This resonates strongly with the findings of Chaudry (2012), who suggests that women survivors of sexual abuse may have a greater tendency and capacity to develop compassion and empathy as a result of their personal experiences. The narratives of the participants in her study were rich with reference to being particularly “sensitive to others” and “going the extra mile to alleviate suffering”.

Draucker et al. (2011) propose a theoretical model representing the complexity of healing from CSA that is comprised of four stages through which healing may occur: grappling with the meaning of the CSA, figuring out the meaning of CSA, tackling the effects of CSA, and laying claim to one's life. Through the use of semi-structured interviews, they tracked participants' experiences of parenting throughout the various phases of healing. Findings proved interesting as in the initial stage of healing some participants “passed on” abuse to their children. Deprived of positive parenting, these participants were unable to create a home environment in which their children could thrive. During the second stage as participants began to figure out the meaning of their CSA, they became more concerned about not passing abuse on to their children. Whilst parenting practices were still not ideal, with harsher parenting techniques evident, participants often experienced a desire to parent differently than they were

parented. They experienced a strong desire to do what they could to be protective parents. In the third stage, the authors note that many participants began to make changes in the way they parented their children in order to protect them from the abuse. In the prior stage, they verbalised the intent to be better parents; in this stage, they made discernible attempts to be more nurturing and protective. In the final stage, many participants who laid claim to their lives were committed to passing on abuse-free lives to their children. While some of their children had been abused in the past, participants in this stage were committed to protecting their children. They provided reasoned advice to them about staying safe, refused to expose them to abusive family members, and taught them to be assertive and self-confident. Such findings echo that of the present study in which the participants communicate their constant efforts to ensure that their children do not experience the same abuse they once did.

Experiencing a good-enough relationship

Throughout the accounts the importance of the therapeutic relationship was echoed by many of the participants as they shared how fundamental their therapeutic experience has been. For some, the therapeutic relationship and the conditions experienced have meant that for the first time ever they have been able to sit unprotected in the presence of another. For others, the experience has been compared to re-parenting as they finally come into contact with a parental figure who can receive their communications and respond appropriately, meeting needs that had previously gone unmet.

All of the women in the current study had engaged in long-term psychotherapy, and for all concerned, the therapeutic relationship appeared to have been of particular importance, as all of them at some point or another referred to their therapeutic relationship when describing and conveying their lived experience of relating. The qualities attributed to both the therapist and the nature of the long-term therapeutic encounter gradually helped Emily to experience that she was not only allowed to “be” but that she was going to be safe enough to “be”. She describes that it “sunk in”, communicating a realisation or an experiencing that, indeed, she was going to be safe enough to be unguarded in the presence of another. Eve communicates that she needed another person to enable her or allow her to know her own truth. The mirroring experienced through the therapeutic experience allowed her to know her own truth and, as such, become connected and integrated with her own experiences.

Fran used language and tone to communicate the enormity of the change in her since therapy, and what the therapist did for her, as she explains that her therapist saved her. Luca communicated that the self that speaks today is very different to the self that would have been speaking nine years ago, and she attributes the change in her experience of self to her therapeutic relationship. She portrays how vital nurturance was in enabling her self to emerge.

Chouliara et al. (2011) aimed to elicit perceptions and experiences of talking therapy services for CSA survivors utilising qualitative interviews and analysing transcripts using Interpretative Phenomenological Analysis. The findings from the study revealed that all participants acknowledged that talking therapy, despite being a long, complex, and demanding process in most cases, had a profound impact on their lives and was paramount in their recovery. Survivors also expressed the need to be able to understand the abuse and its impact on different aspects of their lives. According to the participants, talking therapy increased their awareness of the need to make connections between their feelings, thoughts, and behaviors, as well as connections between the present and the past. Many survivors identified healing the wounds of the past as one of the most important benefits of talking therapy. The experience of recovery was described as learning to live with what happened, managing re-traumatisation, and reducing the frequency and intensity of acute episodes. Such findings have been clearly echoed through the narratives in the present study as each of the women convey the importance of therapy in affording them a degree of separation from their past, enabling them to break free and experience the responsiveness and attentiveness of another.

Similarly, a qualitative study by Middle and Kennerley (2001) focused specifically on experiences of the therapeutic relationship in clients with and without a history of CSA. It was found that survivors of CSA placed more importance on the relationship and the qualities of the therapist, whereas their non-abused counterparts focused more on therapeutic techniques and process. Important issues mentioned exclusively by clients with a history of CSA included the therapist's commitment, being believed, and the therapist not showing negative reactions.

When all other attachments have been abusive and hurtful, the experiencing of a "good enough" (Winnicott, 1949) relationship has been fundamental for the women

involved in the present study as each of them tell in their own individual way just how life-changing it has been. Silk (2005) states that “although the patient fears attachment, she longs for the guidance and care of a warm, benign, parental figure” (p.97). Such an experience is echoed by many of the participants as they speak of the perceived parenting they experienced through the therapeutic relationship. Emily communicates her need for a parental figure very clearly: “I needed therapy to...my therapist. I needed her to do what I am doing to my children.” Such a deeply moving statement conveys just how fundamental and essential the therapeutic relationship has been for Emily and how through experiencing some form of re-parenting she is better equipped to provide for her own children.

Limitations and suggestions for further research

The very essence of this piece of work was to explore and subsequently capture the essence of the lived experience of relating amongst this group of women who were sexually abused in childhood. An interpretive phenomenological approach to analysis facilitated such an exploration of the participants’ personal and social world capturing their experience of relating and being in relationships. The beginning of such a venture, as with all pieces of research undoubtedly involved a blank canvas and through the time and efforts of both the participants and myself, a new picture has been created. In line with the idiographic nature of IPA, this study was committed to a thorough and systematic analysis of the particular, with the aim of capturing in detail the perceptions and understandings of this group of women (Smith, Flowers & Larkin, 2011). However, herein lays the very limitation of this study as inevitably when one seeks to capture depth, they do so at the expense of breadth. The purposively selected sample was small in size and homogenous in nature and whilst this has afforded the opportunity for an in depth analysis and exploration of the experiences outlined, it does so at the expense of being able to offer generalizability.

The results from the present study cannot be seen as representative of the entire population of women sexually abused in childhood. A way of improving generalisability would be to embark upon a similar approach to research and exploration in groups of women from different social, ethnic, economic and educational backgrounds in order to investigate differences and commonalities in their experience. This would undoubtedly facilitate a breadth to findings offering a

wider appreciation of the phenomena as it is experienced by different groups and as such take us closer to the universal, bearing in mind that delving deeper into the particular also takes us closer to the universal (Warnock, 1987). Exploring the convergences and divergences of experience amongst a wider demographic would undoubtedly afford a better stand point from which to make broader claims regarding the experience of relating amongst those sexually abused in childhood.

An additional future venture aimed at improving generalisability could involve a mixed method study employing both a qualitative and quantitative approach to data analysis. Through a phenomenological mode of enquiry such as IPA and the subsequent development of questionnaires based on the emergent themes, a researcher would undoubtedly be afforded the opportunity to both name and illuminate an experience within the one study, thus providing depth and width.

A further limitation that has concerned the researcher throughout the process of the present study was the reality of our being-in-the-world. Given that our being-in-the-world is ever changing day to day minute by minute, our experience of the world is therefore ever changing. I grappled with this for many weeks and suddenly one day whilst listening to the tapes realised that one participant in particular had inadvertently named the source of my thoughts which had previously gone unnamed when she said “I’m only speaking to you today as me, had you spoken to me 10 years ago it would have been a very different me.” With this in mind I could not help but be drawn to our ever-changing experience of the world and as such to one of the limitations inherent within this study. The limitation I speak of lies in the fact that the findings offered within this study can only be seen to be representative of these women’s experience at this particular point in their life. This by no means takes away from the importance of the findings or the representativeness of the findings particular to this group at this time but does highlight the fact that were I to have spoken with them 10 years ago or were I to speak with them in 10 years time, their experience of relating could be altogether very different. As a result, the emergent themes and the picture we painted could be entirely different. For this reason, the author feels passionately about the contribution that longitudinal studies could have to offer. A longitudinal study could go a long way in offering a much fuller understanding as it would invariably afford the opportunity to track changes across the lifespan, and

allow us to take into consideration the different points in life that may pose more or less difficulties when it comes to relating amongst this client group. Such knowledge and understanding could offer us as professionals a deeper appreciation of life events or periods in life that pose most difficulty, thus enabling a better provision of care for those in need.

Additional consideration must be given to the double hermeneutic involved with IPA in that throughout the process, from beginning to end, I as the researcher played an integral part in the finished product in attempting to make sense of the participants' attempts to make sense. As such it must be recognised that the interview process, the analysis of the transcripts and the presentation of the emergent themes would have undoubtedly been different if a different researcher were to have embarked upon this piece of research. However, it is hoped that in the next section entitled "personal reflexivity" and throughout the paper as a whole the reader can see that every attempt has been made to embrace the spirit of IPA and as such acknowledge my role in the research. The purpose of such an approach is not to pretend that I had no part but moreover to be open and acknowledge the reality of my role whilst at the same time remaining true to the lived worlds of the participants.

Further consideration must be given to the fact that the women who took part in this study had all at one time been involved in long-term psychotherapy. In particular, the fact that five out of eight of the participants had experienced long-term psychoanalytical psychotherapy must be given further attention. Consideration must be given to the unique experience of the long-term nature of the work and the certain qualities attributed to psychoanalytical psychotherapy. Whilst there are fundamental qualities to therapeutic relationships that are shared, the author's mind is drawn to how therapeutic approaches differ. One of the common explorations within psychoanalytic psychotherapy is considering and processing the impact of the past on the present and thinking about the influence that our internal worlds can have upon our experience of the external world. The significance of such a focus could, in part, have exerted influence upon the results, which strongly suggests that for each of the women, their past is very much alive in their experiencing of the present. Perhaps if the study had included a wider range of therapeutic histories, there may not have been such a strong or clearly expressed emphasis on this link between past and present. As

such, seeking a wider demographic in terms of therapeutic modalities experienced could offer greater insight.

Additionally, the author's mind is drawn to considering the reasons why the majority of people who expressed interest in taking part in the research had experienced psychoanalytical psychotherapy. As mentioned previously (see section entitled Participants and sampling considerations), a wide range of counselling organisations and private psychotherapy practices were contacted. Whilst some of the agencies dealt solely with survivors of sexual abuse, others were generic counselling or psychotherapy organisations. As such, the advertisement leaflets were circulated to a wide range of therapeutic services offering different therapeutic modalities. It is therefore difficult to say why, in fact, the majority of people who expressed interest in the study had experienced psychoanalytic psychotherapy. The author is unaware of any obvious reason but has considered different possibilities. Perhaps the long-term nature of the work and the fact that many of these women had spent an extensive period of time considering and working through the impact of their early experiences meant that they felt able to speak or that they felt that it was important to speak. Further consideration must also be given to the fact that within psychoanalytic psychotherapy, time is often spent focusing on the impact of the past in the present and, as such, the very nature of the study may have resonated with these women, given that within their therapy they more than likely had spent sufficient time thinking about and processing such issues. Whilst the author cannot confidently say why, the psychoanalytic lens framing the therapeutic history of the participants must be considered as having influence on the findings of the study.

Whilst the narratives of the women clearly demonstrate the personal struggles experienced and just how difficult being themselves and being in the world can be as a result of their experiences, what also emerged was just how eloquently they spoke. During the interviews themselves and through subsequent listening to the tapes I was forever reminded of each participant's ability to convey their experience, using examples, metaphor and imagery. What remained with me was their capacity to think and convey their experience and the way in which they were able to connect the past with the present. Whilst this made for a deep and illuminating experience for me it drew my attention to their propensity and ability for reflection and introspection and

the fact that a number of them had noted that prior to therapy they were not able “to think”. This undoubtedly draws attention to the personal journeys traveled and just how much they have developed and changed. But what about those who cannot think and are still very much at the mercy of their internal worlds, those who have not engaged in therapy and have not had contact with services? It is quite possible that emergent themes relating to experience would have been altogether very different. As such future research ventures should seek to hear the voices of those who have not yet used theirs, have not had contact with services and those who are at the very beginning of their journey towards allowing their true-self to emerge.

Implications for clinical practice of Counselling Psychology

It is hoped that the present study may provide a stepping stone towards a deeper appreciation of the lived world of relating amongst those who have experienced CSA and, as such, enable therapists to provide services and treatments that are consistent with the needs of the individual.

In particular, one of the major learnings that the author believes must be attended to is the women’s experience of relating with unresponsive healthcare professionals. The narratives suggested that quite often the participants felt that their communications were not being heard and that they were not responded to in an appropriate manner, resulting in the continuation of unmet needs. Whilst this has been discussed earlier, the author would suggest that much must be learned and that this is of particular importance with regard to service provision. Chouliara et al. (2011) have identified that providing service to survivors of CSA presents various challenges for professionals and that obtaining and engagement with services can pose various challenges for victims of sexual abuse. It is therefore of paramount importance that we consider the relational aspect of CSA. A child who has been sexually abused has been failed on a number of different levels by the human beings that surround them, whether that be by the abuser, or simply by the neglectful others who fail to protect or fail to take action. We must consider the impact that this has on the developing child’s experience of others and their perceptions and expectations of the nature of human beings. It is my own opinion that for many people who seek out care, help, or attention through visiting healthcare facilities, they are in some way seeking out the representation of a parental figure. The signs over our doors may read “hospital” or

“doctor’s surgery”, but implicit in the communication is the provision of some form of care. In seeking out such services, people may be acting on the hope that there may be someone to help. If they are accepted into treatment or given an appointment, they are given an appointment with another human being and we must remain cognisant of the plethora of research suggesting that our earlier experiences can impact upon and influence our experiences of others through life. Whether this be internal working models, object relations, or attachment literature, what they are all saying in their own individual ways is that formative relationships impact upon our perceptions of others. Therefore, great consideration must be given to the fact that meeting with another could pose many challenges.

We also must be aware of our own potential to collude and provide “paracetamol treatment” when what is really needed is a “root canal”. Service provisions, time constraints, and our own anxiety can influence our decision-making, but we must remain aware of the need and our realistic ability to meet such a need. Appropriate training and excellent supervision are essential to the provision of responsive care packages and, as such, specialist services are vitally needed. Quite often, the narratives suggested that the women experienced being given medication as a way of appeasing them and getting them to settle down. Whilst medication can be of paramount importance with the aim of alleviating high levels of distress, practitioners must remain aware that CSA is not a mental illness, nor is it a disease and should not be treated as such. More specifically, it results in the marked ‘dis-ease’ experienced when relating to and with others. Given that CSA takes place within the context of a relationship, the author argues that healing must take place within a relationship so as to afford the individual the opportunity to experience something different to what has gone before.

Within the psychodynamic tradition, much emphasis is put on the practice of being mindful of and paying attention to both transference and countertransference phenomena. Bion (1959) describes the use of countertransference as a containing and metabolising function used by the therapist in order to receive and digest projective identifications that the client cannot, for the time being, bear. The author contends that by paying sufficient attention to, and being mindful of, our own countertransference, the therapist is better able to pick up on “communications that

can become lost in translation”. Perhaps using our countertransference can be seen as a new language that we are well versed in, and through paying sufficient attention to it, communications that would otherwise be lost are indeed heard and picked up on. As such, we as therapists would be much better placed to respond in an attentive manner. Williams (2005) posits that the therapist should empathise and identify with the client’s affective state, while “remaining sufficiently separate and physically available to help transform the client’s communications into a symbolic form useable by the patient’s ego” (p.195). This could go a long way with individuals such as the women in the present study whose communications can come in disrupted forms.

Additionally, a further aspect of the women’s experience emanating from their narratives was the existence of both the desire for and a fear of attachment. The women convey their deep desire to belong, to be loved, and to share in relatedness in its various forms, whether that be intimate relationships, being part of a family, or simply to share in togetherness with friends. However, it is their overwhelming fear that inhibits such connection and results in a prevailing sense of loneliness and isolation. As a result of such a fear of attachment, narratives denote how each of the women function in relationships with forms of protection. Davies and Frawley (1994) suggest that survivors “painstakingly erect the semblance of a functioning, adaptive, interpersonally related self around the screaming core of a wounded and abandoned child” (p.67). The author contends that it is this very child that we must keep in mind when working with those sexually abused in childhood, and we must remain cognisant of the fact that whilst we may be meeting with an adult self, somewhere within that adult self is a deeply fearful child, trying its very best to remain protected. The author contends that unless we can create a safe-enough environment for this child, it will never emerge and attempts at therapeutic intervention will remain futile. Trying to rush such a process and trying to appeal to the child will also result in more desperate attempts at protection, taking us further and further away from connection. Maxwell (1986) states that the purpose of a defense mechanism is to protect us (or our ego) from being disturbed or overwhelmed by our emotions. Therefore, “waiting” for the self to emerge as opposed to rushing or forcing a therapeutic alliance is the only way forward. Such waiting can take an extremely long time, but perhaps it is better to wait and allow for authentic connection as opposed to settling for second best.

Schon (1987, 3) notes:

“On the high ground, manageable problems lend themselves to solution through the application of research based theory and technique. In the swampy lowland, messy, confusing problems defy technical solution...but in the swamplands lie the problems of greatest human concern.”

The above quote draws my mind to the very nature of the relational difficulties experienced by those within the present study and to wondering about what the “solution” might be. A solution is often offered in a bottle and given to satisfy the hunger or ease the discomfort of a small baby. To offer a person a solution can be to offer something desirable or restorative, a substance that has a soothing and palliative effect. As I look to the communications that echo throughout the narratives of the present study, the cries of a small, hungry child are prevalent as the women speak of early conditions that failed to provide the nourishment so desperately needed to keep them sustained. The emotional offerings afforded in childhood were not of a satisfying and sweet digestible milk but an intolerable offering, with neglect leaving them undernourished of care, kindness, love, and compassion, and abuse overwhelming them with hurt, pain, and suffering.

Taking this into consideration, the author contends that Counselling Psychologists are particularly well placed to not only hear the cries of hunger but, more specifically, to respond to such cries in an attentive manner. Our comprehensive training takes us on a professional and personal journey. Integrating psychological theory and research with therapeutic practice along with the high level of self-awareness afforded through personal therapy enables us to relate skills and knowledge of personal and interpersonal dynamics to the therapeutic context. The key strength lies in our focus on the therapeutic relationship. By emphasising the subjective experience of clients, Counseling Psychologists engage with the individual as collaborators, seeking to understand their inner worlds and constructions of reality. Within the practice of Counseling Psychology “as the focus shifts from the application of specific treatment skills and what we do *to* clients to how we are *with* clients, the emphasis is on *being-in-relation* rather than *doing*.” (Woolfe, Dryden, & Strawbridge, 2003, p.12). When we take into consideration the reality of sexual abuse, it becomes apparent that, indeed, something is done *to* the child and, as such, we are brought closer to narratives of the present study that convey the powerlessness experienced in relation

to powerful others. The BPS code of ethics and conduct (2009) highlights that ethics is related to the control of power. As professionals we are entrusted with the care of the individual and quite often can be seen in positions of power, given our role in decision-making. Evidence-based practice serves as a guide, instructing us on how treatment should be carried, and as Counselling Psychologists embracing the scientist practitioner model, the utmost respect is given to evidence-based practice. However, the unique contribution of Counseling Psychology lies not in the method of treatment employed but from the philosophical position from which the psychologist employs it (Duffy, 1990). Counselling Psychology emphasises the collaborative nature of the therapeutic relationship and acknowledges the role of the therapist as an “active ingredient in the healing process” (Woolfe, Dryden, & Strawbridge, 2003, p.12). Within Counselling Psychology, therapy is considered a shared exploration and a process of mutual discovery. Through reworking the power imbalance and increasing the individual's capacity for self-determination, the voice of the individual can be heard. Such core values seem particularly well suited to working with those sexually abused in childhood, as self-determination is often hindered as the voice, wishes, and desires of the self are silenced by the power of the abusive other.

Personal Reflexivity

The starting point of this artistic venture began with the purchasing of a blank canvas and an idea of what I wanted to try to capture within the remit of the frame. I knew I wanted to paint a picture that would capture the lived experience of relating amongst those who have been sexually abused in childhood, but the dilemma faced was how does one paint something that they have never seen. For this reason I asked other artists (the participants) to paint me their pictures, to show me, so that I could better portray the experience. We finally settled on a joint venture in which myself and the eight other women each brought with us some materials, and over a period of time each of us have contributed to the final product. What is held within the boundaries of the canvas is a collage made up of many different pictures, and whilst each was painted by a different artist, they are brought together within the remit of the frame and, as a whole, they capture the essence of experience, portraying the differences and similarities of the participants' lived world.

No one set of eyes will view this picture in the same way as I do, and each of us will

have a different take on what is portrayed. In line with the thinking of IPA, it could well have been a different picture if it was created by different group of artists or at a different period of time, but for now and with this group of women, this picture represents our portrayal of their lived experience of relating.

Dahlberg et al. (2001, p.97) note that “openness is the mark of a true willingness to listen, see, and understand. It involves respect, and certain humility toward the phenomenon, as well as sensitivity and flexibility.” This chimes true of my intention from the very beginning. Finlay (2008) states that “the aim is to allow the phenomenon to present itself to us instead of us imposing preconceived ideas on it” (p.5). I have endeavored throughout the research process to remain aware of the various ways that I have impacted upon the present study. This proved to be an enjoyable and informative yet arduous task as I constantly reflected upon my role within the research by employing the use of a reflective diary. Nagel (1974) once said there is no such thing as “a view from nowhere”. With this in mind, the focus of my reflective diary was aimed at capturing the intricacies of my view, where it came from, and what contributed to the way in which I see the world. This invariably helped me to acknowledge my role, whilst at the same time created just the right amount of distance to enable me to hear the words of others and thus better capture their view.

The painting venture and the final picture offered has at its very heart an honouring of the double hermeneutics involved within IPA. As such, it can be seen to represent what Smith and Osborn (2008) refer to as encompassing the participants trying to make sense of their world whilst, at the same time, the researcher is trying to make sense of the participants trying to make sense of their world. This was no easy task, but by remaining sufficiently proactive in terms of exploring my ‘self’ and my role throughout the venture, I was afforded a much better opportunity to do just this. In line with Finlay’s (2003) hermeneutic reflection, grounded in hermeneutics and phenomenological reflection, I engaged in a process of continual reflection, considering my interpretations of both my experience and the phenomena being studied with the aim of moving beyond “the partiality of my previous understandings and our investment in particular research outcomes” (p.108).

With transparency in mind, I have endeavored to make the process of this venture as

clear as possible, ensuring that I have provided sufficient details about the methodological procedure along with keeping a full paper trail. All interviews and transcriptions of the interviews have been stored along with the process of analysis which can be followed through the various stages. I have endeavored to maintain a transparent analysis throughout by including quotations and tables with the aim of demonstrating to the reader the basis of the analytic interpretations. The aim of my endeavors to be as transparent as possible was to not only afford the reader the opportunity to follow the process but to acknowledge my own role within the research.

Additionally, I cannot separate my own theoretical position from the chosen research venture, the interview process, the analysis, and my interpretations of the findings. As a teenager I came upon a book by Winnicott in my grandfather's library. I enjoyed the softness of the language, and the clear and compassionate style of the writing inspired my interest as it spoke to me in words that I could understand. I have since extended my devouring of books written from a psychodynamic perspective and it was such readings that encouraged my curiosity of early conditions that fail to provide safety and nourishment. As such, I turned to such readings once more as a way of contextualising the present findings on CSA. I found that the writings of such relational, psychodynamic thinkers who consider maternal attachment and early childhood relationships could offer a very plausible way of considering the disturbances experienced. However, through the literature review and various other research endeavors I began to incorporate other traditions into my thinking. Whilst purists may understandably disagree, I soon came to be of the opinion that all of the literature I read was telling a similar story but using different language in which to tell it. Contained within the literature review are theories from developmental theorists, relational theorists, and cognitive theorists, and whilst each use different language and different methodological approaches to research, they all speak of the how damaging early trauma can be upon the mind of a child. Some use eloquent language and invite us to consider the cognitive distortions; some guide us through a developmental pathway; and others may tell us about internal and external worlds. Nonetheless, each of them have at their very heart an attempt to understand the distress and disturbance caused as a result of early conditions that fail to provide. As such, I now incorporate the various offerings that other artists create using their own minds and artistic skill to

portray their findings. With this in mind, it can be seen that I cannot be separated from myself and, as such, neither can the findings from the present study, but I do believe the same can be said for all research ventures, and it is only through the provision of numerous pieces of research that we can begin to see a fuller picture and gain a deeper appreciation of the experience of the other.

Concluding thoughts

According to Vedder (2002):

“In metaphor it is thus not about describing what is on hand in an empirical reality, but rather about making visible in a being, something that was not previously seen...The poem produces the image...a coming to be of an expression and a coming to be of being” (pp.206-207).

It is my hope that through this piece of research the reader has been brought closer to the lived experience of relating amongst this group of women. Their own narratives speak of their world, and my interpretations aim to facilitate an expression of the convergences and divergences in experience. As a result of being brought closer and given the opportunity to hear the voices of those that often go unheard, we as professionals may be better positioned to open our ears, to hear the voice and, as such, respond in an attentive manner.

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Appendix 1

Information about this research And Consent Form

About the research

This research is specifically aimed at gaining a deeper insight into the phenomenon of relating and how relating is experienced exploring by individuals who have experienced sexual abuse at some point during their childhood.

It is anticipated that your participation will provide a valuable contribution to the knowledge base and facilitate a deeper understanding of the individuals lived experience of relating. Through the generation of new knowledge and insights, it is hoped that a more profound understanding of the phenomenon will develop. Your contributions will not only inform support and treatment interventions but will also contribute to the development of expertise for therapists working in this area, which will facilitate the healing process for those individuals seeking support.

This research will comprise approximately 1.5 hours of your time, whereby you will be invited to participate in a sensitively and respectfully conducted interview. This interview will be digitally recorded and will be stored privately.

Confidentiality and anonymity

All aspects of the interview will be treated with utmost confidentiality. The information you provide will have your name removed and a pseudonym will be used when discussing your story. Information that could be used to identify you, such as specific family details, job details, or regional place names will be changed in the results. This identifying information will be changed at the point of transcription. The tapes will be securely stored in a locked filing cabinet. Fully anonymised interview transcripts containing no identifying information may be transported between the university and the researcher's home; however they will be stored securely and returned to secure storage in a timely manner. Ultimately, this piece of work may be published. In the event that you should choose to withdraw from the study, any material regarding your responses will be destroyed immediately. You are also able to request information on the outcomes of this study once it has been completed.

The transcribed conversations from the interviews during this study are confidential to

the researchers named below, however confidentiality has limits. In some situations it may be necessary for me to break confidentiality, for example if you were to tell me that you are at risk of harming yourself or others, or are being harmed by someone else, I would be legally obliged to pass on this information. Direct quotes will also be used in the final report, however, as mentioned above, these will be presented in such a way to remove the possibility they could be used to identify you from reading them.

What are the benefits of participating in this research?

It is very much hoped that participation in this research will offer you an opportunity to voice your perspective, talk about your experience and to be heard in a caring, respectful and sensitive environment. It may also help you to understand new things about yourself and, as such, contribute to your personal growth. Furthermore, your contributions help practitioners to gain a deeper understanding of lived experience, which in turn can be used to help other individuals seeking help and support.

What are the possible downsides of participating in this research?

It is hoped that there will be minimal risks or discomforts involved for those participating in this study. However, it is acknowledged that the sensitive nature of the topic, may stir some emotional responses. As a Trainee Counselling Psychologist, I would be able to offer some emotional support within the session, however if it is felt you may require further support, you will be given a list of organisations to contact for further psychological support in the case that you feel this might be necessary.

What will happen to the material from responses to the interview?

The research will be written up and submitted to the university Counselling Psychology department. There is a chance that it will be published in an academic journal, in the event of this transpiring, I will be able to inform you of where to obtain a copy of this. Confidentiality and anonymity will be respected and no identifying details will be revealed at any point during the research process.

This project is part of a doctoral thesis ‘An exploration of how adult relationships are experienced by those sexually abused as children.’

It will be carried out by, Alisha Bannon at City University, London. It is supervised by Dr. Susan Strauss.

Contact details:

Alisha Bannon- Tel: 07514364294 email: Alisha.bannon.1@city.ac.uk

Dr Susan Strauss - Tel: 020 7040 0167 email: Susan.Strauss.1@city.ac.uk

Consent

Please ask your interviewer if you are unsure or have a question about anything written on this form.

By signing below, you give your consent to participate in this research. By being interviewed, you are participating in this research. Also by signing below, you are indicating that you understand everything that is written here.

You can withdraw from the research at any time before, during or after the interview by contacting your interviewer. Your contribution would then be removed from the research.

Print name Date.....

Signature.....

I (the researcher) agree to comply with all of the above statements.

Print name Date.....

Signature.....

Appendix 2

Interview Schedule

I am interested in talking to you about your experience of adult relationships. I have some questions, which will help structure our conversation but you should feel welcome to contribute to any further understanding or elaborate in any way you feel comfortable with. You are under no obligation to answer something that you do not feel comfortable with. The interview will be taped and should take about one and a half hours. We can take a break at any stage if either of us needs to.

1. I just wanted to begin by asking what was it that interested you in taking part in this study?
2. After reading the information leaflet what if any thoughts came to mind that you thought would be important to speak about?
3. Do you feel your experience of CSA has affected your ability to form close relationships with others? If so can you tell me how?

Prompt: Family, Friends, Romantic Relationships, Children, Colleagues

4. Do you feel your experience of CSA has affected how secure you feel in relationships with others? If so can you tell me how?
5. Do you feel your childhood experience of sexual abuse has had an impact on your ability to experience trust in others? If so can you tell me how?

Prompt: Family, Friends, Partner.

6. How has your experience of CSA impacted upon intimacy within romantic relationships?
7. How do you experience your sense of self in relationships with others?
8. Is there anything else that we have not spoke yet about that you feel would be important to say?

Appendix 3

DEBRIEF

Thank you for your participation.

The purpose of this project is to provide understanding of how individuals who have experienced childhood sexual abuse experience relationships with others in adult life. Your contribution is very much appreciated and will hopefully provide greater insight into the lives of adults who have experienced childhood sexual abuse and the impact this has had on their relationships with others.

Please do not hesitate to contact me, or my research supervisor should you have any questions or concerns. I will be more than pleased to assist in whatever way I can. You have the right to withdraw from the research at this time. If you withdraw, all information you have provided will be destroyed.

If you feel that you need further support in relation to any issues that have been raised as a result of participation in this research, I have provided a list of organisations providing advice and support.

You can request a copy of the completed research by contacting me via the details below.

Contact Details

Researcher: Alisha Bannon, Trainee Counselling Psychologist City University London Email: alisha.bannon.1@city.ac.uk.	Research Supervisor: Dr Susan Strauss Counselling Psychologist City University London Email: susan.strauss.1@city.ac.uk.
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Support and Advice

The Nexus Institute University Street Belfast BT71HP Tel: 028 90 326803 www.nexusinstitute.org Email: info@nexusinstitute.org	Womens Aid Support & Resource Centre Belfast & Lisburn 30 Adelaide Park Belfast BT9 6FY Northern Ireland Tel: 028 90 666049 24 hour Helpline: 0800 9171 414
NAPAC The National Association for People Abused in Childhood Support Line: 0800 0853 330 www.napac.org.uk	Rape Crisis & Sexual Abuse Centre 29 Donegal Street Belfast BT12FG Crisis Line: 028 90 329002
Samaritans Write to: P.O. Box 9090 Stirling FK8 2SA UK: 08457 90 90 90 Email: jo@samaritans.org	Survivors UK For men and boys who have been sexually assaulted Tel: 0845 122 1201. www.survivorsuk.org.