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Date July 17, 2001
ABSTRACT

A qualitative, phenomenological methodology was used to explore and describe the experience of women's identity in the later stages of recovery from incest. Seven women between the ages of thirty and fifty seven years of age were interviewed about their experience of their sense of themselves in the later stages of their healing process. Colaizzi's (1978) methodological approach to phenomenological research was used to analyze the interview material and the following five themes emerged: an increasing sense of visibility and connection, an emerging sense of self definition and self acceptance, a shift in world view, a sense of regret over what has been lost, and a sense of resiliency and growth. These five themes were common to all of the women's experience of their identities in the later stages of recovery from incest. A follow up validation interview with each of the women served the purpose of confirming and clarifying the findings that were generated from the initial interview. These results expand our understanding of the experience of these seven women's sense of themselves at the later stages of their recovery from incest. Recommendations for future research and implications for counselling practice are provided.
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“In order to understand the origins and impact of interpersonal violence, it is essential to appreciate how violence alters the developing child. The child and the adult reflect the world in which they are raised. And, sadly, in today’s world, millions of children are raised in unstable and violent settings. Literally, incubated in terror.” (Perry, 1997, p. 125)

“On the psychological and mental levels, trauma refers to the wounding of your emotions, your spirit, your will to live, your beliefs about yourself and the world, your dignity, and your sense of security. The assault on your psyche is so great that your normal ways of thinking and feeling and the usual ways you have handled stress in the past are now inadequate.” (Matsakis, 1996, p. 17)

“In this climate of profoundly disrupted relationships the child faces a formidable developmental task. She must find a way to form primary attachments to caretakers who are either dangerous or, from her perspective, negligent. She must find a way to develop a sense of basic trust and safety with caretakers who are untrustworthy and unsafe. She must develop a sense of self in relation to others who are helpless, uncaring, or cruel. She must develop a capacity for bodily self-regulation in an environment in which her body is at the disposal of others’ needs, as well as a capacity for self-soothing in an environment without solace. She must develop the capacity for initiative in an environment which demands that she bring her will into complete conformity with that of her abuser. And ultimately, she must develop a capacity for intimacy out of an environment where all intimate relationships are corrupt, and an identity out of an environment which defines her as a whore and a slave.” (Herman, 1992, p.101)
“Even after release from captivity, the victim cannot assume her former identity. Whatever new identity she develops in freedom must include the memory of her enslaved self. Her image of her body must include a body that can be controlled and violated. Her image of herself in relation to others must include a person who can lose and be lost to others. And her moral ideals must coexist with knowledge of the capacity for evil, both within others and within herself. If, under duress, she has betrayed her own principles or has sacrificed other people, she now has to live with the image of herself as an accomplice of the perpetrator, a “broken” person. The result, for most victims, is a contaminated identity. Victims may be preoccupied with shame, self-loathing, and a sense of failure.” (Herman, 1992, p. 93)

“If my survival is to be meaningful at all to me, it must be because it gave me the strength to fight, the will to survive and the empathy to reach out to other women. I am (now) a strong, capable, and loving woman partly because of the trauma and despair of the past. Only when you push yourself (or are pushed) to the very limits can you test the strength of your endurance and power.” (Thornton & Bass, 1983, p. 20)
CHAPTER ONE

Introduction

Over the past two decades there has been a renewed interest in the study of child sexual abuse and traumatic stress (Blume, 1990; Briere, 1992; Butler, 1978; Courtois, 1999; Draucker, 1992; Herman, 1981, 1992; Liebman Jacobs, 1994; Russell, 1986; Steed, 1995). This has resulted in a proliferation of studies documenting the effects of trauma, and various treatment approaches (Briere; 1992; Courtois, 1999; Draucker, 1992; Herman, 1992; Matsakis, 1996). Trauma can be defined as an inescapably stressful experience that overwhelms an individual's ability to cope. The individual is rendered powerless and great danger is involved. It usually refers to events involving death and injury or the possibility of death and injury. A traumatic event is an event that evokes a state of extreme horror, helplessness and fear. This definition encompasses a wide range of events and can include such diverse experiences as natural disasters, accidents, physical and sexual assault, and war. What these experiences have in common is the effect that they can have on the individual. Traumatic experiences can have a dramatic effect on the world view of the survivor, particularly with regard to the individual's sense of predictability and vulnerability (van der Kolk, van der Hart, & Burbridge, 1995). To the survivor, the world no longer seems like a safe and predictable place. The meaning that the survivor attaches to the trauma is critical, because it can profoundly alter the way that the individual comes to experience both their emotions and their environment (van der Kolk et al., 1995). In
essence, trauma has pervasive effects on the way that the survivor experiences and views both self and the world.

According to Judith Herman (1992), the study of psychological trauma has an "underground" history. When children, or adult women have tried to talk about their experiences of sexual abuse, they have been subjected to denial by family members and the larger community (Guberman & Wolfe, 1985; O'Hanlon & Bertolino, 1998). Despite intensive documentation of the phenomenon of psychological trauma, there is still debate over whether this phenomenon can be considered credible and real (Herman).

Over the last thirty years as part of the women's movement, feminists have encouraged many thousands of women to come forward with their stories of violence and abuse and "speak the unspeakable" (Ashby-Rolls, 1991; Guberman & Wolfe, 1985; Herman, 1992; Wisechild, 1988). Consciousness raising groups sprung up throughout America and Europe and it was through the creation of this "privileged" space, that women were able to overcome the barriers of shame, secrecy, and denial that had prevented them from speaking out about their experiences of abuse (Herman).

This process of discovery has generated a body of research that continues to grow daily. Much of what we know about the victimization of women and children can be attributed to the women's movement. This part of the reality of human existence was kept hidden and remained an invisible reality until feminists challenged the public/private split and exposed what was going on within the American household. Feminists have struggled to bring the issue of violence against women and children into the open, to turn it into an issue of social significance, and to keep it in society's
awareness by keeping it in the public arena. Initially, this dialogue emphasized violence against women and focused specifically on rape. Gradually, this analysis broadened to include child abuse (Guberman & Wolfe, 1985; Herman, 1992). In addition to the documentation of pervasive sexual violence, feminists also developed a new language for understanding the impact of sexual violence. As public awareness was raised, a new social response to victims was initiated.

According to Matsakis (1996), child abuse does not refer to a one-time assault. Child abuse refers to the repeated physical battering, neglect, emotional abuse or sexual molestation of a child by a parent, relative, or caretaker. Child abuse in any form is considered a crime; however, despite child protection legislation, it remains rampant in our society and often goes unreported. According to the National Center on Child Abuse and Neglect (NCCAN), child sexual abuse (CSA) includes sexual molestation, incest and exploitation for prostitution or the production of pornographic materials (Matsakis).

Yvonne Dolan (1991) defines sexual abuse as; "... any form of coerced sexual interaction between an individual and a person in a position of power over that individual" (p.1). She defines incest as; "...sexual contact with anyone who could be considered an inappropriate sexual partner because of blood ties or social ties to the individual and her family" (1991, p. 1). In addition to "blood relatives", Dolan includes relatives by marriage, members of parents' social circle, and parents' sexual partners into her definition. For the purposes of this study, child incestuous sexual abuse will refer to any sexual involvement between a child or adolescent and someone who is in a
position of power and from whom the child expects warmth, protection, and sexual distance (Courtois, 1988; Dolan, 1991).

Research into the issues of incest and child sexual abuse among women suggests that estimates of the incidence of CSA range from 19% to 54% (Peters & Range, 1995; Russell, 1986). Estimates of CSA prevalence rates for men range from 1% to 31%, suggesting that CSA may also be a widespread problem for men (Chandy, Blum & Resnick, 1996; Duncan & Williams, 1998; Peters & Range, 1995). While there is still considerable debate among researchers about the prevalence of child sexual abuse among males, the fact that women are more often the victims of sexual assault remains undisputed. Females are between three to five times more likely than males to be the victims of CSA (Dersch & Munsch, 1999). According to the 1984 Badgley Report, 31% of males of all ages have been sexually assaulted and the majority of these males were under 21 when the first assault took place. In contrast, findings of Russell’s 1978 study suggest that 54% of the females under the age of 18 have been sexually assaulted (Russell, 1986). In addition, a study by Gold et al, found that girls were over two and a half times more likely to have been abused by family members than by non-relatives, while men were more likely to have been abused by non-family members (Gold et al., 1998). The sexual victimization rate is generally considered to be between 20% and 30% for females and between 10% and 15% for males (Briere, 1992). As such, the female pronoun will be used to refer to survivors of childhood sexual abuse throughout this document. The two studies conducted by Russell and Badgley also report that 97% of the perpetrators are male. Therefore, the male pronoun will be used in this document in reference to abusers. Between 25% and
33 % are related to their victims, 60% are known to their victims, and the remaining 15-18% are strangers.

Childhood is a time that is usually associated with innocence, with hope, and with promise for the future. Under ordinary circumstances, infants stimulate protective urges in their primary caregivers. Infants usually attach themselves to their caregivers with unquestioning loyalty and devotion (Zeanah & Scheeringa, 1997). Their primary caregivers are the centre of their world. At the same time, most violence takes place within the home. In America, intrafamilial abuse, neglect, and domestic battery account for the majority of physical and emotional violence suffered by children (Perry, 1997). When the perpetrator is a member of the child’s family, the child is dependent on him for emotional and physical nurturing (Mitchell, 1985). From the child’s point of view, someone with power over her is making her do something that she does not want or understand. If she tells, she may not be believed and she may be punished. Being physically assaulted by a stranger is traumatic. Being abused by someone from within the family can be even more damaging because the child is being hurt by someone who claims to love her and who has promised or is obliged to take care of her (Matsakis, 1996). The reactions to this type of trauma include shame, self-hatred, guilt, rage, humiliation, powerlessness, helplessness, and a deep sense of personal betrayal (Matsakis; Mitchell).

According to Bruce Perry (1997); “Children are not resilient, children are malleable” (p. 125), and the brain is the organ that allows the abused child to adapt to trauma. A child who is trapped in an abusive environment is faced with a formidable task of adaptation. As Herman (1992) describes it, the child who is unable to protect
herself must compensate for the failures of her parents with the only means at her disposal, an immature system of psychological defenses. All of the abused child's psychological adaptations serve the purpose of preserving her primary attachment to her parents and "...the abuse is either walled off from conscious awareness and memory, so that it did not really happen, or minimized, rationalized and excused so that whatever did happen was not really abuse" (p. 102). Abused children need to believe that the abuse did not occur and try to keep the abuse a secret from themselves through denial, voluntary suppression of thoughts, and dissociative reactions. The child blames herself in an effort to make sense out of what is happening to her. "By developing a contaminated, stigmatized identity, the child victim takes the evil of the abuser into herself and thereby preserves her primary attachments to her parents" (Herman, p.105). Often the child forms her identity around this profound sense of "inner badness" which persists into adult life. The child's development is characterized by fragmentation. According to Herman, the three major forms of adaptation used by the child include the elaboration of dissociative defenses, the pathological regulation of emotional states, and the development of a fragmented identity.

According to Mary Armstrong (1992), survivors of childhood abuse "...have grown up with three very clear rules for survival: don't talk about your experiences; don't let yourself feel the emotions; and don't trust your own understanding of what is happening to you" (p.6). While these ensure the survival of the child, they also come with a price. As a result of these rules the survivors disown "...their own knowing, their own perceptions of reality, and their own interpretations of experience" (p.6), and the trauma experience is kept hidden and separate. This type of fragmentation in the
child’s inner representations of her self allows the child to preserve the appearance of “normalcy”; however, this type of adaptation also prevents the development of an integrated identity - a central developmental task during childhood.

The human brain is amazing in its capacity to adapt and assimilate to experience. When trauma occurs, it affects the whole being. Often the trauma victim feels that her emotions, identity, and sense of the world as an orderly secure place has been severely shaken or shattered (Matsakis, 1996). During formative years, traumatic reactions can produce profound and lasting changes in physiological arousal, emotion, cognition and memory, and these types of reactions occur when the victim’s ordinary system of self defense becomes overwhelmed and disorganized (Herman, 1992). Many of the emotional and cognitive changes that trauma survivors experience are appropriate survival adaptations to the traumatic experience. It is afterwards, when the danger is over and the child is grown up, that these formerly adaptive coping mechanisms can now become dysfunctional and can impede the survivor from living a fulfilling life. These coping mechanisms are often confusing for the survivor because the link between the abuse experience and her adaptive behaviour has been lost. The adult faces the task of putting the pieces together and connecting the fragments of her experience so that she can integrate the abuse into her identity.

Over the past decade, interest in trauma has grown at a tremendous rate. As treatment approaches continue to be developed it is vital that research continues to augment our understanding of this phenomenon. Much of the research so far explores incidence, prevalence, and treatment (Kessler & Bieschke, 1999; Morgan & Cummings, 1999; Porter & Long, 1999; Saxe & Johnson, 1999; van der Kolk et al.,
1995). More recently, there has been an increase in research which explores gender differences (Chandy, Blum & Resnick, 1996; Dersch & Munsch, 1999; Duncan & Williams, 1998; Peters & Range, 1995; Young et al., 1994). This research has documented the experience of men who were sexually abused in childhood. Before this, men were invisible members of this population.

The identity piece, and what happens after recovery has, up until now, been a question that has not been adequately addressed. How is identity constructed when those who have been incestuously abused in childhood move through and beyond identifying themselves as survivors? Increasingly, adults who experienced incest in childhood are seeking therapy in an effort to integrate this experience into their identities. It is our responsibility as practitioners who work with this population to inform ourselves of this important piece in the recovery process.

As more and more survivors of childhood sexual abuse seek support through therapy, mental health professionals will continue to see increases in the number of clients who have experienced CSA. As such, there is need for further research in this field. Many researchers have documented the experiences of survivors along the various stages in their road to recovery (Bass & Davis, 1988; Bass & Thornton, 1983; Courtois, 1988, 1999; Herman, 1992; Matsakis, 1996). However, research which explores the experience of survivors as they emerge at the other end of the recovery process is limited. Gaining an understanding and appreciation of how identity is informed by childhood incest is vital to the elaboration of trauma research. The aim of this study was to explore identity in adult life, as it relates to a history of incest.
Purpose of the Study

This study was exploratory. As therapists, we knew very little about how the experience of incest affected adult women’s sense of themselves. We knew little about how female survivors of incest defined themselves, and the degree to which their perceptions of themselves as women who had a history of incest informed their identity as they progressed through the later stages of the healing process. The purpose of this study was to gain a degree of understanding of how the experience of incest informed identity at the later stages of the recovery process. The research question to be addressed was: How and to what extent do survivors of incest perceive their trauma experiences to inform their identities at the later stages of the recovery process?

It was my contention that it was possible to gain some understanding of how survivors of CSA felt this informed their identities later in their healing, by talking with women who experienced incest in childhood and had reached a point in their recovery process that this experience had begun to be integrated into their identities. By talking to women survivors about how they experienced and understood themselves, we may have begun to gain an understanding of this important aspect of the recovery process. In interviewing this population, I hoped to gain valuable insight into how this phenomenon might have been similar to or different from our assumptions or expectations. Did these women identify as victims, survivors, or something different? How did this experience inform their identities?
The goal of this study was to give voice to an aspect of the incest experience that had not yet been explored. This study was to contribute to the research literature by exploring and documenting an area of experience that had received limited attention. According to my research, there were no studies which explored how women who had reached the later stages of their recovery from incest experienced their identities. As such, one goal of this research was "to see what others [had] not yet seen" (Stake, 1995, p. 136). It was also my hope as a researcher that this study would act as a starting point for further research into this phenomenon and that our understanding of this neglected area in trauma research would be increased.

A more comprehensive underlying goal of this project was that of transformation on both a personal and a societal level. It was my goal as a researcher that the women involved in the research project would benefit from this research by having the opportunity to talk about their experiences of recovery and integration. It was also my hope that in the process of these interviews, the women involved would have a chance to reflect on their experiences more than they would otherwise have done and that this process would be beneficial to them (Oakley, 1981). Transformation was also a goal on a societal level through the process of increasing awareness of the issues faced by survivors of incest.
CHAPTER TWO

Literature Review

In the following literature review, I will summarize findings in three areas of research which are pertinent to this study. I will include theoretical work and findings of published empirical research in the area of childhood sexual abuse and will include clinical studies, articles, and books which explore and document the experience of CSA in my analysis. The three areas of research which will be explored include: the long term impact of CSA; identity development theory; and treatment approaches. First, I will explore the long term impact of CSA. Then, I will explore identity development literature and how this informs the current study. Finally, I will examine treatment approaches, theoretical and empirical material which describes the recovery process. I will highlight research which defines and elaborates our current understanding of CSA and which pertains to the issue of identity and the recovery process. This literature has been chosen to contextualize the environment within which the current study will be conducted.

Long Term Impact of Child Sexual Abuse

CSA can result in a broad range of significant intrapersonal and interpersonal difficulties over time and there have been numerous studies which document the long term consequences of this form of abuse (Morgan & Cummings, 1999; Porter & Long, 1999; Saxe & Johnson, 1999). Women survivors often report feeling isolated and alone because they lack effective social support systems (Morgan & Cummings; Saxe & Johnson). This is frequently the result of the difficulties these women report in
trusting others, knowing whom to trust, in tolerating intimacy, feeling different from others, feeling a sense of belonging, feeling insecure in relationships, and these are reflective of the broader interpersonal relationship problems associated with CSA (Morgan & Cummings; Peters & Range, 1995; Porter & Long; Saxe & Johnson). Also associated with the experience of CSA are symptoms such as self destructive behaviour, suicidal feelings, depression, anxiety, poor self esteem, feelings of worthlessness, guilt, self blame, somatic ailments, nightmares, flashbacks, substance abuse, and a tendency toward re-victimization. CSA has also been linked to the development of Post Traumatic Stress Disorder [PTSD] (Morgan & Cummings; Saxe & Johnson; van der Kolk et al., 1995). Adult female survivors of sexual abuse also commonly report difficulties in sexual functioning (Cohen et al., 1999; Peters & Range). The severity of these difficulties appears to be more extreme and long lasting under the following four conditions: when the perpetrator is closely related to the victim; when the abuse continues over a longer period of time; when the abuse is accompanied by physical violence or threat of force; and when the abuse includes vaginal or anal penetration (Porter & Long; Saxe & Johnson).

In 1999 Porter and Long conducted a study which explored the long term consequences of CSA. In this study, they examined the relationship between locus of control and adult adjustment in survivors of childhood sexual abuse. Participants were 369 female undergraduate students who were recruited from psychology classes. Participants ranged from between 17 and 49 years of age (m=20) and 82 % were Caucasian. The Life Experiences Questionnaire (LEQ), a self-report instrument, was used to determine whether participants had experienced sexual abuse in childhood.
The sample consisted of 84 college women who reported having experienced childhood sexual abuse, and 285 women who did not report a history of CSA. The Rotter Internal-External Locus of Control Scale (LOC Scale) was also administered to the participants. This self report instrument was used to determine whether the participants exhibited an internal or an external locus of control. Finally, the Symptom Checklist-90-Revised (SCL-90-R) was used to determine the symptom severity and general distress level of the participants.

Results of this study indicated that there is a relationship between locus of control and victimization status, and it appears that these two variables interact to predict adult adjustment in women. In other words, women who experienced the most severe abuse and who had an external locus of control reported higher levels of distress than women with less severe abuse or with an internal locus of control. These authors suggest that locus of control may act as a diathesis for the development of emotional and psychological difficulties. These findings offer support for the contention that the way in which the survivor makes sense of the experience is crucial in determining the effects of that experience and in determining longterm outcome.

A study conducted by Kessler and Bieschke (1999) examined the relationship between childhood sexual abuse and victimization in adulthood. Participants were 548 female college graduate and undergraduate students from a variety of courses in a range of departments. The participants ranged in age from 18 to 51 (m=21) and 92% of the women were Caucasian. The Childhood Experiences Questionnaire (CEQ) is a self-report measure that was used to assess childhood sexual abuse. Within this sample, 56 reported childhood incidences of incest, 98 reported CSA by a non family
member, and the remaining reported no experiences of CSA. The Internalized Shame Scale (ISS) was administered to measure the extent to which participants had internalized painful levels of shame emotions. The Trauma Symptom Inventory (TSI) was used to measure the degrees of various forms of post traumatic distress, and the Sexual Experiences Survey (SES) was used to measure adult victimization.

Results indicated that there was a statistically significant association between women who were abused in childhood and adult victimization. Shame was also found to be a statistically significant predictor of adult victimization, while dissociation was not statistically significant as an intervening variable of adult revictimization. Severity of abuse was also related to revictimization. In particular, the researchers found a strong propensity for incest survivors to be revictimized when compared with other survivors of abuse. Kessler and Bieschke concluded that shame influences adult revictimization in survivors of child sexual abuse because it mediates the impact of the CSA experience. Survivors with higher levels of internalized shame were more likely to be revictimized than women who had lower levels of internalized shame or who were not abused in childhood.

Roche, Runtz and Hunter (1999) conducted a study in which they examined the relationship between child sexual abuse, adult attachment, and later psychological adjustment. Participants were 307 female university students, including 85 women who had experienced childhood sexual abuse. The average age of the participants was 22 years. They used the Relationship Questionnaire to measure adult attachment style, and the Trauma Symptom Inventory (TSI) to measure psychological adjustment. The researchers found that CSA predicts both adult attachment style and psychological
adjustment. They also found that attachment predicts psychological adjustment. When the researchers controlled for the effects of CSA, attachment style continued to predict adjustment. When the effects of attachment were controlled, CSA no longer predicted adjustment. These results indicate that attachment does appear to mediate the relationship between CSA and psychological adjustment. This study indicates that attachment is of central importance in predicting symptoms. In addition, they found that one’s model of self is the most important attachment dimension for predicting the severity of symptoms. Roche, Runtz and Hunter (1999) define the self as “the agent of actions, the experiencer of feelings, the maker of intentions, [and] the architect of plans” (p. 186). The development of the self unfolds in the context of attachment and they suggest that childhood trauma produces longterm dysfunctions of the self which may lead to identity confusion. Models of the self can be defined as either positive or negative, and the findings of this research suggest that women who experienced CSA by a family member were especially likely to report a negative self model.

Their findings indicate that a history of CSA is associated with poorer psychological adjustment. Sexually abused women were more symptomatic than non-abused women on three of the ten scales of the TSI. When the researchers examined the degree of relatedness between the victim and the perpetrator, they found that women who were abused within the family reported significantly more difficulties than women who were abused by someone outside of the family. “Women abused by a family member were especially likely to report problems in the following areas: depression, post-traumatic stress (i.e., intrusive thoughts and defensive use of avoidance), anxiety, and an inadequate sense of self and personal identity” (Roche et
al., 1999, p. 199). CSA history also affected adult attachment style. Women who had experienced CSA were less secure and more fearful than women who had not experienced CSA. In addition, women who had been abused by a family member were less secure, more fearful, and reported less secure attachment than women who had been abused by a non-family member. Women abused by a family member were most likely to have experienced damage to their model of self. These findings suggest that intrafamilial abuse may be significantly more harmful in terms of psychological adjustment and attachment, than abuse that occurs outside of the family. According to these researchers, the most important impact of CSA, especially intra-familial abuse, appears to be the impact on the view of the self as undeserving of the love and support of others.

In a study conducted in 1997, Sarah Ullman examined the relationship between attributions, world assumptions and recovery from sexual assault. Participants were a convenience sample of 155 sexual assault victims who completed a mail survey, some of whom had a history of CSA. The survey instrument contained questions about demographic characteristics, assault history, and post-assault history which included coping strategies, world assumptions, and psychological adjustment. Attributions of blame were measured by a series of four items, the search for meaning was assessed with two items, and world assumptions were assessed with Janoff-Bulman's 32-item World Assumptions Scale. This scale measures basic assumptions about the benevolence of the world, meaningfulness of the world, and worthiness of the self. In terms of measures of adjustment, self-rated recovery was assessed with the question: “How recovered do you feel overall from this experience?” (p. 8).
Findings of the study revealed that attributions of blame varied according to sexual assault history, with childhood sexual abuse being related to external attributions of blame. External attributions of blame were related to perceptions of the world as being less benevolent, and perceptions of the self as being less worthy. In contrast, self blame was related to less searching for meaning in one’s victimization and greater meaningfulness of the world. Self blaming attributions were also more harmful for CSA survivors. According to the researchers, “Low self-worth associated with blaming oneself may develop at an earlier age for child sexual assault victims and these self-blame attributions may be more resistant to change than for women assaulted in adulthood who may have less difficulty accepting that an assault was not their own fault” (p. 15). This finding seems to suggest that while self blame may be harmful for adjustment as indicated by past research (Porter & Long, 1999), it may also make the need to find meaning in one’s experience unnecessary because the survivor has already located the explanation for the abuse within herself. Results of the study indicated that women who were still searching for a way to make meaning from the abuse experience reported poorer recovery. This study provides initial evidence that for survivors of childhood sexual abuse, attributions of blame are related to various indications of adjustment to victimization. Ullman suggests that therapeutic interventions should emphasize restoring the survivor’s positive view of herself, strengthening her self-image regarding all of her positive attributes, and restoring perceptions of future control.

In a qualitative study, Morrow and Smith (1995) examined personal constructs of survival and coping among women who survived childhood sexual abuse.
Participants were 11 women who ranged from 25 to 72 years of age. The criterion for inclusion in the study was each participant's self-identification as a childhood abuse survivor. In-depth interviews, a 10-week focus group, documentary evidence, and follow-up participant checks were used to gather data. From this, the researchers coded and analyzed individual survival and coping strategies. The two core categories of survival and coping used among these women were to keep from being overwhelmed by threatening and dangerous feelings, and managing helplessness, powerlessness, and lack of control. Six categories of survival and coping strategies were identified as managing helplessness, powerlessness, and lack of control including: creating resistance strategies; reframing abuse to create an illusion of control and power; attempting to master the trauma; attempting to control other areas besides the abuse; seeking confirmation or evidence from others; and rejecting power. Some participants managed their lack of power by helping other people who had been abused.

In the words of one research participant, "I don't want to be surviving. I want to be living. I want to have some fun. I want to be happy. And that's not happening right now" (p. 31). This statement echoes the feelings of at least four other participants who were working hard to "...move beyond mere survival to healing, wholeness, and empowerment" (p. 31). While this study did not directly examine identity, the researchers suggest that the process of identity can nevertheless be seen in the statements of the research participants. One example of this is a statement by one of the participants about seeing herself lying on the bed during her abuse: "She...I
guess it must be me” (p. 32). It can also be seen in the following words written by one of the participants;

Today I got in touch with mi otro yo [my other me]... She is so powerful, so sure of herself, so strong, so real, so alive. I did not die like I thought I would when I felt her. Instead, I got in touch with the missing part of my inner power and wholeness (p. 31).

In summary, while none of the research literature reviewed specifically sets out to ask questions about identity, there are aspects of these studies that have important implications with regards to the relationship between child sexual abuse and identity issues. Findings from Porter and Long’s 1999 study suggest that the survivor’s victimization status and her locus of control are both variables which interact to predict adult adjustment. Ullman ‘s 1997 study examined the relationship between attributions and recovery from sexual assault and found that child sexual abuse was more likely to result in external attributions of blame. External attributions were found to be related to perceptions of the self as being less worthy. In addition, among those survivors of CSA who exhibited high levels of self blame, they found that this attribution was also associated with low self worth. Kessler and Bieschke’s 1999 findings suggest that there is a significant association between women who were abused in childhood and adult victimization. They also found that shame was a significant predictor of adult victimization. Survivors with higher levels of internalized shame were more likely to be revictimized than women who had either not been abused or exhibited lower levels of internalized shame.
These findings all suggest that there is a relationship between the way in which the survivor interprets and makes meaning of the abuse experience and her future psychological adjustment. In addition, these findings suggest that there is a relationship between the way in which the survivor interprets her experience and her sense of identity. Ullman’s 1997 study found that both external attributions and self blame resulted in perceptions of the self as being less worthy. Roche, Runtz and Hunter’s 1999 study gives more support to this relationship.

Roche, Runtz and Hunter’s 1999 study examined the relationship between child sexual abuse, adult attachment and later psychological adjustment. Findings of this study suggest that child sexual abuse predicts adult attachment style and psychological adjustment. In addition, attachment mediates the relationship between child sexual abuse and psychological adjustment, and one’s model of self is the most important attachment dimension for predicting the severity of symptoms. This suggests that how the survivor views herself is an important part of the healing process because it can affect her psychological adjustment.

Abuse by a family member violates the child’s sense of trust and safety which is also likely to disrupt her developing sense of self. While the development of self continues to be an important task through to early adulthood, it is likely that the impact of the abuse experience may continue to impact the survivor and her model of self long after the abuse has ended. It is also likely that survivors of child sexual abuse will exhibit disruptions in their identity development. Roche and associates (1999) suggest that attachment theory is very pertinent to conducting therapy with abuse survivors because of the relational context of abuse. They suggest the importance of the
therapeutic alliance, where the therapist serves as a reliable, secure base which enables the client to explore and modify internal models of the self. The results also suggest that survivors of child sexual abuse will likely benefit from addressing issues related to the "self," including identity.

**Identity Development**

Identity is a somewhat elusive concept. It can be difficult to describe and yet it is something that every human being forms throughout their lifetime. Laura Berk (1994), a professor of psychology defines identity as: "A well-organized conception of the self made up of values, beliefs, and goals to which the individual is solidly committed" (p. 447). An understanding of identity is essential to this proposed study. In the following section I will draw on relevant research literature to define what identity is, how it forms, how it is disrupted and how it reforms. I will also look specifically at how women form their identities.

**What is Identity?** Erik Erikson has been one of the most important theorists of identity. He defined identity as a primarily unconscious process that unites personality and links the individual to the social world (Berk, 1994). Erikson was a neo-Freudian psychoanalyst who developed a psychosocial theory of human development. In creating this theory, Erikson expanded upon Freud's psychosexual development framework, emphasizing the psychosocial outcomes of development beyond early childhood (Berk, 1994; Corey, 1996). Erikson describes eight psychosocial stages where the individual faces the task of resolving a major psychological conflict between the self and the social world. These stages include: infancy; trust versus mistrust, early childhood; autonomy versus shame and doubt,
preschool age; initiative versus guilt, school age; industry versus inferiority, adolescence; identity versus role confusion, young adulthood; intimacy versus isolation, middle age; generativity versus stagnation, and later life; integrity versus despair (Corey, 1996). According to Erikson's model of identity formation, each stage must be successfully achieved before the individual is able to move on to the next developmental stage. Successful psychosocial outcomes pave the way towards continued positive identity formation (Berk, 1994).

According to Erikson, identity consolidation is the central task of late adolescence (Berk, 1994). During the identity versus role confusion stage, the individual attempts to forge a coherent sense of self (Gilligan, 1982). This is a time of transition between childhood and adulthood (Corey, 1996). The youth constructs or clarifies her identity by defining who she is, what she values, and the direction she is choosing to pursue in life (Berk, 1994). Berk (1994) states that this search for self often materializes in commitments to a vocation, and to ethical, political, religious, and cultural ideals.

According to Ruthellen Josselson (1996), "Identity is the ultimate act of creativity- it is what we make of ourselves" (p. 27). A person's identity forms the core of who that person is, and it incorporates all of the aspects of that person and their various locations of self with others and self with society. When a person has a secure sense of identity, their inner experience has coherence and purpose. There is also coherence between who a person feels herself to be and who she is recognized as being in her social world. Identity is composed of discrete, conscious elements. Common elements that are a part of one's identity include: one's economic function; beliefs and
values; a set of meanings about others in that person’s life; and one’s place in the family history. Identity can include such things as special abilities or disabilities, temperament, psychological structure, genetic makeup, and an atypical family structure, early history or family background.

Throughout a lifetime, a person may add new elements to her identity and she may discard other elements. A person’s identity is never fixed, it is continually evolving. “Identity, then, proclaims our sameness-as-ourselves in containing our life story, but identity also evolves and changes over time as we grow. It is, therefore, our continuity in the process of revision” (Josselson, 1996, p. 28). Identity continues to be modified throughout adult life as people make and remake their identities. “Identity is the interface between the individual and the world, defining as it does what the individual will stand for and be recognized as” (Josselson, 1987, p. 8).

For Josselson (1987), the process of forming an identity is unique to the individual and it is a process that takes place throughout the life cycle. Each person confronts a different challenge in facing the task of identity formation because each person begins with different experiences and realities. Identity is made from experience, and includes natural talents, intelligence, social class, race, physical attributes and attractiveness, physiological and metabolic characteristics, privilege, temperament, physical limitations, early deprivation, traumatic experiences and social ease. Each person must find a way to include these various elements into her overall identity. Understanding a person’s identity involves knowing where these pieces fit in the overall picture that the individual has created of the self. Understanding a person’s
identity also involves knowing how the pieces are synthesized and how the person experiences self.

Josselson (1996) described an identity crisis as the experience of questioning something about ourselves that until that point has been taken for granted as a given. A crisis in one’s identity can be the result of inner change or social dislocation. Some people come to a place in their lives where the person that they feel they have been no longer seems gratifying. They get the sense that something is missing and start searching for a way of being that will be a better fit. They reconstruct aspects of their identities.

Women and Identity Researchers first began to investigate identity in women in the 1970s. Initially, their efforts concentrated on finding the same patterns in women that had been found in men. In the 1980s, social science shifted its perspective with regards to women’s identity. With the work of Carol Gilligan (1982), it became apparent that women may construct their identities in relational terms which is different from men.

Ruthellen Josselson (1996) is a developmental and clinical psychologist who conducted an intensive longitudinal study of the development of identity in 30 educated women (1996). Her research questioned how these women created and then revised their identities and her goal was to observe the metamorphosis of identity as these women aged from 21 years of age to 43; from their college years through to midlife. Her research was qualitative and she conducted interviews with these women every ten years, at the ages of 23, 33, and 43. She wanted her subjects to tell her what was most important to their sense of themselves, to their identity.
According to Josselson (1996), women have always constructed their identities differently from men. “Identity in women cannot be simply named, for it resides in the pattern that emerges as a woman stitches together an array of aspects of herself and her investments in others” (p. 9). Women form their sense of who they are through their connections with others and they tend to speak of their identity in relational, pattern building terms. “Identity in women is more rooted in “being” than in “doing,” and a woman’s life story is often centered on how she experiences herself, or wishes to experience herself, with others” (p. 32). According to Ruthellen Josselson (1987), “The most important developmental task facing women today is the formation of identity, for it is in the realm of identity that a woman bases her sense of herself as well as her vision of the structure of her life” (p. 3).

For Josselson there is no “best way” to form identity. What she has found in her research is that women follow different paths in shaping and reshaping their adult identity, and the path that is taken both colours and contours how life unfolds. This is in part because the path that is taken in forming one’s identity is determined by personality, conflicts and dilemmas from childhood. Despite the different paths taken in identity formation, Josselson found a general convergence among the women she studied at midlife. All of these women had found or made a path towards identity. For these women, progressive growth in identity meant finding space for the many aspects of themselves and feeling meaningfully connected to action in the world.

According to Josselson, identity resides at the intersection of competence and connection. “A woman’s identity rests on her sense of how she is effective in the world and how she is linked to others” (1996, p. 179). As such, in forming an identity,
a woman needs to discover where she can be effective and do things of value and she also needs to develop a sense of the people that she chooses to make important in her life. Among the women in Josselson’s study crises in identity occurred most often when the women were struggling to keep competence and connection in balance.

Josselson found that women’s early identity choices favored certain parts of the self while disavowing other parts of the self. “As women grow, they struggle to make space for these disused or disavowed parts of the self, widening the expanse of identity to encompass what was left behind” (p. 243). According to Josselson, some of the most important revisions that women made in their identities was to find and reclaim what had been there all along.

The implication of this is that first of all, traumatic experience is an element that may become a part of one’s identity. Josselson’s research also implies that while women who have experienced CSA may disown this part of themselves at one stage in their development, they may also reclaim this aspect of their experience and integrate it into their identity at a later stage in their developmental cycle. Josselson describes this process as a process of revision.

**Trauma, Attachment and Identity** When a child is abused by a family member and the abuse is chronic, it will inevitably alter the child’s development (Courtois, 1988). The child’s sense of self is seriously damaged which often results in the development of a fragmented identity. As the child integrates defense mechanisms into her developing personality, the sense of a “normal” self is lost and the child is not able to develop a positive and healthy sense of herself. Based on his research with CSA survivors Bessel van der Kolk (1987) suggests that:
The earliest and possibly most damaging psychological trauma is the loss of a secure base. When caregivers who are supposed to be sources of protection and nurturance become simultaneously the main sources of danger, a child must maneuver psychologically to reestablish some sense of safety, often becoming fearfully and hungrily attached, unwillingly or anxiously obedient, and apprehensive lest the caregiver be unavailable when needed (p.32).

Attachment theory provides a theoretical perspective for conceptualizing one’s model of self and others and for understanding how this internal model is related to the long-term impact of CSA. The development of the self is one of the ways in which attachment difficulties might be manifested because the development of the self unfolds in the context of attachment (Roche et al., 1999). Models of the self can be dichotomized as either positive or negative. A negative model of self involves a negative self-concept and the view that the self is unworthy of love and attention (Roche et al.). It has been estimated that among children who are maltreated, over 70% exhibit insecure attachment which is related to a negative self model (Roche et al.). Insecure attachment has also been observed clinically among sexually abused children. For the child who has been sexually abused by an important other, the sustained and early trauma of the abuse can produce long lasting dysfunctions of self.

A secure sense of connection with caring people is the foundation of identity development. According to Judith Herman (1992), as a result of incest the child loses this secure sense of connection with caring people, and in turn, the child loses her basic sense of self. The child who is being sexually abused is not able to develop a positive sense of self, because a positive sense of self is dependent on the primary caretaker’s
benevolent use of power. In addition, when the normal developmental conflicts over autonomy, competence and initiative remain unresolved, the survivor may become prone to shame, doubt, guilt, and inferiority. As a result of damage to basic structures of the self, the survivor loses her trust in self. “The identity they have formed prior to the trauma is irrevocably destroyed” (Herman, p. 56). In the case of incest, the child has been subjected to prolonged, repeated trauma. “While the victim of a single acute trauma may feel after the event that she is ‘not herself’, the victim of chronic trauma may feel herself to be changed irrevocably or she may lose the sense that she has any self at all” (Herman, p. 86), especially if this occurs in childhood when identity is just forming.

The fundamental purpose of the abused child’s psychological adaptations is to maintain her primary attachment to her parents. In some cases, the child prefers to believe that the abuse did not occur and so she tries to keep the abuse a secret from herself. In other cases, the child blames herself for the abuse in order to absolve her parents of responsibility and make sense out of what is happening to her. “By developing a contaminated, stigmatized identity, the child victim takes the evil of the abuser into herself and thereby preserves her primary attachments to her parents” (Herman, 1992, p. 105). The child identifies herself as bad and as deserving the abuse. This allows the child to maintain an illusion of safety and of being in control, but it inhibits the development of self esteem.

Many adult survivors apparently continue to view themselves with contempt and continue to take on the shame and guilt of their abusers. “The profound sense of inner badness becomes the core around which the child’s identity is formed, and it
persists into adult life” (Herman, p. 105). Some abused children are able to develop a more positive identity; however, this positive identity usually revolves around extremes of self-sacrifice. The development of a fragmented identity is one of the survivor’s major forms of adaptation to trauma. The adult who has developed a stigmatized and fragmented identity is not able to appreciate her own achievements because she usually perceives these accomplishments as coming from an inauthentic and false self. She sees her true self as “damaged” and “bad” and as a result she is not able to accept appreciation or praise. Instead, the appreciation of others confirms her belief that no one can truly know or understand her (Herman). Fragmentation in the survivor’s consciousness prevents the ordinary integration of knowledge, memory, emotional states, and body experience, while fragmentation in her inner representations of her self prevents the development of an integrated identity.

Treatment involves dismantling the “false self” that developed as protection, and finding the “true self.” This process also involves mourning the loss of the self as it was before the traumatic victimization which is a problem if the self had not yet developed when the abuse began.

According to Christine Courtois (1988), a therapist and author who specializes in working with incest survivors, incest interferes with the completion of the developmental tasks associated with each life stage. Many children who experience incest in childhood have difficulties with trust and develop a shamed sense of self, low self-esteem, identity diffusion, and difficulties in intimate relationships and productivity.

In summary, Josselson’s 1996 findings suggest that identity is not fixed, and that it continues to be modified throughout the life cycle. Her findings also suggest
that identity formation is a process that is unique to the individual. Each person is unique and must find their own way to include the elements of their experience into their identity, and trauma is one occurrence that finds its way into this identity puzzle. Josselson's findings also suggest that there is no best way to form identity and that women speak of their identity in relational terms. The path that is taken in identity formation is determined by personality and conflicts and dilemmas in childhood. This appears to suggest that traumatic experiences, such as incest, do become part of a woman's identity and they can also impact the way in which a woman goes about forming her identity. In addition, Josselson suggests that women may reclaim aspects of their identity that were disavowed and incorporate them into their identity at a later life stage. This would appear to suggest that an experience such as incest might be disavowed at one life stage and may be reclaimed and integrated into a woman's identity at a later life stage.

In addition, trauma research findings suggest that childhood sexual abuse impacts the child's sense of self. Research suggests that when children are abused, their developing sense of self is damaged which can result in a fragmented identity (Roche et al., 1999). Of children who are abused, many exhibit insecure attachment and a negative self model. A negative model of self includes a view of the self as unworthy of love and attention, and a negative self concept. What we don't know is what happens to this damaged and fragmented identity as the child grows into adulthood. There are no studies yet, that I am aware of, that specifically address the adult woman CSA survivor's identity as she progresses through the healing process.
Stages of Healing and Relevant Treatment Models

There are many treatment models which have been developed by specialists in the trauma field. These treatment models share many common elements. For the purposes of the present study I will give a brief review of the models that have been developed by Bass and Davis, Courtois, Draucker, Matsakis and Herman. While there are other models that have been developed I have chosen to focus on these five because they all contribute to illuminate the process of identity development among survivors of incest.

Bass and Davis (1988) developed the first comprehensive treatment guide for women survivors of child sexual abuse. These authors have developed their understanding of what it takes to heal from a history of child sexual abuse from clinical experience working with survivors. In addition to their clinical experience, their model is the result of a research project which involved interviewing fifty women who experienced child sexual abuse and hearing their stories. The process of recovery that Bass and Davis describe comes directly from the experiences of women survivors. They define the process of recovery in the following way:

The healing process is a continuum. It begins with an experience of survival, an awareness of the fact that you lived through the abuse and made it to adulthood. It ends with thriving- the experience of a satisfying life no longer programmed by what happened to you as a child (p. 57).

Bass and Davis also describe recovery as a process that has recognizable stages that all survivors pass through. These stages include: the decision to heal; the emergency stage; remembering; believing it happened; breaking silence; understanding
that it wasn’t their fault; making contact with the child within; trusting herself; grieving and mourning; anger; disclosures and confrontations; forgiveness; spirituality; and finally resolution and moving on. Of these stages the emergency stage, remembering the abuse, confronting family, and forgiveness will not apply for every woman.

Healing is like a spiral, and according to Bass and Davis, “You go through the same stages again and again; but traveling up the spiral, you pass through them at a different level, with a different perspective” (p. 59). In the following analysis I will emphasize only the stages that address the identity of the survivor.

The first stage that applies to the identity of the survivor is the emergency stage. Many women go through a period where the sexual abuse is literally all that they can think about and talk about. This stage is often characterized by crisis, uncontrollable flashbacks, tears that seem to come from nowhere, and nightmares. Women who go through this stage are overwhelmed by symptoms and while they are in it, it is the only thing that they are able to see. According to Bass and Davis, this stage appears to be most likely among women who have forgotten their abuse.

Believing it happened is also a stage that informs the process of identity discovery that appears to be part of recovery from CSA. It is at this stage that the survivor admits to herself that she has been a victim. The survivor believes that she was victimized and that the abuse really did take place. She accepts this as part of her experience which can be a very difficult step for survivors who may have denied the reality of the abuse up until this time. In the following quote an incest survivor describes this part of the process;
I don’t run around telling every soul I meet that I’m an incest victim, because I don’t want that to be my definition; but I went through a period of time when it was just about like that. That was the first thing I would tell people, almost anybody. "Did you know that I was an incest victim?" ‘Oh really, thank you for sharing that.’ It’s like any movement, whether it’s Black power or gay rights, you need time to try that identity on and claim it. I needed to do that, but that need has faded over time. Now I just do what I feel like doing. If I feel like telling someone, I do. If I don’t, I don’t (Bass & Davis, 1988, p. 99).

The final stage of Bass and Davis’ model that I will address is the last stage in their model, resolution and moving on. This stage is characterized by stabilization. The survivor is able to see her life as more than just a reaction to abuse and her feelings and perspectives begin to stabilize. Moving on involves affirming the personal strengths that have been developed and the personal commitment to healing. During this final stage, the survivor’s identification with the abuse and its effects is greatly diminished, and the survivor is able to engage in more satisfying relationships both with herself and others. Bass and Davis describe this process in the following way;

The person you want to become is already with you; you just can’t see her. If you stay focused on how far you have to go, rather than turning around to see how far you’ve come, you stay caught in the storm and forget that the sun is just overhead. You lose your sense of perspective. Getting in touch with the stillness inside is a way to gain it back, a way to remember that you are more than just the abused child crying out in pain. It’s not that you transcend your abuse or get rid of the “bad” parts of yourself—rather you enlarge yourself to
include everything. You start to see a self separate from the struggle (1988, p. 156).

A large part of this final stage involves the process of integration. There is a point where the survivor stops feeling like a victim and integrates the abuse into her identity. One survivor describes this process in the following way. “Finally, I had to realize it was part of me. It’s not something I can get rid of. The way I work with it will change, but I think it will always be there” (Bass & Davis, 1988, p. 167). The survivor begins to see herself as whole, not compartmentalized. Bass and Davis also acknowledge how hard the process of letting go of the damaged self can be. “Survivors often complain about how long it takes to heal, but there is an identity in being a committed survivor of sexual abuse. That identity has been closely linked to your survival, and it can be hard to give up” (p. 163).

Bass and Davis (1988) describe three processes in recovery from CSA that affect the identity of the survivor. First of all, Bass and Davis describe a time in the recovery process where the abuse is all that the survivor is able to see. During this time the abuse experience overwhelms the identity of the survivor and the survivor perceives that the abuse is all of who she is. Bass and Davis suggest that this occurs early on in the recovery process. In their model, it is part of the second stage. Second, Bass and Davis describe a time when the survivor identifies as a victim and accepts the abuse as part of her identity and experience. This process is part of the fourth stage in their model and occurs towards the beginning of their conceptualization of the recovery process. Finally, as part of the final stage in their model of recovery, Bass and Davis suggest that the survivor’s identification with the abuse and its effects is
greatly diminished. The survivor gains a new sense of perspective and her identity is able to include all of who she is. Bass and Davis's conceptualization of the recovery process supports and informs my research by postulating that identity is an integral aspect of healing and by describing their understanding of the ways in which the survivor's identity is impacted by the recovery process.

Christine Courtois (1988) is a psychologist in private practice who specializes in the treatment of incest and other forms of sexual abuse and trauma. She has developed a model for working with survivors of incest that draws from relevant research, literature, as well as her own clinical experience. Her approach to working with survivors of incest emphasizes the development of the therapeutic relationship. This relationship forms the base from which the survivor reworks the trauma and integrates the self. Courtois has broken the treatment process down into the following steps: intake and diagnosis; building the adult relationship; working with the “child within”; integrating the helpless child with the nurturing adult; and disclosure to and confrontation of the family and any involved others.

In the treatment context, the initial stage of intake and diagnosis the major tasks are to develop the therapeutic relationship, and to learn as much about the presenting concerns as possible. In the second stage of treatment, which emphasizes building the adult relationship, the major tasks are to deepen the therapeutic relationship, experience feelings that have not been expressed, continue learning about incest and its effects and the recovery process, to decrease the sense of isolation felt by the survivor, to work with presenting problems and symptoms, to identify coping strategies and identify those that have been effective in the past, to develop more
positive coping strategies, to develop an understanding of family dynamics, and to acknowledge the "child within." In the third stage, which emphasizes working with the "child within," the main task is to bring the abused child into the therapy process. The goal of this is to have the survivor connect with the abused child and experience the feelings from childhood connected to the trauma.

The fourth stage, integrating the helpless child with the nurturing adult emphasizes integrating the various aspects of the traumatic experience into the self which can result in a radical redefinition of the self. The survivor increasingly understands how family dynamics and societal patterns contributed to the abuse she experienced. She separates from family rules and patterns, and she is able to see her response to the abuse from a different perspective. Gradually she is able to see herself with compassion instead of self loathing and a positive self concept replaces her stigmatized self. The final stage, disclosure to and confrontation of the family and any involved others allows for further integration of the incest experience. Courtois outlines ten treatment goals which are pertinent to the survivor of incest. I have chosen to refer to the one goal which is directly relevant to the survivor's identity, that of self determination and behavioural change. As part of this goal, the survivor explores and begins to define who she is apart from her family and her experience of incest, and makes behavioural changes which correspond to this new self determination. She is now more free to reclaim the parts of herself that were lost or left undeveloped and to develop a new identity.

Like Bass and Davis (1988), Courtois's (1988) work informs my research by implying that the survivor's identity is an important element in recovering from CSA.
Courtois suggests that towards the end of the healing stages the survivor experiences a radical redefinition of the self which involves integrating the various aspects of the abuse experience into the self and developing a new identity.

Draucker (1992) developed her model for counselling survivors of childhood sexual abuse based on her clinical and research experiences with survivors of CSA. She identifies the following six significant healing processes that are thought to be necessary for recovery: disclosing the abuse; focusing on the abuse experience; reinterpreting the abuse from an adult perspective; addressing issues related to the context of the abuse; making desired life changes; and dealing with abuse resolution issues. Of these stages, I have chosen to emphasize addressing the context of the sexual abuse, and addressing resolution issues because it is in her conceptualization of these two processes that Dracker explores the identity issues that she sees as being a part of the recovery process.

Addressing the context of the sexual abuse helps the survivor see that her development was not entirely shaped by the abuse. Part of this process is to address and explore the family system and other significant factors that impacted the survivor's development. The survivor is then able to put the abuse in perspective along with the other forces that may also have shaped her. For Draucker, part of this process is to make concrete connections between her present day experiences, difficulties and coping mechanisms and her childhood experiences. In recognizing how her present day actions are informed by childhood experiences and represent adaptations to abuse, she can begin to perceive herself as a survivor rather than as a victim.
The final stage of Draucker's model is that of addressing resolution issues. “Resolution here refers to the process by which the childhood sexual abuse experience is integrated into the individual's identity, but is no longer the primary force that guides his or her adult life” (p. 108). Draucker refers to this process as letting go of the survivor identity. Draucker describes finding meaning in the experience, the process of helping others, and addressing identity issues as three issues that seem to be frequently related to the process of resolution. As part of the meaning making some survivors find that they are stronger, more self-reliant, independent, have a greater self awareness, have a greater sense of purpose, and have developed a better understanding of human nature as a result of healing from the abuse. For many survivors, the need to help others who have been abused or the need to actively work towards making the world a safer place become important parts of the resolution process as a way of making sense of their experiences of incest. For Draucker, “The key resolution issue for incest survivors is establishing a clear sense of their own identity” (p. 115). The healing process focuses on helping the survivor give up the role of the victim by taking control of her thoughts, feelings and actions. She acknowledges that this shift is not an easy one because the victim role is probably a role that has defined the survivor's identity for some time. According to Draucker, ultimately the survivor identity can also be given up. This occurs when the survivor has completed the recovery tasks and can see herself from a multidimensional perspective. This final process of moving beyond the survivor identity can be elusive for some survivors. Ultimately, resolution is complete when the survivor is able to recognize her strengths and her weaknesses and she has integrated the sexual abuse experience into her total identity. She has
developed new coping mechanisms and has assumed responsibility for her life and for her happiness. As a result, she no longer needs to define herself in terms of her childhood experience of sexual abuse.

This has important implications for the proposed study. Draucker suggests that the survivor is able to move beyond survival and that she is able to stop defining herself in terms of her abuse. Draucker does not elaborate on this process and we are left with the question of how does the survivor come to define herself and what does this process look like? These are the questions I intend to explore in the proposed study.

According to Matsakis (1996), some of the trauma related thoughts, feelings, and ways of coping may always stay with the survivor, and the goal of treatment should be learning to manage trauma-related beliefs and behaviours that are preventing the survivor from living a fulfilling life. Matsakis outlines her understanding of the recovery process which is based on trauma research and her own clinical experience specializing in post-traumatic stress disorder and child sexual abuse.

Initially, the survivor is in a state of denial that often involves emotional numbing and dissociative symptoms. When this denial of the traumatic event lifts, the survivor is thrown into a state of emergency. This emergency stage is often characterized by the emergence, increase, or intensification of symptoms. Often this is a time when the survivor is extremely focused on the trauma and feels a deep need to talk to others about the trauma.

According to Matsakis, the first stage of the healing process is a cognitive stage which centers around remembering the trauma and mentally reconstructing it. The second stage is an emotional stage where the main task is to feel the feelings
associated with the trauma. The final stage is that of empowerment, or mastery, where the survivor struggles to find meaning in the trauma and develops a survivor, rather than a victim, perspective. Matsakis conceptualizes healing as a lifelong process where the view of the traumatic experience gradually shifts from being seen as something that irrevocably affects one’s entire life, as the survivor finds ways of turning the trauma into a source of strength and empowerment. Matsakis’ conceptualization of healing supports my research by implying that the identity of the survivor shifts from a victim to a survivor perspective and that this shift is an integral element in recovery. Her research also suggests that the weight of the abuse experience diminishes throughout recovery which may impact the identity of the survivor.

Judith Herman (1992) conceptualizes the recovery process differently from Matsakis. Her treatment model is based on trauma research conducted by herself and other experts in the trauma field, and extensive clinical experience working with survivors of trauma. She identifies three stages of recovery: establishing safety; reconstructing the trauma story; and restoring the connection between survivors and their community. For Herman, recovery centers around the empowerment of the survivor and the creation of new connections with others. It is in these new connections with others that the survivor recreates the psychological faculties that were damaged as a result of the traumatic experience. This includes developing the survivor’s basic capacities for trust, autonomy, initiative, competence, intimacy and identity. Of primary importance is that the survivor is the one in control of her healing process. According to Herman, the healing process is not linear. Similar to Bass and
Davis, she sees the process of recovery as a spiral, where earlier issues are continually revisited but on a deeper level of integration.

In the first stage of Herman’s recovery model, the central task is the establishment of safety. According to Herman, in this stage there should be a gradual shift for the survivor from unpredictable danger to reliable safety. Establishing safety involves naming the problem, restoring control, and establishing a safe environment. Knowledge is power, and often simply learning the true name of her condition can bring enormous relief to the survivor. This process gives language to her experience and she discovers that she is not alone, that what she is experiencing is a ‘normal’ reaction to an extreme amount of stress, and that she can expect to recover. Survivors often feel unsafe in their bodies, and in their emotions and thinking because their affective and cognitive reactions feel out of control. Survivors also often feel unsafe in relation to others. The guiding principle of recovery is to restore control to the survivor. Establishing safety begins by focusing on control of the body and gradually moves outward towards control of the environment. Gradually, the survivor regains a sense of safety in her life as she begins to gain confidence in her ability to protect herself, and as she learns how to control and manage her most distressing symptoms.

In the second stage of the recovery process, the primary task is remembrance and mourning. In this stage there should be a gradual shift from dissociated trauma to acknowledged memory, as the work of reconstructing the trauma story transforms the traumatic memory so that it can be integrated into the survivor’s life story. The main tasks of this stage are reconstructing the story, transforming traumatic memory, and mourning traumatic loss. In this stage, the need to face the past must constantly be
balanced against the need for safety. The ultimate goal of reconstruction is to put the story into words and achieve integration. Telling the trauma story inevitably involves loss and a process of grieving. As part of the telling, the survivor is encouraged to develop her ability to feel the full range of her emotions. For Herman (1992), the reward of mourning is realized when the survivor sheds her stigmatized identity, reclaims her own history, the trauma ceases to command the central place in her life, and the survivor begins to feel renewed hope and energy for engagement with life. After many repetitions, the moment comes when the telling of the trauma story no longer arouses quite such intense feeling. It has become a part of the survivor’s experience, but only one part of it. The story is a memory like other memories, and it begins to fade as other memories do. Her grief too, begins to lose its vividness. It occurs to the survivor that perhaps the trauma is not the most important, or even the most interesting, part of her life story” (p. 195).

In the third and final stage of the recovery process, the survivor engages in reconnection with ordinary life. In this stage there should be a gradual shift from stigmatized isolation to restored social connection, and the major task is to create a future. It is in this final stage that the survivor develops a new self. She has grieved the self that the trauma destroyed, she recognizes that she has been a victim and she understands what the effects of that victimization have been. It is in this stage that the survivor begins to incorporate into her life what she has learned about and from her traumatic past. The tasks of this final stage include; learning to fight, reconciling with herself, reconnecting with others, finding a survivor mission, and resolving the trauma.
Learning to fight often involves a conscious choice on the part of the survivor to face danger and actively engage her fears. The survivor is now able to examine aspects of her own personality or behaviour that may have contributed to her vulnerability to exploitation because she has clearly established that her abuser is alone in his responsibility for the abuse. In this stage, the survivor may also identify sources of social pressure that keep her in a victim role. Often learning to fight also involves confronting the people who abused them, and the bystanders who did not take action to stop the abuse from happening.

Reconciling with herself is an essential task of the final stage. In this stage, the survivor no longer feels possessed by her traumatic past, and her task is to become the person she wants to be. It is now possible for the survivor to show compassion and respect for her victim self and to move beyond the victim stance. Often, this involves identifying with the survivor self and the survivor may experience a renewed sense of pride in herself.

Reconnecting with others is also an important task in this final stage. During this stage, the survivor is focused on issues of identity and intimacy. She starts to regain the ability to trust and begins deepening her connection with others.

Finding a survivor mission may also be experienced as part of the final stage of recovery. According to Herman, most survivors resolve the trauma within their personal lives. However, some women who have experience incest see a political or religious aspect to their traumatic experience and choose to transform the meaning of this experience by making it the basis for social action. Raising public awareness is
common to all survivors who engage in a survivor mission and while they are giving to others they are also giving themselves the gift of healing.

Finally, resolving the trauma is a task of the final stage that is never complete. The impact of trauma is never fully resolved and as the survivor encounters new conflicts and challenges throughout her life the trauma will inevitably be reawakened and will bring new awareness of the experience with it. Symptoms are also likely to recur under stress.

The psychological structures of the self, and basic assumptions about oneself and the world are often shattered by childhood experiences of incest, including basic assumptions about the worthiness of the self and the extent to which the survivor holds a positive or negative view of herself (Herman, 1992). As part of the recovery process, the survivor must rebuild her assumptive world. The core of treatment is to help the survivor to recall the abuse, its original affects and attach accurate meanings to the trauma. The work of therapy is to reclaim the trauma history and integrate this experience as part of her identity. Herman’s conceptualization of the recovery process supports and informs my research by describing ways in which the abuse experience shapes the survivor’s identity. According to Herman, as part of recovery the survivor sheds her stigmatized identity and develops a new self. In order to do this the survivor must not only grieve the self that the trauma destroyed, she must also recognize that she has been a victim and move beyond the victim stance.

In summary, all of these models of the healing process address the relationship between sexual abuse and identity. Bass and Davis (1988) describe three stages where the identity of the survivor is impacted. In the emergency stage, the sexual abuse
experience is literally all that the survivor can think about and talk about. It may be that this is the stage that most closely reflects what has been described by survivors as a time when their identity is subsumed by the abuse. They may feel that their entire identity is informed by their abuse experiences. Believing it happened is another stage outlined by Bass and Davis where identity is impacted. In this stage, the survivor admits to herself that she has been a victim. The final stage where identity appears to be impacted is that of resolution and moving on. In this stage, the survivor’s identification with the abuse and its effects is greatly diminished. There is increased integration and the survivor stops feeling like a victim and accepts the abuse into her identity. This is a process that is also addressed by Courtois, Draucker and Herman.

Courtois (1988) addresses this in the fourth stage of her model, integrating the helpless child with the nurturing adult. This stage emphasizes integrating the various aspects of the traumatic experience into the self which can result in a radical redefinition of the self. It is upon completion of this stage that the survivor is able to see herself with compassion and develops a positive self concept to replace her stigmatized self. Draucker (1992) includes this process in the fourth stage of her model, addressing the context of the sexual abuse. In this stage the survivor puts the abuse into perspective and recognizes how her present day actions are informed by childhood experiences and represent adaptations to abuse. Herman (1992) addresses this issue in her second stage, remembrance and mourning. In this stage the survivor sheds her stigmatized identity and reclaims her own history. The trauma ceases to command the central place in her life and becomes only a part of her experience.
In the final stage of their recovery models, Draucker (1992), Matsakis (1996) and Herman (1992) all describe a shift in identity from that of a victim to that of a survivor. Draucker has named this stage addressing resolution issues. In this stage, the child’s sexual abuse experience is integrated into the individual’s identity and ceases to be the primary force that guides the survivor’s life. For Draucker, establishing a clear sense of her own identity is a key resolution issue for the survivor and she describes a shift from a victim to a survivor identity. In Matsakis’s final stage, empowerment or mastery, the survivor develops a survivor rather than a victim perspective. In Herman’s final stage, reconnection, the survivor develops a new sense of self and moves beyond the victim stance. According to Herman, this often involves identifying with the survivor self. Of these models, Draucker’s model is the only one to address a shift in identity that might go even further than that of a survivor. As part of the resolution stage, she mentions the process of letting go of the survivor identity. However, in her description of the final stage, she does not describe what this shift might look like, how it happens or what this transformed identity might look like.

What these various models seem to suggest is that there is indeed a relationship between the healing stages of child sexual abuse and the survivor’s identity. Four processes are described in the above treatment models. There appears to be a time when the survivor experiences the sexual abuse as being a dominant aspect of her identity which is described by Bass and Davis (1988) in the emergency stage which is the second stage of their model. This would suggest that this experience is characteristic of the early stages of the healing process. There also appears to be a time when the survivor identifies as a victim which is also described by Bass and Davis.
in their fourth stage. Thus it would appear that this experience is also characteristic of the earlier stages of healing. There also appears to be a time when the victim’s identity transforms into a survivor identity. This has been described by Bass and Davis, Draucker (1992), Matsakis (1996), and Herman (1992). This shift appears to take place in the later stages of the healing process. Finally, Draucker describes a process where the survivor moves beyond this stage and lets go of the survivor identity. According to Draucker, this takes place after the resolution of all of the preceding stages but it is unclear what this process involves and what defines the woman’s identity when the survivor identity is abandoned. As such, it appears to be a final step in the healing process. As I am not aware of any research studies which specifically address these issues, these treatment models invite research which addresses how and to what extent survivors of incest perceive their trauma experiences to inform their identities at the later stages of the recovery process.

This work informs my research by supporting the importance of identity in recovery from CSA and by illuminating ways in which identity is affected throughout the stages of healing. In addition this work helps to illuminate gaps in trauma research. Draucker (1992) describes a process where the survivor lets go of the survivor identity but it remains unclear what this process involves and what defines the woman’s identity when the survivor identity is abandoned. This is a question which I intend to address in the proposed study.
CHAPTER THREE

Methodology

Research Design

The research question was: **How and to what extent do survivors of incest perceive their trauma experiences to inform their identities at the later stages of the recovery process?** It was a study of meaning and experience- the territory of phenomenological research (van Manen, 1992). A phenomenological research method was most appropriate for this study because phenomenology is able to capture the essence of experience (van Manen, 1992). This method allowed the researcher to gain some understanding into the process of recovery from the childhood experience of incest and its relationship to identity in the later stages of healing. This research study relied on the knowledge and first-hand experience of the participants, as the researcher attempted to discover and describe this phenomenon. This research method also ensured that the study was guided and informed by the basic research question (van Manen, 1992).

Phenomenology was also an appropriate methodology to select because I was attempting to capture a previously unexplored phenomenon (Colaizzi, 1978). My interest in this phenomenon was derived from my own experience and from that of others who shared this experience. This is a common starting point for researchers selecting this particular methodology (Osborne, 1990). Using a phenomenological research design allowed the research to begin from the experiences of individuals themselves as a valid starting point. The data was then used to construct an
understanding of the phenomena of identity development in the later stage of healing from childhood experiences of incest for adult women.

**Personal Assumptions**

When conducting phenomenological research, the researcher should make a concentrated effort to explore and expose personal assumptions, biases and presuppositions about the phenomenon in question (Van Manen, 1992). Van Manen cautions the researcher that this type of bias can lead to a premature interpretation of the research data. Along the same lines, Colaizzi (1978) suggests that the phenomenological researcher explore why they are involved with this particular phenomenon so that they bring their relationship with the phenomenon to conscious awareness. It is Colaizzi’s contention that this process will help keep faulty interpretations at a minimum. In the following discussion, I attempt to illuminate my personal assumptions by examining my personal connection with the research phenomenon. The goal of this exploration was to increase my awareness of my own biases so that as a researcher, I was more able to “suspend” or “bracket” my personal biases and assumptions as I worked with the research participants (Osborne, 1994).

According to McLeod (1994), the experience of one individual presents the possibility that others have had or will have similar experiences. My interest in this topic has been informed by personal experience both as a woman who experienced incest as a child, and as a woman who works as a counsellor with this population. Before conducting this research study, my understanding of the phenomenon of how the experience of incest informed and impacted identity was informed by my own
personal experience and what I had heard from other survivors with whom I had worked.

I refer to my healing as a process of recovery. At the crux of the matter is the issue of identity. For me, the process has been a very personal one. It has been about finding myself and uncovering my identity. The first twenty years of my life I felt like I had no identity I could claim as my own. The next ten years were spent trying to find what had never had a chance to evolve. During this time my identity transformed from victim to survivor. At times, it felt like that was all I was. After I had moved beyond denial, I became overwhelmed by the abuse. It felt like no one could understand me unless they knew of the abuse I had experienced. It felt like it impacted every fibre of who I was. As I moved further in the process of recovery and re-integration, this perspective changed and I began to see the abuse as one piece of my experience and one piece of my total self. Increasingly, areas of my life became free from the trauma and its effects and my identity shifted. Now my identity is more holistic and encompasses the entirety of my experience. I do not call myself a survivor. My identity is far more complex. I have moved beyond survival.

It is impossible for a researcher to completely separate or remove herself from her own experience. By exploring my own situation and beliefs, I hoped to reduce my unconscious bias when approaching the data I encountered. One purpose of self reflection was to facilitate my ability to look beyond my experiences (Osborne, 1990). In spite of my personal experience and the assumptions I have articulated, my goal was to be open to what my participants had to teach me about their experiences.
While conducting the research, I expected to discover that each participant would have had a wide range of life experiences. Within this range of experience, I expected to find that the research participants would report that they had in some way been damaged by the abuse experience, and that they felt stigmatized as a result of the incest. Ultimately, I expected to find that the identities of the research participants would have in some way been informed by their childhood sexual abuse experiences and that this impact would have shifted throughout the recovery process. I expected that the research participants would report that the degree to which the abuse encompassed their sense of self diminished as the experience was integrated into their identities.

It is important to recognize the social context within which this research was being conducted. We know much more now about trauma than we did twenty years ago. However, incest is still not a socially acceptable topic of conversation. It is a conversation stopper. This social context continues to promote silence and secrecy among those who have been affected by this type of violence. Many people do not want to hear about it and many women who have experienced incest continue to suffer the loss of their family, friends, and community when they speak out about their experiences of childhood sexual abuse.

It was my hope as a researcher, that I would be able to set these assumptions about the phenomenon aside so that I would be able to listen to the experiences of the research participants with an open mind, coming to an awareness of the phenomenon as the participants experienced it, rather than how I expected it to be (Osborne, 1994; Van Manen, 1992). Maintaining an active awareness of potential biases enabled me to
see the phenomenon more clearly. Making my assumptions explicit also allows the reader to take this into account when reading the final analysis of the data (Osborne, 1990).

**Participants**

In phenomenological research, the selection of participants is purposeful because each of the participants must have experienced the phenomenon in question. In this case, the participants had to have been sexually abused in childhood. The participants also had to possess both the ability and willingness to articulate how this experience informed their identities in the later stages of their healing.

The participants were not representative of all childhood sexual abuse survivors. They were exemplars of this population because they represent a part of the population that is at the end of the healing process. The participants were asked to describe where they felt they were in the process of recovery. If they felt that they had, for the most part, integrated the abuse experience into their sense of self, and were in the later stages of their recovery process, then they were considered suitable participants for the study. It was not the intent of this study to claim formal representation of this population which was reflected in the use of purposive sampling (Palys, 1997). Participants were intentionally sought because they reflected the criteria set by the researcher for inclusion in the study. Participants were selected based on their ability to express themselves and their possession of relevant experience (Colaizzi, 1978; Osborne, 1990). I sought out women who experienced incest in childhood and who defined themselves as being either at or beyond the final stages of healing from their traumatic experiences and who had integrated this experience into their identity.
For the purposes of this research project, participants who defined themselves as having experienced incest were considered eligible for the proposed study.

This study was conducted with adult female survivors of incest. Participants were from the lower mainland district of British Columbia. According to Osborne (1994), data collection is complete when patterns or themes begin to reoccur throughout different people's stories. When no new themes are emerging, there is no need to continue to seek out more data from additional research participants. For the purpose of this study, I anticipated that between six and eight women would be needed.

To identify cases for this study, I conducted informal networking in the local community of mental health professionals who work with this population. Mental health professionals within this network who were aware of suitable participants were asked to give these individuals the advertisement so that they could contact me by telephone if they were interested in the study.

As potential participants responded by telephone, I determined their suitability according to the inclusion criteria. Participants were also informed that each interview would be audio taped and transcribed to aid with data analysis. Interviews were then scheduled with each of the chosen research participants at mutually agreed upon times and locations.

**Procedure**

I used the in-person individual interview as my primary research tool and instrument of data collection (Palys, 1997). I chose the interview because it is an
invaluable tool which generates new insights into people’s experiences of themselves in their worlds.

There is some division within the field of qualitative research as to how fieldwork should be conducted (Thornton, 1993). While there are highly structured approaches to fieldwork and data analysis, I prefer approaches which allow for flexibility in terms of the way in which the researcher interacts with, and makes sense of, the research material. My understanding of the research question and my own theoretical background guided the research project. This understanding evolved throughout the research project as it interacted with emergent meaning which surfaced from the research data (Thornton, 1993).

As the data source was verbal accounts of personal experience, the initial interview was of primary importance. Before beginning any type of data collection, it was crucial that I established rapport with the research participant and informed her of the purpose and method of the study and that participation was voluntary (Osborne, 1990). During this initial interview, issues of confidentiality were also addressed. The participants were invited to choose a pseudonym which allowed them to maintain their anonymity. Participants were also asked to read and sign two copies of an ethical consent form (see Appendix B). One copy was kept by the participant, while I retained the other. At this time, the participant was reminded that her participation in the study was voluntary and that she was free to withdraw from the study at any time. I endeavored to make each woman comfortable and began the interview with a general orienting statement (see Appendix C). The goal of the orienting statement was to
maximize consistency among research participants in terms of how the interviews were initiated.

In terms of the interview process itself, I used basic counselling skills in my attempt to be a good listener, build rapport with each interviewee, attend to them and clarify aspects of their dialogue, be receptive to new learning, resist imposing personal expectations, be open and understanding, respond empathically, validate their perceptions and be honest and genuine (Egan, 1998). Paraphrasing and immediacy were also used as a way of encouraging the participants to share their experiences.

As a researcher, I immersed myself in the reality of each participant in an attempt to understand each woman’s story from the inside (Osborne, 1994). This was accomplished through empathic listening and by eliciting the individual’s experience of the phenomenon with a minimum amount of structure. This flexibility allowed the unique perspective of the participants to be expressed. This process was also facilitated by the use of open-ended questions (Palys, 1997). I developed questions that guided the interview process (see Appendix D). These questions were designed to be open ended and large enough in scope to allow each participant room to answer the question in a way that felt comfortable for her. Open ended questions also allowed for a wide range of responses which corresponded with the respondent’s own concerns (Palys, 1997). I felt this was crucial given the nature of the research topic.

Throughout the interview process I asked for specific examples of the phenomenon being explored. Colaizzi suggests that questions are successful when they allow the research participant to explore her experience in some depth (1978).
Each interview lasted between one and a half to two hours in duration. The interviews continued until each participant felt comfortable that she had been given adequate time to fully express her experience of her identity as it related to her history of incest and her recovery process. Each participant was also encouraged to write down any insights she had after the interview and to share this with the researcher during the validation interview.

Data Analysis

Following each interview, the audio tapes were transcribed verbatim. The transcripts were then organized and analyzed following Colaizzi’s seven step method of phenomenological analysis (1978). This seven step guideline provided structure to my analysis of the data gathered during the interview process. The first step in this process was the initial reading of each transcript. The aim of this first reading was to gain an initial sense of the participant’s experience. The second step was to re-read each transcript, highlighting meaningful statements and deleting repetitions. These two steps allowed me to familiarize myself with both the content and the story of each of the research participants. The third step was to examine the transcripts and audio-tapes to extract meanings from the research data that went beyond the literal words of the participants. The goal here was to clarify the meaning of each significant statement. Colaizzi suggests that this is a step that involves insight on the part of the researcher (1978). In order to accomplish this step, I extracted significant statements from the interviews that pertained to the topic of identity as it related to the experience of recovery from incest.
After the first three steps were completed with all of the research data, I began the fourth step which was to extract meanings from the transcripts which could then be organized into clusters of themes that were common among all of the research participants. Grouping the data together through emergent themes, patterns, and clusters of experience allowed connections to emerge among participants' experience. The purpose of this was to highlight both differences and similarities that emerged from the data. The goal of this was to allow the voices of the women to highlight similarities and differences in how they perceived their life histories in relationship to the abuse that they had experienced in their lives. This process highlighted the marginalized and stigmatized voices of women who had experienced incest and the meanings they gave to their experiences. According to Anne Opie (1992), “Avoiding appropriation and highlighting difference are crucial means by which a researcher may empower participants in her research” (p. 54), and it was my hope that this method of observation and measurement would facilitate this important goal. Also essential to this step was referring back to the original transcribed documents to ensure their validity (Colaizzi, 1978).

The fifth step was to gather the results of the above steps and combine them into an integrated description that captured the essence of the phenomenon. I then formulated a statement or bio-synopsis of the participants' experiences. A final interview was then arranged with each participant in order to validate the results of the study. The women were given the choice of conducting the validation interviews either in person or over the telephone and all seven of the women chose to proceed with telephone interviews. The participants were given a copy of the themes and a
copy of their bio-synopsis to read prior to the follow up validation interview. During this final meeting, the participants were asked to remark upon the validity of the themes generated. Each participant was encouraged to verify the accuracy of the descriptive results relative to their personal experiences of their identity as it pertained to their experience of incest. Ultimately, each participant was asked to confirm whether or not my analysis of the research material accurately reflected her experience. Following these interviews, any relevant new information or changes were then taken into account in the final description of the common themes. This final meeting in which the participants reviewed the findings was a fundamental and necessary step towards ensuring the internal validity of the findings (Colaizzi; 1978). All of the women interviewed stated that the themes accurately reflected their sense of themselves in the later stages of their recovery process.

The goal of this study was exploratory. As such, it was my hypothesis that the data would build upon existing research conducted with adult survivors of childhood sexual abuse and that it would also reveal new insights into this phenomenon. Another outcome of the data analysis was the development and formulation of future research questions. Analysis of the research data also lead to a better understanding of the point of view of the participants and lead to more precise research questions and ideally will lead to the development of new theoretical and clinical understanding. Exploratory research is an integral and focal part of the inductive research process, and a base from which theory might emerge (Palys, 1997). This research may also help isolate important variables and questions of interest for further study. Detailed descriptions of
all aspects of this study allow comparison with future research related to this phenomenon.

**Reliability and Validity**

Phenomenological research does not allow for traditional tests of reliability and validity (Colaizzi, 1978; Osborne, 1994). However, returning to the research participants with their experiences was one way of establishing validity (Colaizzi, 1978). In addition, making my position explicit allows readers to determine the trustworthiness and accuracy of the results.
CHAPTER FOUR

Results

This chapter begins with a brief biographical sketch of each participant. The purpose of these biographical summaries is to provide a context for the study’s findings. The summaries also give the reader an opportunity to gain some insight into the unique lives of the women who participated in this study. The women interviewed were given the option of choosing a pseudonym that would be used to maintain confidentiality. While most of the participants chose to use a pseudonym, some of the women chose to use their given names. These sketches were generated and reviewed by the women. Following these biographical introductions are descriptions of the common themes that were generated from the analysis of the seven participants experiences of their identities as they pertain to their recovery from incest.

The Participants

Anika

Anika is a 44 year old woman with a Croatian background. She has a Master’s degree in Counselling Psychology and is employed as a psychotherapist at a community agency where she works with “sexual abuse survivors.” She is also in private practice where she works primarily as a trauma therapist. She is a lesbian and is currently in a relationship.

There has been a lot of abuse in Anika’s life. She started being sexually abused at two years of age when her family moved from Croatia to Canada. The abuse was long term and continued well into Anika’s teenage years. She was sexually abused by her aunt’s common-law husband, who they were living with when they first came to
Canada, as well as a biological uncle. She was also sexually and physically abused by her father.

Anika first started seeing a female therapist when she was twenty one and continued working with her for ten years of what she described as “really intense therapy.” Initially her recovery consisted primarily of individual counselling. A few years into therapy, she also began to participate in therapy groups and also did body therapy. A turning point in her recovery took place thirteen years ago when she went into a treatment centre for drug addiction and quit “drinking, drugging and using”. She also described the process of making a police report and charging the man who first started abusing her and her sisters when they came to Canada - ultimately seeing him go to jail, as another important healing step. She said that the last bit of intense trauma work that she did was three years ago when she went to a woman therapist trained in Eye Movement Desensitization and Reprocessing (EMDR).

One of the main shifts in Anika’s identity is that she used to wonder if anything about her was authentic- she now she describes herself as having a solid sense of self. She said she feels pretty good, she likes who she is and feels like she has a lot of courage. For a long time, Anika identified primarily as a trauma therapist and a trauma survivor. Now, she said she sees herself as much more than that and recognizes that there’s many more parts to her identity. She said she feels she is starting a really new phase in her life because she’s moved beyond identifying as a victim and a survivor.
Carol

Carol is a fifty seven year old woman with a “European, white Anglo-Saxon” background. She has a Master’s degree in education and is employed as a teacher. She was married and has since divorced.

Carol started being sexually abused in infancy by her grandfather. After her grandfather’s death—when she was seven or eight years old, Carol started being sexually abused by her father. The abuse was long term and continued until Carol left home at the age of 18.

Carol said she “didn’t touch [the abuse history] with a ten foot pole” until her marriage broke up. She said she was in her forties when she first started to work on healing from the abuse she experienced as a child. Initially she worked with a psychiatrist who she saw for six or seven years—two to three times a week. She said the psychiatrist helped support her through that period, but that their work together didn’t really deal with the abuse history. She then started seeing a counsellor who specialized in incest and working with women which allowed her to develop a much clearer understanding of the impact of her trauma history. Carol continues to work with a counsellor in individual therapy on a monthly basis and said she now feels that while she’s still dealing with the incest to some extent, in many ways she’s through most of it.

Carol said what has remained constant about her identity is her sense of herself as a professional and as a teacher. For many years the trauma wasn’t a part of her identity. She kept the incest a secret until she was in her 40’s and wasn’t consciously aware of the impact for many years, even though she was living with its consequences.
Carol said now that she is conscious of the impact, she is aware of the deeper levels of her self that have been affected and it feels like its a bigger part of her because for so many years she didn’t realize the impact that the incest had.

Heather

Heather is a 43 year old Caucasian woman with a European background; Dutch on her father’s side and English Irish on her mother’s side. After completing high school, she went to BCIT and took a program in health record management. Since that time she has continued to work in the health management field and has moved on to management and supervisory roles. She is married and has two children. Her eldest son, who is from a previous marriage, is fifteen and her youngest son is almost two.

Heather grew up in an alcoholic home and characterized her upbringing as emotionally and physically abusive. She said that her father was full of rage and instilled fear in all of the members of his household by terrorizing them on a daily basis. Heather stated that he was in total control from the moment he walked in the door and that everyone else in the family was on eggshells. She was also sexually abused by both her father and her older brother.

Heather was thirty when she first started to seek help for her abuse history thirteen years ago. Initially she started off at Adult Children of Alcoholics, ACOA and then found an individual counsellor to work with at a local community agency. Since that time she has moved on to work with other counsellors and has participated in both individual and group therapy. She has also done body work and has been seeing a massage therapist who has helped her to get more in touch with her body. She
continues to do individual work with a therapist and also participates in a psycho
drama based group every couple of months.

Heather described her childhood identity as being so submerged that it felt non
existent. She said that for her, the biggest thing that’s changed about her identity is
that now she has a sense of herself, she knows herself, and she’s not a victim anymore.
She said now that she’s not “surviving”, she is able to spend time doing the things that
really matter and what really matters for her is the relationships she has with people.
As she stated in the interview, “Life is definitely a lot richer when you experience it.”
Heather said she’s overcome her past, she’s dealt with it, she’s made something of her
life, and she’s doing well.

Jane

Jane is a 56 year old woman with an English, Irish, and Scottish background.
She has a B.A. in psychology and has been employed in many different types of
occupations. For the last decade, she has considered herself an artist. Her medium is
clay and she is primarily a sculptor. She has been married 27 years and has a 26 year
old daughter.

The abuse Jane experienced was long term, starting from infancy and
continuing until she was sixteen years of age. The abuse ranged from inappropriate
touching and sexualizing to anal penetration and group abuse. She reported that some
of the abuse she experienced was extremely sadistic.

In terms of her recovery process, Jane said it “really began” 16 years ago when
she was forty years of age. At that time, Jane spent ten years in individual therapy
concentrating on her abuse history and saw her therapist once or twice a week.
really intense period of her recovery lasted three to five years. Meditation, support groups, group therapy, good friends and being in nature have also been crucial components of her healing process.

Jane said that her identity has changed “tons”. She said that when she turned 50 she used to joke with people that she was just becoming a person because before that she didn’t feel like she’d really been a person. She said what’s changed most about her identity is that having been just a reflection of others, now she can truly be herself. She said her sense of herself now is “pretty good”. For quite awhile when she was in therapy, she used to think of herself as a survivor. Now she thinks of herself as a woman and an artist. She describes herself as having a very good life and said she now appreciates the small and ordinary things, like “...getting up and if it’s sunny having coffee out on the deck in the morning- it’s like heaven.”

Sarah

Sarah is a thirty year old Caucasian woman. She has a Master’s degree in Counselling Psychology and is employed as a counsellor. She is currently in a common law relationship and has been living with her partner for the past six years.

Sarah was sexually abused by her father and the abuse was long term, beginning during infancy. While her father stopped the oral abuse when she was ten years old, he continued to be a voyeur and to “feel her up” throughout her teenage years.

Sarah’s recovery process began early, when during her pre-teen years she realized that the abuse was her father’s fault. She said she spent her whole teen years “thinking about [the incest] and working it through” and spent her whole twenties doing the same, either on her own or with therapists. Sarah said that between the ages
of eighteen and twenty four there was a gap where she was not actively working towards resolving the abuse history. During these years she said it felt like the abuse history was “pretty resolved”. Sarah was twenty four when her recovery process “jump started” again after the breakup of her marriage. The trauma was triggered and she started individual counselling for the abuse history for the first time. She also participated in an incest survivors group as part of her healing process. She now feels that the abuse has been resolved as much as it can be. Sarah said it felt like the healing process was the development of her identity because each stage of shifting and recovery freed up more aspects of her self.

One of the biggest changes in Sarah’s identity came as a result of reporting her father to the police. This process enabled her to not have the abuse be a “continuing huge part” of her identity. It allowed her to stop being an incest survivor and just be herself. She said she had to let go of being a “survivor” so that she could instead see herself as a “strong, powerful and smart” person. She also said that a lot of the shifts that happened for her in terms of her identity weren’t expected because they came at the end of her recovery process and she hadn’t known that it was possible to be that free from her traumatic past. She said she is thankful that she was able to start healing so early because it’s given her a lot more of her life back.

Sarah Cornwall

Sarah is a fifty three year old woman with a “Celtic Caucasian” background. She has a Bachelor’s degree in Human Relations and a Teaching Certificate and has been employed as an executive director in a non-profit organization for the last ten
years. She was married and is now divorced and has two adult children, a son and a daughter.

Sarah was sexually abused by her father and the abuse started in infancy and was long term. She said the consistent abuse continued until she was eleven. There were also more sporadic incidents of sexual abuse during her teenage years.

Sarah started to work on the sexual abuse issues after her father died, when she was thirty one years old. While she did receive some counselling at that time, she said she primarily made it through the initial part of her healing process by reading, talking to friends and joining a women’s support group. Five years later she started working with a feminist woman therapist in individual counselling on a regular basis. While she said she did address some of the abuse issues with this therapist, it wasn’t until five years ago- when she connected with her current therapist who specializes in trauma and sexual abuse, that she was able to understand the flashbacks and some of the other trauma symptoms she had been experiencing. Sarah said she feels like she was able to one hundred percent let go of her father two years ago.

For Sarah, one of the most significant issues in terms of her identity has been the impact that the abuse had on her soul and her spirit. She said that for much of her life she thought that she didn’t have a soul or a spirit and that it was as a result of the healing process that she has regained her sense of self as a spiritual person. Sarah said as she follows her spiritual path she becomes less defined by the incest. Her identity has also shifted in that she no longer attaches her identity to being a certain kind of person- a good mother, a good women’s advocate, a good activist. She said that her identity now is more detached from what she can do, how she performs and the roles
she occupies. She feels more accepting and more allowing of herself to be who she is and is now able to act from a heart centered place. She said the process of letting go of her father has allowed her to have a relationship with her mother and a completely different relationship with herself which is about being present and where she has more freedom, more self love and more joy in herself that she has ever had before.

Shirley

Shirley is a 48 year old woman with a Metis background; aboriginal on her father’s side and Russian on her mother’s side. She has an equivalent Master’s degree and is employed in private practice as a psychotherapist, trainer and consultant. She is married and has a 19 year old son.

The trauma Shirley experienced was long term, starting from infancy and ending when she left home at fourteen years of age. She reported that the abuse entailed all kinds of sexual, physical, mental and emotional abuse including sadism, long stretches of confinement and group abuse. The main perpetrator was her father.

Shirley was a teenager and a street kid living on her own when she first encountered the mental health system. She had been slashing her arms which was eventually noticed and brought to the attention of the school Shirley was attending. She was then referred to an institute where she met a psychiatrist who she spent the next eleven years working with. Her recovery process included many different types of therapy and a number of therapists. Shirley also spent time in mental institutes which she described as a ‘real awakening’ for her. She said this experience was transformational because she discovered that advocacy would be her road to healing. Discovering the therapeutic technique of Focusing was also a crucial step in her
recovery because at that time there was no real methodology—nothing had been pioneered yet in the trauma field. What she found in Focusing was a technique that resonated with her that she could use to clear out some of her “unfinished business.” Being a pioneer and one of the women who first broke the silence about incest has been difficult for Shirley because she said she has never known what the road ahead was going to be like. She said that she now feels pretty intact and that the past hardly ever comes up any more.

Shirley described her true self as a “helper kind of person” and said that it took many, many years for that identity to emerge. She said what obstructed her identity was the abuse both within her immediate family of origin and intergenerationally. In order to find herself, Shirley said she had to learn how to crawl out from under the wounds of her history and stand beside it. She said she can now reflect on her traumatic past and see it as an experience she had and not who she is. She said she loves her life and she loves being alive. Having been an activist and workaholic she is looking forward to spending time doing meaningless things that until now, she has never had time for.

Common Themes

Five themes emerged from the analysis of the participants’ experiences of their sense of themselves as it relates to the experience of incest. All five themes were based on the commonalities found in the experiences of all seven women. The themes that emerged appear below, in no particular order:

- an increasing sense of visibility and connection
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- an emerging sense of self definition and self acceptance
- a shift in world view
- a sense of regret over what has been lost
- a sense of resiliency and growth

The five themes attempt to describe and give shape to the common aspects of the lived experience of how, and to what extent, the women in this study perceived their trauma experiences to inform their identity at the later stages of the recovery process. Each theme is described in detail below, with direct quotes from the participants to elucidate their experiences.

**An Increasing Sense of Visibility and Connection**

One of the themes that emerged in the process of analyzing the interview transcripts was an increasing sense of visibility and connection. The participants all reported that their sense of themselves before they started the healing process was that they were “alone”, “invisible” and “different”. As one of the women stated, “I always had this feeling that what happened to me was so different, that how could anybody ever have experienced it or how could I be like anybody else.” In contrast, when the women described their sense of themselves now that they are at the other end of the recovery process, they said that they felt significantly more visible and more connected with others. This increasing sense of visibility and connection appeared to be related to what the women in this study depicted as a merging of their public and private selves.

All of the women talked about how alone they felt as children. As one of the women stated, “I knew I was alone...I couldn’t talk to anybody and I was completely alone.” The women explained how this sense of aloneness appeared to be connected
to the sense they had that they were "different" and that they couldn't talk to anyone about the incest. For example, one of the participants described how her sense of uniqueness felt connected to her sense of loneliness:

I grew up feeling...extremely different and lonely. Like I was the only creature like myself in the world and there was a real loneliness to the sound of that and I think in some ways I still think that, although I'm not so lonely. I just didn't fit in to any of the normal things, whatever category. Now that feels good, but there has been a loneliness about that piece. Being Metis, being half breed, not really Indian, not really White, not really this, not really that...like a survivor, not like a survivor...I guess I feel a little bit unique...but yet part of everything, and not part of anything.

All of the women in this study confirmed that they had felt like they couldn't talk to anyone about the abuse and because the abuse so much defined who they were, they had to keep themselves from being known as well. One of the women in the study captured the sense of shame and self blame that was reported by all of the women in this study, in terms of how she understood her need to keep her inner self hidden from the people in her life:

...I always had this concept of being bad, I was a really bad person and I had to hide that from everybody. ...at the worst of it sometimes I'd be sitting, sitting in meetings with my face covered so people couldn't see my shame because I was so ashamed, and I had such a sense of how bad I was inside and how I had to hide that badness from people seeing it, but I knew it.
The women in this study also talked about how their sense of aloneness and of being the only one who had this experience appeared to be connected to their sense of invisibility, especially in their childhoods and during the early stage of the recovery process. For example, in the following words, one of the women elucidated the pain of not being seen, a sense that was shared by all of the women in this study because of their feelings of shame and self-loathing engendered by their traumatic experiences:

I feel like there was always those splits between feeling like I had no sense of self, very depressed, very, very worthless, very self-effacing, very alone. That was one part. The other part was that I was really attractive. I was a beautiful teenager... I had long thick beautiful long hair. I had this beautiful body. I was an athlete... I was lesbian but I didn’t know it at the time. I just... had no self-consciousness... I was kind of like really off somewhere. Some people knew I was a lesbian and I didn’t. I just didn’t. There wasn’t that kind of awareness. And so I couldn’t see that other side. I couldn’t see it. It’s funny when I talk with people I went to high school with, they’ll be like, “oh you’re so beautiful, all the guys wanted you” and I’d be like, “oh wow, that’s where I was is in this deep dark tavern of self hatred and depression.” And I just felt kind of invisible, like nobody would really know that I existed. It’s so hard for me to even say that now. I hate to remember that time. That was a really, really hard period and it took me a long time to connect the insides and the outsides.

These women all described feeling a similar sense of incongruence—between how they were feeling on the inside, and what others were perceiving from their
outward appearances. The following words of one of the participants also captures this dissonance between what the women projected on the outside, versus how they felt about themselves on the inside:

I was just...extremely, extremely in terror a lot except nobody knew that. I had developed...quite an image...during the day I was this really tough girl who wore a leather jacket and wasn’t afraid of anything and helped a lot of people and was very, very out there. And at night I never slept without a light on. I never slept. If I did fall asleep I had nightmares and I was in terror and a lot of paranoia...feeling very alone.

The women explained how no one in their lives could see the inner struggles that they were fighting, or the tremendous amount of pain that they were experiencing in the early years of their recovery, because this battle was being waged, for the most part, in their private lives. One of the women captured the essence of this internal battle, that was shared by all of the women, and the slow process of the internal and external selves becoming more integrated:

Lots of years in my life I would be out advocating, teaching, my self would be out there. Then I would go home and behind the scenes would be in a fetal position...kind of just a little stuck piece of trauma there, sitting there. No one in the world would have known that because they would have seen me as having all this identity. And that was me, that was my identity emerging out of that painful place...

The women elucidated how they often felt like imposters, that they weren’t being “real” because of the incongruence between what they felt internally and what
they presented to the outside world. For example, one of the participants illustrated how this need to keep her inner world hidden from others resulted in her feeling like she was acting instead of living her life:

...that's how I felt, that I've acted my whole life...I've just done such a good job...in some ways, I have felt that I'm a fraud...that's lessened to some extent but it's still there.... There's less of that in my life now than there was when I was younger.

The women explained how one important step in starting to feel a greater sense of visibility and connection was the process of placing their own individual experiences of incest into a larger social context. As one of the women stated, "...the first phase of the recovery was naming the experience and seeing it in a political social context and placing myself in this whole picture." Another participant said, "...for a long time I just thought I was going completely crazy and then in my professional world I went to a conference- a part of which was on incest and I just went- that's me...." The women reported that this process allowed them to see that other women had also experienced incest and said that this enabled them to see their past as more than a very private and painful occurrence. Another participant explained this initial sense of connection with the experiences of others, and ultimately within herself in the following words:

...there's nothing like getting together with other women who share their stories and you find out you're not alone and that other people work with what's happened and how it affects them in their relationships and their work and you just see it as a process...seeing myself in sort of a broader picture. I
was also seeing that it had happened to lots of women. I was seeing that as a society we were trying to look at it and it was like a context...

The participants described how this initial sense of connection—"fitting in", gave them an enormous sense of relief early in their healing journeys. For example, one of the women captured the power of this experience—one shared by all of the women in this study, in the following words:

The first thing I bought was a book and it talked about coming from an alcoholic home and... I had just a physical response to it, just to look at it and all of a sudden fit somewhere... it sort of amazed me. ...

Another participant elucidated her sense of appreciation for how transformative this experience was for her— to be putting her abuse history into a larger perspective, and connecting with the experiences of other women:

I just feel like God, I'm so lucky that I got to go to university and I got to meet a therapist and I got to go to women's studies class. That gave me some theoretical frames for what I was doing and also I did a lot of research on sexual abuse... and put things into perspective. And that, that was huge... that's where things really started to change for me. I saw this therapist and I started becoming politically involved and I met a group of like-minded women.... It was like a trickling of some common ground with some other people.

The women explained how their ability to put the abuse into a broader social and political perspective allowed them to start sharing and connecting with others— allowing for the first time, for their inner selves to be seen. For example, one
of the participants reflected her understanding of the shift from invisibility to visibility in the following words:

I went from not being visible because, I thought I was pretty invisible, to being very visible and people actually noticing me and liking me...I always knew I had this huge compassionate side to me, but in fact I was quite insightful. So group therapy was...a huge turning point for me...after that it became easier to reveal myself, to share who I was.... I have cried; I have been curled up in little balls on the floor crying so hard I thought I was gonna throw up in front of people. I would never have done that before, ever, ever, ever, ever. It’s not scary. That was the turning; it’s like learning that...it’s like a layer at a time...it opened a door and it was like okay each step at a time I can reveal a little bit more, a little bit more until, it’s not scary to let people see me.

Another participant explained how the process of reporting her father to the police contributed to the shift in her sense of self from invisibility to visibility. In the following words, she documents how making a statement and involving the police allowed her to place her experience in the larger social context by having her case documented- enabling her to feel an increase in her sense of visibility and personal power:

...probably the biggest “C” change in terms of my identity was when I did go through the process of reporting him to the police.... It wouldn’t be a thing between him and me anymore. It would be a crime against society. I would be in the statistics, and that’s a good thing, because that’s being open to all of
society about what happened in an anonymous way; but still my number is being counted, where before I was invisible.

The women in this study also explained how seeing themselves within the context of their families, even if their families were dysfunctional, enabled them to feel connected to others and not so alone. As one of the women stated:

It helps to see myself in the context of a bigger family, even if the family is kind of broken up. It's less that I'm the dot without any family connections. I'm the healthy little fruit on the tree that's kind of sick.

Another participant explained how talking with her siblings about the abuse allowed her to see herself as part of a family, and enabled her to feel more connected and less separate:

...my sister was sexually abused too by my father.... Five or six years ago I told my brother and he had no idea about it but he’s gone through a lot of problems of his own.... It’s become an issue for him.... I think I had resentment towards my brother and sister because I think in the back of my mind I thought I was protecting them by being the victim. In fact I found out that they weren’t protected at all.... It’s made me a member of the family which I wasn’t...and so consequently I feel connected to people...I’ve never had that before...I just don’t feel as separate....

While all of the women described a significant increase in their sense of visibility and connection with others throughout the healing process, they also explained how they continue to feel “somewhat separate”. The women said that while they no longer feel invisible, they all still sometimes feel alone. For example, one of the
Participants explained this lingering sense of being alone and not completely fitting in, that was shared by all of the women:

I still feel somewhat separate.... I think that I'm still a little bit more closed off and I can feel very alone still in the world. I have a hard time sometimes believing that I matter, that I can really make a difference...that whole serious thing, that life has been so serious instead of just lighter and more fun the way that it can be.... So I never really totally feel that I fit in, in the world. Although I have friends and I'm a part of things.... I do feel it comes as a result of mostly being that way...having to be that invisible. I did not want to be noticed.

The greater sense of visibility and connection that these women demonstrated was most evident in the women’s assertions about their current sense of themselves. As one of the participants stated, “I’m just not that same invisible victim anymore.” The women explained how the process of recovery allowed them to share more of themselves with others and resulted in a merging of their private and public selves. For example, one of the women explained her current sense of self and how she no longer feels the need to keep aspects of herself hidden from the people in her life:

I think I have value and I have things to say. I’m bright. I’m smart. I’m a good person. ...that’s really important...that sense of having to hide my badness isn’t there.... I can even say it out loud, right, because...the thing is I couldn’t say it out loud because then people would know. So that’s really changed.... There’s always been splits in my life.... This split between what I
presented and who I was, this very compassionate part of me and this fuck you to my parents or at school. But I don’t have any of that now.

The women explained how, in working through the incest and accepting this as part, but not all of who they are, they no longer feel invisible. They feel like they are being seen. In the following description, one of the women explained this shift—that was common to all of the women, and how that has affected her current sense of self:

I feel like I’m a person that does stand out and that is so different than how I saw myself before…. Before I was invisible, even though I wasn’t, I felt so invisible. And now I know I’m not invisible. I am a person who has an impact on people.

These women all demonstrated a sense of feeling proud of the women that they had become and said that they were particularly proud of their relationships with friends and loved ones. The participants all explained how they had moved from feeling alone in the world to feeling a greater sense of connection. One of the women captured these sentiments in the following way:

I am someone who has a lot of good relationships. I’m proud of my relationships with my children, and with my ex husband who is now one of my best friends…I’m a person who’s connected.

**An Emerging Sense of Self Definition and Self Acceptance**

In analyzing the interviews with the seven participants, an emerging sense of self definition and self acceptance was a theme that emanated and was shared by all of the women. Before they began their healing, the women all described themselves as having no sense of self. Throughout the process of recovery, these women all
described how their sense of themselves emerged and developed. In the initial stages of healing they described their identities as being intertwined with their experiences of incest. As the women worked through the ways in which they had been affected by the sexual abuse, they were increasingly able to disengage from the trauma and connect with their true selves. In discovering who they were apart from the abuse, these women all described a shift in their sense of self which enabled them to recognize and appreciate positive aspects of themselves and start seeing themselves as women who were lovable, deserving of respect, and capable of taking ownership of their lives and futures.

All of the women in this study described a time in their early lives, before they started healing, when they felt like they didn’t have an identity or a sense of self. For the women in this study, the lack of a sense of self was connected to the abuse that they experienced and their ways of coping with the incest. One of the women captured the lack of self definition in the following words: “I didn’t have a sense of who I was for the first decade of my life…. I was just in the whole family morass and didn’t have any edges or boundaries or any sense of me.” What the women described was a sense of being consumed by the abuse that they had experienced. These women all stated that during this time in their lives all of their energy was spent “surviving”, and the effort required to stay functioning in their daily lives took all of their resources. These women described being so engulfed in the worlds of their abusers that there was no space for them to discover who they were outside of that experience. The following words of one of the participants captured the pain these women all described in not being able to connect with a sense of self:
...as a young person I remember holding a mirror up and looking in the mirror at my face saying, “Is this you? Is this your mom? Is this mom? Is this [my sister]? Is this me? Who is this? Really not being able to tell looking at my face. It was very, very painful to be looking into this thing trying to discover...as if I was layered in behind all these characters. And the characters that I would first meet, were all the trauma characters in my life and...they’re in front of me. What I’ve realized is its not so much that I lost my identity but that my identity was hidden under memory fragments that were not just me, but everything that I saw, felt and heard. The depression in my body that I first met was my mother’s depression. The rage that I first met was my father’s rage sitting inside of me. Each layer of emotion was part of the story and under all of that lay the real me.

The women in this study all talked about how they felt like they had not been really present in their lives when they were children and had difficulty connecting with themselves and their feelings as a result of being so “shut down”. The words of one participant captured these sentiments in reflecting on her past sense of herself:

I didn’t know what a feeling was.... I went through many years where I simply didn’t cry, ever, I couldn’t cry. The saddest thing could happen and I could not cry. I thought I must be an awful person that I could be so dead of feeling.... I couldn’t have told you what my favorite colour was.... I really just don’t think there was ever any room for me, like who ‘me’ was. And then actually I think there was a lot of fear that there wasn’t anything there...when you’re that closed down, I mean quite honestly you’ve never had any other
experience.... I was really afraid this was all there was to me. And they say, “oh yeah, everyone’s special, everyone has special talents.” “Well I don’t. There’s nothing special about me and I don’t have any special talents and who cares what I like...”

The women in this study also indicated that during childhood, adolescence and young adulthood, the only inner sense of self that they were able to connect with was a sense of “badness”. The women described themselves as having no sense of entitlement, low self worth, and a negative sense of self. The words these women used to describe their sense of themselves during these early years were; “miserable”, “horrible”, “unhappy”, “ugly”, “garbage”, “stupid”, “not important”, “overweight”, “unloving”, “depressed”, “hopeless”, and “awful.” The women described themselves as having very low self esteem and stated that their sense of self worth was very much tied to “being worth something to somebody else” and “being there to service whoever was there.” They described how one of their ways of coping with the abuse they were enduring, and had endured, and their inner sense of badness was by keeping the incest hidden. One of the women captured these sentiments in the following words:

...in order to grow up and stay alive I learned how to fit in extremely well.... I felt that thinking was dangerous and having my own ideas would be deadly and so I learned...how to be a chameleon and just really blend in.... So I didn’t really have a sense of self.... I really didn’t think that there was any of myself there.... I’ve only been realizing lately just how conditioned I was not to show how I was thinking or feeling. It felt like if I let anybody know how I was thinking or feeling then that would be the end of the world to me so the best
way to be safe was not even to allow sort of the most basic thoughts or what was going on in there. If I knew what was happening then somebody else might know and that would be too dangerous so I didn’t even want to know. But in order to keep away the thoughts of what was going on away I had to really keep everything out. And in some ways I saw myself as an automaton, just somebody who sort of went through the motions and mimicked other people. So however they were being is how I would be.

Not surprisingly for the women in this study, their first true meeting with themselves and connecting with their feelings during the recovery and healing process was very painful. As one of the women stated:

I somehow woke up...before that I was just sort of functioning...very painful to wake up. I can remember finding an identity, finding myself waking up, finding myself heaving in pain.... I spent a lot of years in just sheer agony...and that was horrible. That took a long time to move through all that pain.

For the women in this study, the emergence of a sense of self appeared to be connected to an increased sense of agency. For example, in the following quote, one of the women described how, for her, the recognition of a sense of self and the realization that she had choices were interconnected:

I started to emerge from the morass of my family...when the act of abuse stopped...sometime around 12 or 13...it suddenly came to me that in fact I was a separate person and I didn’t have to belong to this family. Not only did I not have to belong to it, but I didn’t have to be lost in this family. And I
actually had choices that I could make. And then I had some power over my own destiny...I suddenly had some...sense of self that I had never had before. While some of the women in this study stated that they were first able to connect with this emerging sense of self definition when the abuse stopped, others explained that they did not connect with this awakening sense of self until after they had moved out on their own and created some space and distance from themselves and their abusers.

In the early stages of their recovery process, the women all reported that the “survivor” identity was very important to them both as a source of strength and as an initial step in defining themselves. One of the women captured the essence of the “survivor identity” that was shared by all of the women in her explanation of just how important this identity was to her in coming to understand herself as she began to heal from the abuse:

…it used to be everything.... There was one time that I thought that if I don’t think of myself as an abuse survivor who would I be? It was like it felt like a hundred percent of my identity. It just felt like that was everything and I had to hang onto it.... It was like a little life raft in a way, that I made it and if I hung on to that identity I’d be okay. And I certainly went through some years where that was right up there. But I hardly ever think of that anymore. I mean it can come up. How often would it come up?... a couple of times a year where I remember just how predominant that was and how hard I had to work to stay functioning. So it’s in many ways a night and day difference. It’s there and I know it’s there but I’ve worked a lot on it and it’s not unknown anymore. And I just don’t have to keep reviewing it. I reviewed it till I’m silly. It’s done,
I’ve looked at it. I really only need to look at it when I get triggered by something and then it can still happen but it doesn’t last very long. So it still feels very intense when it happens but it just doesn’t last. And it used to feel like that was forever.

In the later stages of the recovery process, these women all talked about how they had to let go of their survivor identities so that they could continue moving forward in their healing process. As one of the women stated, “There was a while there where I wondered if anything about me was authentic. Because in just being a survivor, that’s all I was doing was surviving…” These women all described how their healing journeys brought them beyond survival. As one of the participants stated, “…for quite awhile when I was in therapy I used to just think of myself as a survivor and I don’t anymore. I think of myself as a woman, an artist.” These women all talked about how the survivor identity eventually became limiting and no longer reflected their sense of themselves and all that they had become. This sentiment was reflected in the following words of one of the participants:

…I’ve identified as a trauma therapist and a trauma survivor. And that’s been a big part of my identity. But I’m more than that, I’m also a writer, a long distance runner, a lover, sometimes…I’m a sister…. There’s so many parts to me, but at one time…that was all that it was about…as a person who’s been abused, who’s been a victim and a survivor. I’ve kind of moved from that. It’s not my entire world anymore…

Another woman noted how this shift meant that she no longer felt the need to tell people about the incest as a way of explaining herself to them:
...for years I never said a word. It just was this big secret...and then it broke out...and then...I blurted it out all over the place and it was inappropriate or it was not necessary. I don’t even know now. It was necessary for me...Now it’s not necessary. It’s a part of me.

In the later stages of their healing, these women all described feeling like the abuse is no longer an essential aspect of their self-definition. As one of the participants stated, “...my history is so little a part of me at this point.” These women all attributed this shift to the recovery process. As the participants worked through the trauma of the past, they reported how it became less active and alive in their daily lives. One of the women explained, “...it used to colour my entire world and almost everything I did.... Hardly ever does the past come up any more...now I have to go hunting for it. I have to go looking for it.... It’s just not that relevant any more.”

Six of the women stated that the healing process enabled them to be less defined by the incest because it lessened the impact that the past had on their present lives. One of the women however, described how she felt that as she became more aware of the impact the incest had on her life, she felt it informed more of her identity. This appeared to be connected to the later developmental stage at which the recovery process occurred for her compared to the other participants in this study. This participant explained how she felt that most of her life had been lived without the self awareness or understanding of her trauma reactions. She said that because the first forty years of her life were lived without this awareness, she felt like she is still discovering who she is apart from the trauma. In the following words she captured the essence of this sentiment:
I think that I feel it's a much bigger part than I did when I was younger, that I didn't realize the impact it had had on me.... I was incredibly affected by it.... It's affected my whole life...I am who I am because to a great extent what I went through for those 18 years. And I never realized that impact until I was in my 40's. I lived it but I wasn’t conscious of it. And I think I am conscious of it now and have been for the last 17, 18 years. And, and it appears to me not to get smaller the more aware I am of it but in fact bigger, that it’s on even deeper levels than I had explored before.

The women attributed this shift in being less defined by the abuse, to their ability to create space and distance between themselves and the incest they experienced. As one of the women stated, “I left the country because I needed that much space between me and my family. I absolutely had to have that much space to survive, to find a way of creating a life for myself.” The women all described how they were able to begin the process of separating their sense of self from the trauma that had at one time obliterated their identities. The women stated that they had needed to find ways to create a space for themselves so that they could do the healing work that needed to be done. One of the women captured the struggle faced by all of the women in the study, in her explanation of how she was able to find a way of being in relationship with her traumatic past without being overwhelmed by it:

I really had to learn to crawl out from under that and stand beside it. And never go back into that pie. Never, never go back into that family, but stand beside that family.... Beside it I can be me...I can have an identity...I think that sort of emerged little by little over time...over a long, long time. And
maybe it's even still always emerging. I don’t know but I feel pretty intact....

There’s a space between the me then and the me now. I don’t feel like I’m the child. I feel like I’m noticing the child I was. So I’m not immersed in it....

There were other times in my life where I was reliving it instead of remembering it. And now I remember it and I don’t relive it. It’s what I was.

It’s not who I am.

The women in this study also named time and positive life experiences as important healing influences in their emerging self-definition and self-acceptance. The following words of one of the women capture these sentiments:

The more space between it and...me and the more healthy experiences I have in between, the more...I can draw from its richness. So it seems to me, time is a very big piece here...in the sense that its long ago and far away, those tragedies. And so many neat other things have happened in my life.... My world has gone so far beyond all those places and I’ve seen so much more and I’ve filled my life with so many other things that I’ve managed to be present for.... I have these things in between where that happened and where I am now. These wonderful things in between.... These wonderful treasures are ripe other life experiences that are just so the opposite of anything I ever knew!

The more I’m fed by all the wonderful things that the world has to offer the more I can reflect on what did happen as just an experience I had and not who I am. Because I’m all these other things to so many people. And that takes time. I think the hardest part in some ways is coming out of the abuse and there’s nothing else there to draw from because the abuse took up all that
space. But now that space has been taken up by so many other things too, that
the abuse is just one thing that happened to me, for a period of time. Many
more things happened to me for even a longer period of time that were
incredibly wonderful so...that space there when you first come out and there’s
nothing to fill it with. It’s very hard. And then you slowly fill that empty space
with good things. The more you have of that, the less the other...that seems to
be what really changes the impact.

As these women talked about their emerging sense of themselves they
described feeling like they were uncovering the essence of their true selves. In the
following quote, one of the women captured these sentiments:

...basically who I was, that never really changed. It was just learning who I
was. And in some ways that was just a normal part of growing up that if I’d
have been in a different environment I would have done it when I was young.
But because I was not able to do it until I was older, I was kind of just going
through the childhood things of growing up at a very different stage.... It was
harder because there were so many barriers in the way...the essence of who I
am is there...”

Another participant stated: “It’s like the recovery process was the development of my
identity.... It’s like at each stage of shifting and recovery...it freed up more for me...”

These women explained how the recovery process allowed their true selves to emerge
as they discovered their essential self apart from the abuse they had experienced. As
one of the women elucidated:
...that identity was emerging out of the advocacy. It was almost as if there was my true self. My true self has always been that me that is a helper kind of person. That’s just me, who I am. It’s my personality. But that didn’t emerge in that way for many, many years.

One of the consequences of the participants’ emerging sense of self definition was the development of a more positive sense of self. All of the women in the study described how the recovery process opened something up for them and enabled their negative sense of self to shift to more positive self perceptions. For each of these women the process was the same. However, the experiences that appeared to facilitate this change differed. For example, one of the women explained how she started to begin feeling more positively about herself and the hard work it took to be able to start seeing herself in this new way:

I started to really be a little bit selfish. That was very hard to kind of just take care of myself.... It just started to change in a thousand little ways...that I would buy myself my own gifts or spend money on myself in ways that take care of me.... When you do things differently then it also gives you that new experience.... I think my self esteem grew as I actually changed some of the things I did.... It’s just such a slow gradual process that it excited me. I remember just being really excited as I would feel like I was coming into my own power...to actually say ‘no’ to people and say ‘no’ to things.... When you start all of a sudden selfishly saying what you like and expecting people to care, it’s huge and it’s so empowering.... I don’t think once you start to experience that—that you can stop it.
All of the women explained how their ability to be open to new experiences allowed them to learn things about themselves which enabled the development of a more positive sense of self. Another participant captured how becoming a mother was an important aspect of her healing experience:

...there was so much nurturing of myself that I did through nurturing my daughter...through loving her as a child I was very much loving my own child that didn’t get that.... I had produced this beautiful creature in me.... It was a huge gift to me...in the sense that she was so beautiful and so perfect and I probably was too.... It was a little piece of feeling better about myself...I started to understand...I’ve got to let go of feeling so absolutely ugly and unworthy.

Another woman talked similarly about how the experience of mothering—watching her child grow up healthy, watching herself as a mother and watching herself be loved by her child taught her that she was lovable.

Letting go of self blame appeared to be another aspect that was connected to the participants’ ability to start seeing themselves more positively. One of the women described how she was able to start feeling better about herself after coming to the realization that she was not responsible for the abuse she experienced as a child:

I certainly think that I have a much more positive feeling about myself now, that yes, these things happened to me but I’m not responsible for what happened. I was just the victim and I was there...I can accept that now and I know that I’m a pretty nice person.... I did blame myself.... For years I
blamed myself.... All of a sudden I realized that I’m not a bad person and what happened, happened...

The participants also talked about how difficult it was to let go of feeling responsible for the abuse and the negative self image that they had developed in order to make sense out of what was happening to them. The following quote from one of the women illustrates how she, like the other women in the study, had to struggle to let go of the self blame and feelings of shame that she experienced in response to the incest:

I do still struggle in many ways against the identity that I had...that I was a worthless piece of shit cause who else would get treated like that.... Obviously it’s not true but...I’ve had to struggle against that...I deserve respect and I’m all right how I am. So, working with self-acceptance, working with feelings of love and kindness and compassion towards myself...that comes out of undoing that earlier identity...I mean [the abuse] went on for a long time and...it formed a lot of how I thought of myself, at least underneath.

One of the consequences of the development of a more positive sense of self was an increase in the women’s sense of agency. These women all stated that at some point in their healing they started to recognize that they had choices and control over the direction of their lives. While some of the participants said they still struggle with their sense of themselves, what emerged was a definite movement towards feeling more in control of their lives. As one of the women stated:
My life now is together. I know who I am. I have feelings. I am a much more complete person. A lot of the trauma is just history now and I feel like I own myself and my life and I have control.

This seemed to require a move away from seeing themselves as victims who were to blame for the abuse. For example, one of the women described how she was able to stop feeling like a victim:

I have struggled with feeling like a victim.... My life hasn't been easy. It's been a struggle...and sometimes I feel really angry about that.... But I don’t want to buy into that because I think that’s a really good way to get really depressed and really hopeless...I never want to go back there again.... So yeah, I felt like a victim. I felt like nothing good ever happens to me. My life is a struggle. And that has changed over time...

All of the women described becoming more aware of their ability to be agents in their lives and the choices available to them. One of the women captured the essence of this shift that was shared by the women in the study in the following words; “I didn’t have choices about a lot of things. I was driven in that direction because of my experience and those choices didn’t come along until I’d healed a lot of the wounds.”

Another aspect of this shift towards a greater sense of personal efficacy seemed to be a perception that was shared by all of the women that they can now take care of themselves and that they are “okay” and will continue to be “okay”. For example, one of the women described how she, like the other women in the study, has been able to start to trust herself and see herself as a powerful agent in her own life in response to the many challenges she has faced throughout her lifetime:
...one part of it has been the development of trust in myself and in my relationships...so the development of the trust had to do with doing active therapy but it also had to do with just living through so many things that you get a perspective or a trust that you’re going to be all right because you’ve lived through many years of many different challenges.

There appeared to be a parallel relationship between increased self efficacy and increased self esteem. The women in this study all described an increased sense of self esteem that was a consequence of the recovery process. As they moved through their healing journeys these women developed a more positive sense of themselves which appeared to affect their sense of self efficacy. In the following quote, one of the women captures how this shift towards a greater sense of personal efficacy allowed her to start feeling like she is capable of taking care of herself:

I wouldn’t let anybody treat me badly anymore.... Before I could never have taken care of myself.... People could walk on me and I wouldn’t know what to do about it.... It was just that whole thing of being very victimized and being taught to be a victim and coming out of that...starting to love yourself.... You have to be able to protect yourself...

What also emerged for these women throughout the analysis of these interviews was an underlying sense of pride in themselves and a sense of agency and ownership in surviving their past, enduring so much, and persevering in their struggles to overcome the trauma they experienced. The following quote from one of the participants reflects this sense of pride and illustrates how, like the other women in the study, she has taken ownership of the strengths that have come out of her painful
history: “I’m the way I am in spite of all the damage that he caused and because I was able to find ways of coping and dealing with it, not because he did these things…”

Another participant described how she is now able to look back on her childhood and appreciate the person that she was and notice what she couldn’t notice back then— that she was very capable:

I look back on it and it’s sort of an endearing part of my life. It doesn’t seem to be one of pain any more. It’s one of treasure and interest. I can now look back and see, “Oh my god! What a trouper I was! Like holy crow! Did I do all that? How did I do that?” So now I look back and I’m kind of amazed at the risks I took and the things I tried and, “Wow! This kid”…. I did a lot of things very right back then but I just had no idea.

In working through the trauma they experienced as children, the women talked about how they were able to start feeling love for themselves and begin to see themselves in a new way, as powerful women who could take charge and make things happen. For example, one of the women explained her sense of pride in herself as she reflected on the life she has had: “…really I feel like I’m an amazing woman and I love me. I do, and…if I was kind of stepping back from my life I’d think, “wow…I’ve done so much. I’ve survived so much and I’ve done it on my own.” One of the women captured how this shift towards a greater sense of self efficacy has made a significant difference in the way she lives her life:

Now I just feel like I’m kind of like everybody else…I’m functioning and I’m happy with what I have in my life right now…I’m just living my life in a very different place now…I’m conscious about how I’m living everyday and able to
really make choices.... So things I have in my life now...for the first time are
the things I choose...like the people, where I live, the job I have and all of
that.... They're not just things that have happened to me anymore.

Out of the pain and the struggle, and the therapeutic process, these women felt
that they had developed a stronger sense of self and gained a tremendous amount of
self awareness throughout the process of recovery. While the process was painful,
each woman said that she would not want to give up what she had learned about
herself during this journey of healing. These sentiments are most adequately captured
in the words of one of the women participants who explained how much she values the
self-awareness she has developed throughout her healing process:

...There still seem to be people...living their lives fairly unconsciously....
They’re doing a lot of things that they’re not really very aware of
themselves.... If you do any kind of therapy or work you learn to a greater
depth and then you can’t go back...I like that. I like that I can know myself to
that extent and maybe if there was just a few little problems or issues like some
people.... It’s not enough that it would put you into therapy or maybe move
you into any place where you might then learn...I’m grateful for it.

A Shift in World View

Another theme that emerged from the words of the women through the process
of analyzing the interviews was a shift in their world view. Throughout childhood and
in the early stages of their recovery from incest, the women described seeing and
experiencing the world as a dangerous and fearful place. As one of the women stated,
“...I was so paranoid and so scared and I remember saying that once to my therapist, I
just want to be locked up, I can't handle the world anymore...” As they worked their way through the healing process however, the women talked about how their negative sense of the world as a hostile and dangerous place began to shift. The women in the study reported that they became significantly less fearful and were able to develop a greater sense of safety in the world. They also described how, in their early years, they had felt hopeless. In the later stages of healing from incest the words of the women interviewed emanated hope and excitement about future possibilities and their place in the world.

The women in this study explained that their first experience of the world was learned from their families of origin because as children, their families were their world. One of the women explained how her home life fostered an overwhelming sense of terror and fear about her place in the world, a sentiment shared by all of the women in this study:

...my father was very rageful.... He just controlled, everyone was on eggshells and he was in total control all the time as soon as he walked in the door. And he really instilled fear, to the point where you might pee your pants because you're that afraid of him...I think for me I grew up terrified of men for one thing... being a woman and seeing my mother the way she was.... She would say, “this is what men are like, get used to it”...I was very afraid. So when I went out into the world after coming out of that environment...I was just looking for a safe haven.

The participants all explained how their early life experiences of trauma and violence instilled in them this sense of fear and danger about the world. One of the women
explained how she came to see the world as a dangerous and unsafe place because she hadn’t experienced anything in her early life that gave her a different perspective:

...we lived on a fairly big piece of property and when I look back on it now it was a neighborhood that people were not very well off. Most people didn’t have much money.... There was a lot of stuff that went on in that neighborhood.... You start to think that that’s the way our world is because your life at that age is very isolated to the neighborhood and people drank and other people were abusing their children...

The women reflected on how they had become accustomed over time to seeing the world as a fearful place. They reported that the overwhelming level of fear that they were living with both during childhood and in the early stages of recovery from incest made it extremely difficult to start feeling a sense of safety in the world and to learn to trust that not everyone was dangerous or would try to hurt them. As one of the women reported, “I didn’t trust anybody...I always thought [my therapist] was going to abuse me. I was just waiting for her to abuse me.”

The participants described how therapy and the recovery process enabled them to start seeing the world in a new way. One of the women illustrated how the process of group therapy challenged her to see how her perception of the world and the people in it, was one-sided and inaccurately shaped by her traumatic past:

...there was one guy, I just knew he was a rapist and murderer, I just knew it...I said well I wouldn’t want to meet you in a back alley. And I remember the whole room, I could just feel the whole room stop breathing...I had so much paranoid stuff that I thought I was right, that this was a true thing...[the
therapist] kind of knelt down beside us on the floor and looked at him and she said, "you know it’s so interesting that you see that because what I see is a guy that’s kind of scared and insecure and really wanting to be liked.” And he started to cry. And I thought the floor was going to open and swallow me. I felt my brain was going to split in half because I was so sure that this was right and true and when he started crying, I can’t even describe it. It was just so powerful for me…that was a huge shift for me because I realized that maybe not everything that I was so afraid of was true…. It was like maybe there’s some people that aren’t as scary as I think they are, as dangerous as I think they are. And then that grew.

All of the women in the study stated that the relationship they had created with their therapists was one of the first places where they were able to feel a sense of safety. As one of the participants reported, “...it was therapists that I got attached to, that’s where I finally felt some safety…. It wasn’t with my mom and dad or my family, home was a dangerous place.” The women also elucidated how the therapeutic relationship challenged them to start seeing people in a new way which enabled them to then start seeing the world in a new way. As one of the women stated, “...having this paranoid stuff go on and find out that maybe not all of it was true. I mean the world was dangerous and I had to be very, very careful, but maybe everybody wasn’t dangerous and maybe all men weren’t dangerous…”

All of the women in the study described how their sense of the world was intricately connected to their experience of humanity and the people they had encountered- with positive and affirming relationships being especially significant in
facilitating this shift. The women talked about how their fear of men was related to their level of fear in the world and their perception that the world was a very dangerous place—especially for women. To start feeling differently about the world, the women came to the realization that they also had to start feeling differently about the people that inhabited it. For example, one of the women clarified how the experience of raising a son allowed her to start seeing humanity in a new way because she was able to work through her hatred and fear of men:

...one of the things that's kept me together is my rage...being active got fueled by rage and anger and the re-stimulation of that anger and rage when I saw other women and children being hurt and it reminding me of my own experiences and my huge drive to stop it happening to anybody else...anger and rage at my father and my anger then at other men along the way.... Then I had my son and he was just the most beautiful baby.... He gave me an opportunity to love an innocent boy child. With all of this anger that I have at men I was worried about how I was going to be able to do it...but I just fell in love with him.... So I got a chance to rework my ability to love men.... How could I hate men if there was this beautiful son...

The women explained how, as a result of working through the trauma they had experienced in the past, they stopped seeing the world as such a dangerous place and were able to start feeling a greater sense of safety. One reason they were able to start experiencing the world in a new way, was because they felt they were no longer living in constant fear. For example, one of the women explained how she was now able to
feel safe in a roomful of men—something she could not have imagined in the early stages of her healing process:

I go to AA and I just love it. I go to a meeting full of gay men and they're just wonderful. They love me, they just adore me. And so I feel really loved and really safe...I was saying at a meeting once, it's just amazing for me because I was so paranoid of men, like really badly, I would never be caught alone in a room with a man and here I am in a roomful of men.

Another participant captured this shift in perspective in the following way:

I am such a different person...sometimes I'm amazed how different I am.... I'm not afraid to be vulnerable. I'm not afraid for you to see...what's going on with me. But before...everything was about danger.

The participants also attributed the shift from a negative to a more positive world view to the fact that they began to focus more on the present and the future, and became less oriented towards the past. As one of the women reported:

The last thing on my mind is what happened to me when I was thirteen or whatever. It's just the last thing I would ever go to. It's the last thing I meditate on, or when I'm having time alone or sitting in and checking myself out, its usually many more current things that are coming up for me...what's more relevant is the more current things in my life...

The women reported how, during childhood and in the early stages of the recovery process, they did not have a future orientation. They felt that abuse that they were experiencing was so overwhelming and torturous, that life was something to endure, not something to look forward to. The women all explained that it took a lot of time,
hard work, and many positive life experiences to start to see the world in a new way and to trust that the horror of the past was truly over. The following words of one of the participants capture these sentiments:

...you can’t believe it...I remember when I first came out of the trauma, out of the basement...and I was living on my own, I guess I was 14...and I used to pinch myself until I bruised my body. I would pinch myself because I couldn’t believe that it was over. That I really would never be going back, that it was never going to happen again and I would actually physically pinch, myself. But then I didn’t know what to put there and now I’ve put so much there that it just gets better and better and better and it does.... Sometimes I think these must be the best years of my life. They certainly are to me...

In the later stages of their recovery from incest, the participants all described feeling a sense of excitement and hopefulness towards the future. As one of the women stated, “I’m fairly excited about how I see myself in the world today...” The women described how the recovery process enabled them to start seeing the world as a place where good things can happen. One participant’s explanation of this shift in orientation within herself captured these sentiments beautifully:

I guess it’s just that flow. I kind of see it like there’s this huge river of joy that’s just going through all the time, and when you get enough of the crap out of the way you can actually just sort of wander around in that river most of the time. Because there’s so many good things and rich things. And the less crap you have, the more you can know that. So that’s kind of what it’s like. A lot of that crap isn’t there and that has as much to do with me, as shifts in me and
shifts in the way I think about things… I don’t have to be so vigilant of me. Before when I kept the incest a secret, I had to be super vigilant of me all the time because I had to make sure it wasn’t going to come out…. The less I have to focus on me and what I’m doing and am I recovered… the more I can… focus on other things. I can get excited about stuff in the world… I can get excited about stuff that’s happening or just how nice of a day it is. I think a lot of appreciation for that has been that there’s been a lot of crap to get through to get to this place.

All of the women in the study talked about how this is a time of transition and change in their lives. Despite the uncertainty that comes with change, the women all expressed a sense of looking forward to the next stages in their lives with a sense of possibility and hopefulness. These sentiments are reflected in the following words of one of the participants:

…I’m faced right now with retiring within the next couple of years and that’s really going to change my image because it’s been so tied up with my teaching, what do I do when the teaching’s not there. And yet I really am ready now to leave teaching. I’m quite looking forward to leaving work and starting a new life…

Another participant expressed her sense of excitement and interest in the future in the following words:

I’m really interested to see where it goes from here. That’s just going to be really interesting, this next phase of my life because I am in this new place… I
have let go of all that stuff.... So part of who I am is really interested in who I am...I mean it’s always becoming and it’s always processing...

A powerful indication of just how much their sense of the world and their places in it had shifted, these participants all expressed a deep sense of appreciation and love for humanity and for the world. The women’s words reflected their sense of peace and their new-found ability to appreciate and enjoy all that life and the world has to offer. As one of the women stated, “I love my life and I love being alive.” Another woman’s words captured this sense of appreciation, shared by all of the women, for this shift in how she views herself, humanity, and the world:

...what I’m about at this point in my life is being so pleased with myself or so happy that I can do it, that I can be, that I can feel like I feel about the world and that I can feel like I feel about people and that I do trust the universe....

It’s been a long journey there and that’s really important to me...and I will treasure it and value it as much as I can. So that’s the most important thing about who I am.

A Sense of Regret Over What Has Been Lost

Another theme that emerged from the interviews with the participants was a deep sense of regret over what has been lost. The participants all described their recovery process as an extremely long and difficult journey, and they shared a sense of sadness about the time and energy that had to be spent recovering from their traumatic and painful histories. The women also expressed a sense of sadness about aspects of themselves that are still affected by their childhood experiences of incest. The loss that was felt and expressed most keenly by the women in this study was the loss of
relationships—both in terms of their intimate and romantic relationships, and their relationships with their families of origin.

All of the women described the recovery process as “hard,” “painful,” and “long.” The women acknowledged that it had taken them a very long time to move through all of the pain before emerging at the other end of the recovery process. As one of the women stated, “…this whole thing has been so slow.” Another participant captured this sentiment in the following words:

   My recovery process. Long time, long term and many different roads and avenues with many, many bumps along the way. Many setbacks…a very bumpy road and a long, long process.

The women expressed a sense of sadness and loss when discussing how much time and effort had gone into their recovery. This sense of regret appeared to be connected to the length of the recovery process and the pain that the women had to endure to come out at the other end of their healing journeys. As one of the women reported, “I spent a lot of years in just sheer agony. Suffering, not grieving but just sheer suffering. Very privately. …it took a long time to emerge and get unstuck from the trauma, to separate from it.”

The regret that was described by the women also appeared to be connected to the sense that they had missed opportunities because for so many years all of their energies were spent surviving, and then recovering from, their traumatic pasts. For example, one of the women captured this sense of regret and loss when she explained the sadness she feels when she thinks about the little girl she once was:
a bunch of girlfriends gave me a birthday party and I picked an age and they
bought me presents for that age and we all dressed that age.... It was just the
most fun thing. We ate hot dogs and had cake and I got barbie dolls and I was
able to totally be that age.... It really let me be that little girl for that couple of
hours.... It let me see myself as that little girl...I feel kind of sad about
that...if I’d been able to be that girl for my life instead of just for that two
hours...she probably could have done some really different things with her life.
Whereas for me a lot of my energy and life has been spent trying to repair and
build and to me that’s a loss. That’s a lot of time. It’s just a lot of lost
possibilities.

Another participant expressed similar sentiments in the following words:

I wish I was back 40 again with the knowledge I have now of myself and the
abuse and what it did.... It’s taken me 17 years or more to get to this state. I
really in some ways resent the fact that it’s probably too late for me to have a
relationship and a marriage...

The women in this study also expressed a sense of sadness and loss when they
reflected on aspects of themselves that were still affected by the incest. For example,
one of the women explained her sense of frustration that she has not been able to
completely free herself from the impact that the incest had on her and that there are still
issues that she continues to work on:

I get tired of having to do it. I just want to live my life and I actually feel quite
frustrated at this point that there are still things that have not changed for me,
that I’ve not been able to release or whatever... I would like to be done with them...

The women all talked about how entrenched the trauma still felt in their physical bodies. One of the women captured this sentiment, shared by all of the participants, in the following description:

...there are still things that have not changed for me that I’ve not been able to release or whatever... physical things.... They’re very tied into the physical aspect and it’s like they’re entrenched in there, you need a bomb or something to get rid of it.

Another participant explained how she feels she will never be completely free from the incest because of this link with her physical body. She explained how hard this is for her in the following words:

It’s really hard to get rid of it all because I feel like... it goes into like all the nerves and the muscles and that physiologically it’s still part of me. It’s there.

I don’t really feel like I’ll ever really separate from it in some ways. I feel like I just have to come to terms with it...

In particular, the women expressed a sense of loss in describing how their sexuality, an important aspect of themselves, was still affected by their childhood experiences of incest. As one of the women stated, “I’m not able to be totally comfortable with being fully expressive and in touch with [my sexuality] and allowing it to just be totally present and a part of me.” Another participant captured how challenging sexuality and intimacy is for her, when she discussed the connection between sexuality and loving; “…that connection with sexuality and loving... to be
sexual and love somebody is huge. It’s just so big and scary.... It’s like little seeds I have, like they haven’t been completely washed away.” In spite of the many positive changes in their lives through the healing process, all of the women felt a sense of loss and regret in still not being able to fully express themselves sexually. One of the women captured these sentiments in the following words:

...certain physical responses to sexual touch... certain things will just cause a certain emotion or thought. Probably a thought comes first that I’m not really aware of but then the thing you notice is the emotion is really intense or overwhelming and no matter how much I’ve come to understand what that’s about I can’t disconnect that emotion from cutting out when that touch occurs...I’m very frustrated with that...deep down it’s an anger too because some person just took away from you...a part that was mine and should be mine and I should have total control over my body and my experiences and yet, I don’t. And I mean your sexuality is such a part of who you are, like being a woman is. It’s a huge part of our identity.... So, you want to be more of yourself. Well that means you also have to be a woman...and then that opens you up to a lot of pain. So I would say that that never really goes away totally either.... I do think I still close myself off more than I would like to in terms of my sexuality. I don’t know if I could ever really be who I might have been if some of the experiences hadn’t happened. Because it just was devastating to me I think. It just sets up such a negativity in your whole system around being a woman and your body responding to things. And I don’t know that you can ever totally come out of that. I’d like to think so. I know people, some people
say that they have been able to...still I think I’ll always feel a little bit angry because I’m 43 and I’ve already missed a lot.

The women explained how their feelings of loss were connected to the sense that there are some aspects of the sexual abuse that are very long lasting and that, as hard as they may try, they may not be able to alter over the course of their lifetimes. One of the women captured this sense of loss in knowing that her sexuality is one key aspect of her identity that will be forever altered by the incest she experienced as a child:

...there was such a hyper sexual energy as a child, from infancy my father was stimulating my vagina.... There was just so much sexual energy, it was always everywhere.... So for many years that whole piece of me would be really shut down as a reaction to that...that deadening, where I had deadened. My first orgasm had been with my father. And then I had deadened that place, never going to have an orgasm again. Never ever did with a man or a woman ever again. The only one that can do that for me is me...there’s been a real sexual thread that has carried through.... So I can have a very playful sexual stimulating time and be orgasmic but only with myself. And in my relationship where I bring the adult woman...I have a very nice sexual relationship which is comfortable and enjoyable and I quite delight in it. I like it a lot but it’s not orgasmic. There’s this thing that that line was crossed and that will never happen again.... Somehow a line was crossed between my father and I guess both of us will never be the same.... It’s weird, but I think I have a pretty healthy good sexual life.... So I’m not saying that it’s ruined my sexual life. I
don’t think it has. But it certainly changed it. It’s changed it. My sexual life is different than it would have been had I not been sexually abused, for sure.

So it’s a bit weird there but...(deep breath and sigh) at fifty years old I don’t think I’m going to be doing much about it! (Laughter)

The women in the study also expressed a sense of sadness, loss and regret when discussing their intimate relationships. As one of the participants stated, “…I’m still learning and practicing how to develop healthy relationships.” The women said that it has been very difficult for them to be intimate and that it is still hard work to stay in relationship. The participants explained that part of their difficulty with relationships stemmed from their lack of role models growing up. As one of the women stated, “…either there’s too much space or else I’m too close...I know everybody works on these things but it’s really hard if you’ve had such rotten examples growing up. It’s really hard to know how to do it…” One of the women explained how her abuse history can still affect how safe she feels in relationship and her ability to trust:

I have a really hard time staying in relationship...I know people like me and I know people love me and I know people care about me. It’s hard for me to sustain that belief because there’s been lots of abuse, lots and lots and lots...I really work hard to try not to push people away...I push people away when they get close.

Another participant similarly explained her sense of loss and regret at not finding an intimate partner to share her life with, something she sees as a legacy of the abuse:
I still live alone. I’ve lived alone ever since my marriage broke up. So that hasn’t changed much, and I’ve done nothing to change it. I find it really hard to think in terms of going out to find a partner or to become sexually active with someone. So that hasn’t changed. It doesn’t upset me as much now. I’ve come to terms with it more but, it’s still something that I had hoped would change but I’ve done nothing to change it.

The women in this study also expressed a profound sense of sadness, loss and regret when speaking of their relationships with members of their families of origin. The relationships that the women have with their families of origin differ in that they have all set different boundaries with their family members. While none of the women reported staying in relationship with the father who abused her, some have maintained contact with other members of their families. The women explained how figuring out where they stand with their families has been a difficult process. Many of the women see this piece of their recovery as a work in progress. As one of the women stated, “...the more sort of alive piece of it for me is family relationships because there’s still thinking and work that I need to do to really make peace with it.” Another woman captured the enormity of this loss in the following words:

...feeling sad that I don’t have that family, feeling sad that there’s so much damage there. Recognizing that...I don’t get to have a good mom and daughter relationship, that kind of stuff. The regrets and sadness around that.... The damage has gone beyond just personal damage to me. He caused huge damage to his whole family and his whole extended family.... The damage is probably too extensive for him or the family itself to heal, certainly
within this generation.... A huge sadness for me has been recognizing that because of his action, the damage is too bad. It can never go back to the way a family should be. No matter how much energy and time I put into it or everybody puts into it.

Finally, the women expressed a sense of sadness and regret with respect to the damage that went beyond the damage done to their selves. The women all recognized losses and damage incurred by other family members. Most of all, the women expressed pain and a sense of regret with regards to the damage and losses that were irreversible. This sentiment was expressed in the following words of one of the women:

I think now I kind of count the cost more...I look at the damage, the pain that it caused me all the way through. Back when I was a kid, first trying to cope with it and how painful it was and I thought I was going crazy, and maybe I'd imagined the whole thing, like all the sort of little things that I would have done to just kind of cope with even a small part of the anger, and the pain, and the confusion, and the fear. And what if anybody finds out and I can't talk to anybody, and all that stuff. And then I also look at what it's done to the family. Because I don't have a lot of hope that there will ever be any kind of repaired relationship. Certainly not between me and my dad. I have no interest in that at all. So as far as I judge it, he burned that relationship years ago and that's a sad thing that he would have done that. But also for myself and my mom and myself and my brother, because the distance between us is just really, really great and I don't see any way of bridging that.... So that's a huge cost. And...
then my brother, because I had to withdraw, my way of coping with it was to keep the secret to keep the family together.... So that means that I didn’t get any kind of bond with my brother. So we’re very distant and that’s kind of a consequence that I count. So that’s what I count now when I look at all the costs that it’s had. And it’s had costs. He molested other members of the family, so there’s huge costs for them. It’s cut me off from my extended family because again, they have a lot of trouble dealing with it and I just don’t want to expend the effort of trying to heal relationships that never budded in the first place because I had to be isolated and left out and feeling like I couldn’t go talk to my aunt because who knows what I would say that might give some kind of hint that would cause her to maybe ask a question that I wouldn’t know how to answer and then everybody would know that my father had abused me and then who knows what would happen from there. The whole thing could explode. So, lots of costs. Lots of really clear damages that have been done to me, that I’ve healed from, but to the family too, that is not within my power to heal. That’s kind of how I look at it now. I guess that means I’m really judging for myself what all the costs are and even if I’m okay now, that doesn’t mean that I wasn’t in a lot of pain before, and that’s serious, that can be taken into account too.

**A Sense of Resiliency and Growth**

A strong sense of resiliency and growth was a persistent theme that wove itself throughout the interviews with the seven women participants. These women felt that they had grown stronger, and felt that they had developed strengths, skills and
resources in response to surviving the sexual abuse and healing from it. As one of the women stated, "I had a lot of trauma and I've survived it and because of that...I have learnt a lot of skills." The importance of the inner resources these women developed throughout the recovery process was a thread that was present throughout all seven interviews. These women talked about how they had developed an understanding of their trauma reactions and their ways of coping, and that in learning about triggers and flashbacks, they had also developed and refined skills and resources necessary to cope effectively with the past when it was interfering with their everyday living.

Despite the damage that was caused by the incest, these women all identified aspects of themselves that they had developed in response to the abuse in order to cope with what was happening to them as children and keep functioning. The characteristics that were named by these women were: humour, resourcefulness, sensitivity, perceptiveness, strength, ability to survive, wisdom, understanding, compassion, courage, self awareness, caring and a sense of justice. The words of one participant capture these sentiments:

I’ve done a lot of healing but...I started being abused when I was two years old and...that’s impacted my life. That was what I learned...unlearning that has been hard and painful and long...I really, really, really honestly like who I am and I feel like I have a lot of courage...I also am not afraid like in terms of justice, in terms of fighting for other people, in terms of helping other people, I’m not afraid and I will go the length for that. Whereas before I would always do that too but there was always this quivering inside that was hard to
live with. So I feel pretty solid in many ways...I really am quite strong and I never used to think that.

While these are the words of one participant they reflect a sense of strength, resilience, growth and self awareness that was shared by all of the participants.

All of the women stated that while the past does still come up at times for each of them, they feel as though they have moved through most of it, if not all of it- to the point where the past no longer intrudes in their day to day living. Most identified triggers in their daily lives that bring their past into their present. What they report has now changed, however is how often they are triggered and how they respond. These women all talked about how they used to be triggered “all the time”. The women now report that the past “hardly ever” comes up any more. Their greater awareness has allowed the participants to be more aware of what their triggers are, to know when they are being triggered, and to be able to respond, work through the trigger, and resolve the issue quickly. One of the women described how this process has changed for her.

...there’s some expression about walking down the street and stepping into the potholes and eventually you don’t step in those potholes anymore.... The potholes are still there and sometimes you sort of step on the edge of it.... Situations now can still come together and be reflective of an earlier time and that can bring it all up for me again.... Now I just have so many more resources...I have a lot more resources in myself.

Another aspect of the resiliency and growth articulated by these women throughout the interviews was a sense of appreciation and gratitude for the gains that
they had made throughout the recovery process. One of the women talked about her sense of appreciation for the ability to feel and to stay present—abilities she had to reclaim: "...I’m very grateful for everything. Some of the things that people just have, that I’ve worked so hard to get back." The words of this woman also reflect the deep sense of appreciation for life and for the ability to feel, be, love, give, and care that was shared by all of the women in this study.

Another of the women participants expressed this sense of appreciation for all that she has learned and become, in the following words:

I see myself as a competent person who has developed wisdom and understanding and compassion because of...all aspects of what I’ve been through...I think I have...an ability to stay present with what’s going on so that I don’t have to go into other ways of being in order to handle my life....

This sense of appreciation appeared to be connected to what these women described as having to struggle to come to a place in their lives where they could truly experience and enjoy life. This sense of victory was hard-earned and is poignantly reflected in the following words of one of the research participants:

So I see these people who have not had atrocities who have really less lives than survivors have. Because they haven’t had to go that extra million miles, and I say that, million miles. Survivors have to go a million miles. That makes me kind of sad. They have to go a million miles and they do the work, and they do it. And the payoff is amazing for them. They have lives that are richer than the average, way richer than the average.... It’s horrible those things happen and it’s wonderful that healing is possible.
The sense of appreciation and gratitude shared by the women in this study also appeared to be connected to their understanding that they had acquired things from their lives that they wouldn’t have obtained if they hadn’t lived the lives that they had. For example, one of the women explained how she has come to understand herself and the strengths that she has developed in response to the incest she experienced as a child:

I am the person I am because of all my experiences and there are plenty of things that I wouldn’t give up and so there’s no sense in thinking these things shouldn’t have happened to me because I don’t know what I’d be like now if these things hadn’t happened.

These women talked about being who they are because of the totality of their experiences and all aspects of what they have been through. Another participant captures the relationship between her traumatic past and her present sense of herself in the following words: “I think I would never trade a day of my life ever because I think my history, the sexual abuse included, has totally informed by life and made it an amazing adventure.”

When reflecting on their initial stages of recovery the women described themselves as “coping”, “functioning”, “surviving”, and “just hanging on”. Six of the seven women described an inner resource which kept them moving towards healing. One referred to it as a “sense of something within, pushing me towards healing”. Another participant said it was more like she was willing herself forward: “I have this will, this force of will, like hanging on, hanging on.” What emerged from all of the interviews was a sense of determination and growth that was shared by all of the
women participants. This sense of determination and belief in growth carried these women when they did not have the resources or the knowledge that healing and recovery were possible; knowledge that they have since embraced.

The most radiant expression of the participants’ sense of resilience and growth was evident in how they articulated their current sense of themselves - their sense of how different life is now that they are at the emerging end of the recovery process, and their awareness and appreciation of the determination it took to persevere. One of the women described it as a “night and day” difference. The following quote helps to illustrate the tremendous amount of pain these women coped with when they were first beginning their healing:

I had extreme post-traumatic stress disorder but nobody had a label for it in those days. I was waking up in the night screaming, never slept, I was terrified of the dark. I had some really extreme reactions. I was suicidal and tried to kill myself a couple of times...I was really, really, really, really a mess.... Did a lot of drugs and alcohol and I was just really extremely, extremely in terror a lot...at night I never slept without a light on. I never slept. If I did fall asleep I had nightmares...

When these women looked back on their trauma they were awed by how far they have come and the strength of character and inner resources it took to endure the pain and to get to where they are now. This is reflected in the following words of one of the participants:
...it’s amazing when I think how crazy I was with all this stuff. But I don’t have that in my life anymore. It doesn’t mean I don’t have stuff come up. But I don’t have that intense, paranoid, fearful, reactive place...

All of these women talked about the intense fear that they lived with on a day to day basis in their youth and in the early stages of their healing process. Despite the terror they felt, all of these women persisted. Now they describe themselves as living rich and meaningful lives. All of the women talked about how they feel “okay” within themselves and with what’s inside. All reflected on how they feel basically happy with themselves and their lives. One of the participants captures these sentiments in her description of her relationship with herself now:

...what I need from myself...in order to live my life on a day to day basis is to be okay with who I am...because at the end of the day I think it’s all about how you feel about what you’ve done in the world and.... When I think about someone who is an abuser like my father...at the end of the day he’s the one who has to live with that...I can’t imagine that...in the end you need to be proud of, and happy with, who you are inside...I’m good with what’s inside...I know that I’m okay...so I feel good.

All of the women talked about feeling like they have come to a place in their lives where they have come to terms with, and worked through, the past- that they have for the most part worked through and overcome their trauma experiences and are doing well.

It is important to note how this sense of resiliency and growth seemed to be intrinsic to the later stages of the recovery process for the women in this study. While
they could now look back on their experiences and see the gains that had come out of connecting with and working through their traumatic past experiences they also described an earlier time in their lives and in their healing journeys when they would not have been able to see themselves in this way. One of the women participants described this shift in the following way:

When I was right up next to it I could never have seen anything positive about myself or about what was happening around me or about any qualities in myself. It’s only now I can actually notice the quality.

This ability to look back on their traumatic pasts and to see and appreciate their resilience, their growth, the strengths and positive qualities that it had taken to survive and reclaim themselves and their lives appeared to be facilitated by the recovery process and the participants’ ability to create distance between themselves and the trauma.

These women were also able to appreciate that they might not have become this aware of the qualities within themselves if they hadn’t had to struggle to come to terms with, and ultimately overcome, their traumatic pasts. The following words of one of the participants captures the experiences of all of these women, as she describes how she has now come to a place where she can see the positives that have come out of her experience of enduring, and recovering from, incest.

I can look at the positives and I can look at myself anew, whereas somebody who [hasn’t experienced incest] wouldn’t necessarily ever have to look. So maybe in some ways, it’s hard to say that I would be fortunate but...I can see how I have a lot of strength that has come out of all of this. A lot. And, you
know, if you don’t have that kind of adversity to struggle with or that kind of
negative sense of self to struggle with then you don’t necessarily come to the
strength part.

As her words suggest, coming to a place in her life where she can now view the trauma
experiences and her sense of self in a positive way has been a process—one that has
necessitated many years of struggle. This process was described by all seven of the
research participants during the course of the interviews. These women reflected on
the many years of struggle they had to endure to come to the place where they are now
able to see and appreciate their strengths and resilience. The following quote seems to
capture this process and the amazing strength and resilience of these women:

My past was really, really bad and I had to break through some incredible lies
that exist in our culture. Like for instance, lies like someone must have loved
you. Well for some people that’s actually a lie. It’s just that the world can’t
face the fact that some people make it through without having been loved and
that they find love in places way stranger than people have the creativity to
imagine. ...I feel like I was raised by a wheat field, by the sunshine, by this
river not too far from our house, but I wasn’t really touched by any people who
loved me, because they didn’t, and it would be so fraudulent to suggest so.

And so there were some of these truths that are not told, that sometimes the
things that we’re told would lead us to believe that we can’t get well because
of attachment theories...if your mother didn’t love you, if you were
neglected.... Well, the human spirit isn’t limited to those sometimes really
confining and boxing theories. And I guess by it being so horrible, where your
own father impregnates you and then aborts the baby in a bathtub with a coat
hanger, when it’s that awful and things are so horrible and you make it through
all of that, and you sit with other people who have made it through all of that
and worse and more, you begin to see something that’s so remarkable. That
the world can be so wrong about the human spirit.... I feel so blessed for
having not only had it so bad where I could see these things that the world
sometimes misses but to experience all those other people, lots of them who
that’s true for.... I would never know any of that, I would go by the rote or by
what the system says about humanity which isn’t anywhere close to my
experience of it.... If I hadn’t been abused or been through hell like that, I
might never have known how unlimited the human spirit is around finding its
way through impossible odds.... I wouldn’t have missed the experience of
learning that for the world. What the human spirit can do and what the human
spirit can make it through and how it does so ordinarily, everyday, for
hundreds and hundreds of people and how that is often missed and not
witnessed. That’s so sad, I mean, I wish it was witnessed more. I wouldn’t
have missed learning that for the world.... That was the best gift out of
everything. And I don’t even know if I could have learned that if I hadn’t lived
that.
CHAPTER FIVE

Discussion

In this study I endeavored to explore and describe the experience of women’s identity in the later stages of recovery from incest. The question that guided this research was: How and to what extent do women who have experienced incest perceive their trauma experiences to inform their identities at the later stages of the recovery process? In this chapter I will discuss the results as they compare to the current literature followed by recommendations for future research and a discussion of the implications for counselling practice. I will conclude with an exploration of the limitations of this study and an analysis of my experience as a researcher conducting this project.

Comparison to the Literature

In this study I endeavored to explore the experience of women’s sense of self in the later stages of their healing process. Prior to this study, identity and its relationship with women’s recovery from incest had not been a focus of inquiry. While the issue of identity and its relationship with healing from incest had been addressed in the clinical and theoretical literature, it had not been addressed in the research literature. Consequently, little has been known about the nature and experience of this phenomenon. The findings of this study indicated that in the later stages of the recovery process the women experienced their sense of self as being significantly different from their identities in the earlier stages of their healing journeys. Five themes emerged from the women’s descriptions of this phenomenon: an increasing sense of
visibility and connection; an emerging sense of self-definition and self-acceptance; a shift in world view; a sense of regret over what has been lost; and a sense of resiliency and growth. What I learned from the seven women who participated in this study extended our knowledge of what has been reported in the empirical or clinical literature.

According to the research literature, childhood sexual abuse can result in a broad range of intrapersonal and interpersonal difficulties over time and there have been numerous studies which document the long term consequences of this form of abuse (Morgan & Cummings, 1999; Porter & Long, 1999; Saxe & Johnson, 1999). Matsakis states that psychologically and mentally, “…trauma refers to the wounding of your emotions, your spirit, your will to live, your beliefs about yourself and the world…” (Matsakis, 1996, p. 17). According to Judith Herman, “…even after release from captivity, the victim cannot assume her former identity. Whatever new identity she develops in freedom must include the memory of her enslaved self…The result, for most victims, is a contaminated identity. Victims may be preoccupied with shame, self-loathing, and a sense of failure” (Herman, 1992, p. 93). Interestingly however, while the women in this study were significantly affected by the abuse, findings from this study suggest that in the later stages of healing from incest, the long term intrapersonal and interpersonal factors which had so negatively shaped the women’s sense of themselves were significantly altered towards positive adjustment.

Consistent with the available literature, all of the women in this study reported that during childhood and in the early stages of the recovery process their identities were damaged (Armstrong, 1992; Herman, 1992; Roche et al., 1999; Ullman, 1997).
Initially, the women reported that they perceived themselves as having no identity because the incest was so overwhelming that there was no space for them to connect with who they were, apart from the abuse and trauma they had experienced.

According to the research literature, in the case of incest, the child has usually been subjected to prolonged and repeated trauma and she may feel that she has been irrevocably changed and may lose the sense she has a self (Herman, 1992). Armstrong (1992) adds that there is fragmentation in the child’s inner representations of her self in response to how she has adapted to the trauma and that this prevents the development of an integrated identity. This is consistent with how the participants described their sense of self before they began their healing journeys.

In the later stages of their recovery from incest, the women in this study reported that an important aspect of their shifting self perception was that they felt significantly more visible and more connected with others. This finding is consistent with the research literature which suggests that in the later stages of healing from incest there is a gradual shift from stigmatized isolation to restored social connection (Herman, 1992). For the women in this study, this shift appeared to be intricately connected to their identity development.

One of the factors that appeared to be related to the increasing sense of visibility and connection for the women in this study was the merging of their public and private selves. In the early stages of their recovery process the women defined themselves in a negative way as a result of their abuse experiences. As such, they kept their inner selves hidden from the people in their lives. Overcoming the shame and self
blame that had kept them silent and sharing their experiences with others appeared to be critical to their emerging sense of being seen.

The women reported that another factor that appeared to be related to their increasing sense of visibility and connection was the process of placing their own individual experiences of incest into a larger social context. As part of their recovery process, the women in this study reported that the survivor identity was initially a vital part of their self definition and a source of strength. They described how identifying as survivors facilitated the process of seeing their own individual experiences of incest in the larger social context and allowed them to feel part of a community. The participants also reported that this process of connecting with others and sharing their abuse history enabled their inner selves to be seen for the first time which also reduced their sense of isolation and stigmatization.

Letting go of the survivor identity was also described as another critical step in the women’s recovery because it enabled them to develop a sense of self separate from the trauma history. The women stated that at one time, the survivor part felt like it was their entire identity. This is consistent with what Draucker (1992) refers to as letting go of the survivor identity. Draucker suggests part of the integration that occurs in the final stages of the recovery process is the role the incest played in the woman’s identity shifts and is no longer the primary force guiding her adult life.

The findings of this study build on Draucker’s (1992) work by increasing our understanding of this final step of moving beyond the survivor identity. Eventually this identity became limiting for the women in this study because it no longer reflected their sense of themselves and all that they had become. In the later stages of their recovery
process, the abuse no longer felt like the most important and all consuming aspect of themselves. As a result, they stopped defining themselves as women who had been abused so that all the other aspects of their identities were able to find a place in their sense of self.

Where the findings of this study diverge from Draucker's (1992) conceptualization of the recovery process is that Draucker's model suggests that this final step of moving beyond the survivor identity can be elusive for some women. All of the women in this study reported that they have moved beyond identifying as survivors.

According to Courtois's (1988) model of the recovery process, an important element of the healing process is separating and creating distance from the family of origin so that a woman can develop a sense of who she is apart from her family and her abuse history. This is consistent with Drauker's (1992) stage in the recovery process of addressing the context of the sexual abuse. As part of this process, the woman develops her ability to see that her development was not entirely shaped by the abuse. The findings of this study both support and extend these conceptualizations of the recovery process. In the earlier stages of the recovery process, these women all reported that the incest coloured their entire world and almost everything they did. All of the women said that the abuse was something they could now reflect upon as an experience, a piece of history and only one part of her total self. The women in this study all attributed this shift to the recovery process. One of the women stated that it felt like her recovery process was the development of her identity because as she worked through the stages of healing, she discovered her authentic self. The women
said that as they worked through the trauma of the past and it became less active and alive in their daily lives, it ceased to be an essential aspect of their self definition. The women also perceived that this shift in being less defined by the abuse was related to their ability to create space and distance between themselves and the incest they had experienced. In separating their sense of self from the trauma, they were able to acknowledge all of the other parts of their identities.

Throughout the process of recovery from incest the women in this study all experienced an emerging sense of self-definition and self-acceptance. They stated that in the later stages of recovery and as a result of the healing process, the essence of their true selves emerged in response to discovering their essential selves apart from the abuse they had experienced. The women also reported that their identities finally felt intact and solid. In part, this appeared to be a result of the merging of the women's public and private selves. This also appeared to be connected to their ability to accept the abuse as a part of their history, integrate the abuse into their identities and develop a sense of self apart from the abuse experience. These findings confirm and extend Judith Herman's conceptualization of the recovery process (1992). According to Herman, the adult woman who has been incestuously abused and has developed a stigmatized and fragmented self is not able to appreciate her own achievements because she perceives these accomplishments as coming from a "false" or "inauthentic" self. She sees her true self as "damaged" and "bad." This contributes to a sense that no one can truly know her. Herman suggests that part of the healing process should involve dismantling the false self formed around a sense of "inner badness" that was developed by the child as protection, and finding the true self. The
women in this study all described themselves as living healthy, satisfying lives characterized by enduring relationships and meaningful work. They described the past as "hardly ever" intruding on their ability to be present and enjoy their lives. They felt they had developed a profound sense of self awareness and had discovered themselves in the process of their recovery.

Similar to Herman’s (1992) conceptualization, in the later stages of their recovery process and in response to working through the trauma they experienced as children, the women in this study exhibited a positive sense of self that included an increased self awareness, sense of agency, self esteem, and personal efficacy. The women’s identities also included an underlying sense of pride in themselves. Letting go of self blame appeared to be intricately connected to the women’s ability to start seeing themselves more positively. This is consistent with the research literature which implies that in the final stages of healing, a woman’s sense of self-loathing is replaced by feelings of compassion and she develops a positive sense of self- letting go of her stigmatized identity (Courtois, 1988; Herman, 1992).

Another finding that emerged from this study was a lingering sense of sadness and loss among the women. Partly, this sense of regret was connected to the amount of time and energy and the pain endured in order to emerge where they are now, at the end of the recovery process. The women also expressed a sense of sadness about aspects of themselves that are still affected by the incest. The loss that was felt and expressed most keenly by the women was the loss of relationships. This is consistent with the research literature which suggests that some of the more persistent long term
effects of relational trauma are difficulties with trust and difficulties in intimate relationships (Courtois, 1988).

Another theme that emerged among the women in this study was a sense of resiliency and growth. The women felt that they had become stronger and developed strengths, skills and resources in response to surviving the sexual abuse and healing from it. Another aspect of the resiliency and growth articulated by these women was a sense of appreciation and gratitude for the gains that they had made throughout the recovery process. This finding is consistent with Drauker’s suggestion that some women find they are stronger, more self-reliant, independent, have a greater self awareness, have a greater sense of purpose, and have developed a better understanding of human nature as a result of healing from the abuse (1992). The women in this study demonstrated an ability to see themselves from a multidimensional perspective, recognizing their strengths and weaknesses.

The women in the study also reported that in response to their recovery they were significantly less fearful and were able to develop a greater sense of safety in the world. In the later stages of their healing the women emanated a sense of hope and excitement about future possibilities. The participants attributed this shift to a more positive world view to the fact that they began to focus more on the present and the future and became less oriented towards the past. This finding is consistent with Herman’s contention that in the later stages of the recovery process a woman feels renewed hope and energy for engagement with life (1992). It is also consistent with Matsakis (1996) who states that in the later stages of recovery a woman turns the trauma into a source of strength and empowerment.
Matsakis (1996) states that recovery from incest is a lifelong process. Judith Herman also states that resolving the trauma is never complete (1992). The perceptions of the women in this study question this assertion. While the participants in this study would agree that they do still experience triggers, they reported that it is an occurrence that happens so rarely that most of the women did not consider themselves to be "recovering." The women in this study felt they had moved through and beyond their experiences of incest.

The findings of this study are also consistent with Josselson’s theory of women’s identity development. According to Josselson (1996), a woman’s identity forms the core of who she is and should incorporate all of the aspects of who she is. This is consistent with how the women in this study experienced their sense of self in the later stages of their recovery process. In the later stages of their recovery from incest, the women in this study defined themselves primarily as women with a strong self awareness and appreciation of their numerous positive and negative characteristics and attributes. Their identities also included their sense of self in relationship with family and loved ones and the many roles they play in life; as mothers, wives, partners, sisters, daughters, and friends. Finally, their sense of themselves included their careers and who they are in the professional realm.

Josselson (1987) states that each woman must find a way to include the various elements of their experience and the many aspects of themselves into their overall identity. As women grow, they struggle to make space for the disavowed or disused parts of the self, widening the expanse of their identities. She states that some of the most important revisions in a woman’s identity involve finding and reclaiming aspects
of her self that had been there all along. For the women in this study, the initial task was to expand their identities to include the incest. The next step of moving beyond identifying primarily in terms of their abuse history was described by the women, as being an incredibly rich and valuable experience and one that absolutely transformed their sense of self in positive ways.

Josselson (1996) states that when a woman has a secure sense of identity, her inner experience has coherence and purpose. This includes a sense of coherence between who she feels herself to be and who she is recognized as being in her social world. This finding also resonates with the words of the women and their sense that as a result of the healing process they experienced a merging of their public and private selves. The perception of the women in this study was that as a result of the emergence of their true selves, they were able to connect with a solid sense of self. In so doing, they found that they were no longer survivors— they were women with multifaceted, rich, diverse and meaningful identities.

Several treatment models suggest that the stages of recovery affect a woman’s sense of herself. According to Bass and Davis (1988), in the final stages of healing from incest the woman’s identification with the abuse and its effects is greatly diminished and she is able to engage in more satisfying relationships with herself and others. This final stage in Bass and Davis’ model is characterized by integration, stabilization, and resolution. Bass and Davis suggest that the incest is integrated into a woman’s identity and it becomes a part of her. In response, she is able to see her life as more than just a reaction to abuse. They state that the recovery process ends with “thriving”, which they define as “…the experience of a satisfying life no longer
programmed by what happened to [a woman] as a child” (p. 57). This conceptualization of the recovery process and its relationship with a woman’s sense of herself is also supported by the work of Courtois (1988), Draucker (1992) and Herman (1992). Courtois’s (1988) model also suggests that the final stage of recovery from incest involves integrating the trauma into the self which may result in a radical redefinition of the woman’s identity. Drauker (1992) suggests that a key resolution issue is the establishment of a clear sense of identity.

The findings of this study support and extend these conceptualizations of the final stages of recovery from incest and its relationship with a woman’s sense of herself. This study also contributes to our knowledge about recovery from incest and the degree to which past abuse continues to inform the identities of women in the later stages of healing. The women in this study all described how, in the later stages of their recovery process, they were able to separate their sense of self from the abuse they had experienced. In part, the women attributed this shift to their ability to create space and distance between themselves and the incest they had experienced. The women felt that this process of separation had enabled the development of a profound self awareness and an ability to be present in their lives. It also enabled them to discover that they are who they are because of the totality of their experiences and all aspects of what they have lived through.

The women’s identities were radically redefined as they integrated the trauma experience into their sense of self. Before their healing journeys began, their trauma experiences were disavowed and the women’s identities were disintegrated. As they moved through the process of recovery, the women’s identities emerged and they
developed an integrated, solid sense of self. One of the crucial steps in this process of self discovery was to accept the incest as part of their experience and life story. Identifying as survivors gave the women strength and community during this difficult time in their healing process. Eventually, as the women integrated the trauma experiences into their total selves, the women stopped defining themselves in terms of their abuse and moved beyond survivor-hood. The women described this as a critical shift in their identity development, because they felt that the survivor identity had become limiting and needed to be let go of so that their identities could reflect their total selves and all that they had become.

The women described their identities now as being solid and strong. The incest has a place in their overall sense of themselves but it does not dominate their identities as it did in the earlier stages of their recovery. Today, the past “hardly ever” comes up for the women because now that they have developed understanding and mastery of their trauma reactions, they are able to resolve triggers expediently. How the past continues to inform their identities in the present is reflected in how the women have come to understand and find a balance between the gains and the losses that have come as a result of their trauma experiences. The women continue to feel a sense of regret about the time and energy that has been spent recovering, about aspects of themselves that are still affected by the incest, about relationship losses and missed opportunities. These losses however, are balanced by the gains that the women have made throughout their recovery and their appreciation of their resilience and growth. The women felt that they had grown stronger and developed strengths, skills and resources in response to surviving and healing from the incest. The women named humour,
resourcefulness, sensitivity, perceptiveness, strength, wisdom, understanding, compassion, courage, self awareness, caring, and a sense of justice as positive attributes that they are now able to embrace as part of their identities. Their identities also include a sense of pride in themselves and a sense of agency, ownership and victory in surviving their past, persevering, and ultimately overcoming the incest. Initially, the women could only see the negative aspects of themselves. Now they can look back on the past and feel sadness and loss while also seeing and appreciating their resilience, growth, strengths and positive qualities that it took to survive, move forward, and reclaim their selves and their lives.

In the later stages of their healing journeys, the women described themselves as living rich, meaningful and satisfying lives where they are no longer controlled by past. The process of working through their trauma experiences enabled them to discover and embrace their true selves. This new identity includes a positive sense of self, and increases in their sense of self worth, self esteem, sense of agency, and personal efficacy. This new identity also includes a sense of being at peace with all of who they are, a sense of well being, and a deep appreciation and love for humanity and for the world. They see themselves as powerful women who can take charge and make things happen and they look forward to the future with hope, excitement and interest knowing that they possess the ability to appreciate and enjoy all that life and the world has to offer.

**Recommendations for Future Research**

Over the last thirty years our understanding of relational trauma has grown at a significant rate and is documented in a body of literature that continues to expand
daily. Despite the many developments in the study of psychological trauma there continue to be many gaps in our awareness. Research on the later stages of women’s recovery from incest is a research area within the trauma field that is still in its infancy, and the experience of a woman’s sense of herself in the later stages of recovery from incest is a phenomenon that had not yet been fully or adequately explored. This study was an initial attempt at addressing this void.

Given that estimates of the incidence of child sexual abuse among women range from 19% to 54% it is a field of inquiry that warrants continued research (Peters & Range, 1995). The findings of this study are limited to the seven women participants. Ongoing research in this area will enable more women to share their experiences and will contribute to a more complete understanding and representation of this aspect of women’s experience. Further exploration could extend and refine our understanding of the later stages of recovery from incest and women’s emerging identities as they work their ways through this challenging and rewarding process. Continued research in this area will also help to validate and refine the themes identified in this study. In the later stages of their recovery process the participants reported significant changes in their identities and self acceptance from the earlier stages of their healing. Further research is needed to determine if this finding can be replicated.

Further research is also needed to determine if the finding that women in the later stages of healing from incest move beyond survivor-hood and stop identifying as “survivors” can be replicated. Given that this transition has not been a focus of inquiry and Draucker (1992) suggests that the process of letting go of the survivor identity may be elusive for some women, future studies would help to clarify and elucidate this
aspect of the later stages of women's recovery from incest. Further research exploring how women make this transition of moving beyond the survivor identity could also help to extend our ideas about recovery far enough that we might gain an understanding of how to help people move beyond survivor-hood.

To further develop our understanding of women's sense of themselves in the later stages of recovery from incest it would be useful to conduct further studies that explore women's developmental stage as they begin their healing and to learn more about how this interacts with their sense of self. Courtois (1988) states that one of the long term consequences of incest is identity diffusion. However, all of the women reported that they had developed a more solid sense of themselves as a result of the recovery process. In the final stages of their recovery from incest, six of the women in this study stated that the healing process enabled them to be less defined by their trauma history. One of the women felt that over time throughout her life and in response to her healing process, the incest felt like a bigger part of her because she had become increasingly aware of how the abuse had impacted her life. This appeared to be connected to the later developmental stage at which the recovery process occurred for her compared with the other participants. This warrants further research exploring the age and developmental stage of women as they begin the recovery process and how age differences may be connected to different perceptions of the self in relationship to the abuse history.

Another finding of this study was that despite the women's increasing sense of visibility and connected, all of the women also reported that they continued to experience a lingering sense of separateness and continued to experience difficulty in
their intimate relationships. Further research could help to clarify this phenomenon and help to elucidate whether this aspect of women's identities in the later stages of their recovery from incest is resilient or amenable to change.

All of the women in this study also reported that they were not completely free from the impact of the incest. The women still felt that there were aspects of the incest that were entrenched in their physical bodies. This warrants further research exploring the connection between the mind and the body and the physiological aspects of the later stages of recovery from incest.

Given that the findings from this study suggest that there is an end to the recovery process, and that both Matsakis (1996) and Herman (1992) describe recovering from incest as a process that is never complete, future research exploring this question could help to clarify this aspect of women's recovery from incest.

While women were the focus of this study, research exploring men's experiences of their sense of themselves in the later stages of recovery from incest would be an important contribution to the treatment and research literature. Long term effects that have been documented among men who have experienced childhood sexual abuse include; higher rates of psychiatric diagnoses, more suicidal feelings, substance abuse problems, adverse effects on sexual functioning, gender identity confusion, sexual orientation confusion, symptoms of chronic post-traumatic stress disorder, repression, denial, and normalization of the trauma, marital problems, and relationship problems, such as mistrust of others, fear of intimacy, and abrupt breaking of relationships (Dersch & Munsch, 1999; Gold et al., 1998). Previous studies have not explored how men experience their sense of themselves in the later stages of their
recovery from incest. It would be interesting to learn whether the themes that emerged in this study would be common to men who have experienced incest and identify as being in the later stages of their recovery process.

**Implications for Counselling Practice**

The results of this study provide many insights for those who work with women who are recovering from incest. For the women in this study, in the later stages of their recovery process they reported significant changes in their sense of themselves from the earlier stages of their healing. Relative to this finding, and given that we now know more about how women make this transition, counsellors working in the field of relational trauma are in a position to offer hope and provide additional information to their clients about the later stages of recovery from incest and the impact this process may have on a woman’s sense of herself.

Counsellors may also wish to discuss with their clients the prospect that the process of integration and recovery may take several years or more. It may also be important for clinicians to discuss with clients what their expectations of resolution are, and to share with them the likelihood that the process of recovery will include recurring feelings of sadness and loss.

Given that all of the women continued to feel a sense of regret about the costs of the abuse in their lives, it may be important for clinicians to validate and normalize for their clients this sense of sadness and regret about the losses that have come as a result of enduring and recovering from the incest. In the later stages of their recovery process it might also be beneficial for clients if their clinicians introduced a therapeutic process specific to the grief the women describe. It is helpful to know that this sense
of regret and loss was felt most keenly in terms of the women's comfort in their bodies, their abilities to be intimate and express themselves sexually, and their relationships with members of their families. These could be important areas to address in the final stages of therapy.

As counsellors we need to ask ourselves if this sense of regret and loss is being adequately addressed within current therapeutic models for working with women who are recovering from incest. Given that all of the women shared this sense of regret it could be that as clinicians, we do not yet know what our clients need in order to be able to process and get past the grief. With a death there is often a ritual that is followed: family and friends gather to grieve and process the loss together, there is a memorial and a monument is created- a place where the mourners can go to honour the passing of their loved one. The process of grieving for losses that have come as a result of incest have- to my awareness been isolated, insular and private. Clinicians may wish to ask their clients what they need to do to honour the losses and may wish to suggest creating a memorial or monument of some kind- some place where the client can mark their losses.

In response to their process of recovery, the women in this study experienced an increasing sense of visibility and connection. In part, this shift appeared to be related to the merging of the women's public and private selves. Given that women survivors often report feeling isolated and alone because they lack effective social support systems (Morgan & Cummings; Saxe & Johnson), the finding that the women in this study felt an increasing sense of connection with themselves and others is hopeful. Clinicians may wish to strengthen this increasing sense of connection and
visibility by sharing with their clients what is known about common themes among women in the later stages of recovery from incest. The women reported that the process of reading through the themes that emerged from this study was powerful, beneficial and enabled them to feel less alone and isolated and increasingly connected with other women. Some of the women stated that they felt surprised by how much the themes resonated with their experience because they had never spoken with other woman about their experience of the later stages of the recovery process and hadn’t known that there were common themes to this part of the recovery process. This type of validation is extremely important because it legitimizes one’s experience. Finding commonality with others who have also gone through the same experience is normalizing and lets a woman know that she is not alone, that her experiences are real and that what she is going through is “normal”.

The women also reported that a piece that was missing for them was the celebration and recognition of how far they’ve come and that they made it. Clinicians may wish to discuss with their clients the possibility of creating some form of completion ritual or celebration that marks the end of the recovery process. The importance of ritual for people of all ages and stages is recognized by all cultures and is a process which is embedded in various transitions and rites of passage that people experience in their lives. Ritual helps to anchor our passage through these milestones. According to O’Hanlon and Bertolino (1998), transition rituals offer people a physical, action-based way of moving towards a new sense of themselves. A transitional ceremony and celebration could help strengthen the client’s sense of connection and visibility by marking and honouring their healing journey- embracing
their new identity and leaving behind their sense of themselves before and during their recovery process. This could possibly be done in groups or one on one between the therapist and the client.

Another aspect of the women’s shared experience of the later stages of recovery from incest was a shift in their world view. Counsellors may wish to facilitate this shift by always making sure that the present and future are included in their work with clients. Keeping the present and future alive in working with clients may facilitate the shift in world view by helping clients connect with a present and a future- slowly letting go of their orientation in the past.

Given that in the later stages of healing from incest the women in this study stopped identifying as “survivors”, it may be important for clinicians working with this population to be aware of this finding so that they can encourage and support their clients as they make this transition in their identities. In addition, two of the women in this study reported that the “survivor” identity was difficult to give up because they felt it had become a “crutch.” As such, it would be important for counsellors to assist their clients in acknowledging the many positive aspects and characteristics that make up their total selves. Appreciating the other attributes that contribute to their identities may facilitate this process. Relative to the finding that the women also reported that in the initial stages of their healing the “survivor identity” was a crucial source of strength, it is also important that counsellors allow this transition to emerge from their clients own internal senses of timing and pacing.

One of the women felt that over time throughout her life and in response to the recovery process, the incest felt like a bigger part of her because she had become
increasingly aware of how the abuse had impacted her life. Further research is needed to determine if the developmental stage of a woman when she begins therapy affects her identity in the later stages of healing. If so, this could have important counselling implications.

The women in this study also shared a strong sense of resiliency and growth. As clinicians, we need to ask ourselves if we are unknowingly painting a bleak picture. It is important for clinicians working with this population to be aware of new research and to recognize the health and future health of women who have experienced incest. That the women in this study made it through terrible trauma and emerged strong and resilient is a testament to humanity and our ability to recover from terrible tragedy.

**Limitations of the Study**

This study reflects the experience of identity in the later stages of recovery from incest as experienced by seven Canadian women who were abused by their fathers. While generalizations may not be made to elucidate the experiences of women who did not participate in this study, this study provides an initial attempt at gaining an understanding of the experience of women’s sense of themselves at the later stages of their healing process.

Several factors limited this study. As the methodology of this study was phenomenological and exploratory, the results should not be considered conclusive. Continued research will help to validate and refine the themes identified in this study, and determine the extent of their applicability.

Another possible limitation is that this sample may not be representative of the population. All participants were self-selected volunteers. As such, the participants
were representative of persons willing to disclose personal experiences of identity formation as survivors of sexual abuse. Each participant was a motivated volunteer who was clearly able to articulate her experience. This may not reflect the overall population, especially given that all of the women interviewed worked through the trauma- which is an aspect of the recovery process which has not been addressed in the clinical literature.

Another limitation is that all data were collected through self report. As such, the results are limited to what the research participants were willing to report and their abilities to articulate their experiences.

It is my contention that the importance of the proposed study transcends its limitations. Although the unique experiences of the research participants involved in this study cannot be replicated, detailed descriptions of all aspects of this study allow comparison with future studies regarding the research phenomenon. The evidence indicates that this research has illuminated an aspect of women's experience that had not yet been described, and has contributed to our understanding of the process of recovery from incest.

Final Remarks

It was just over a year and a half ago that I decided to embark upon this research project. At that time I could not possibly have imagined what a meaningful and transformational process I was about to delve into. The research question emerged from my own personal experiences of healing and in witnessing the healing processes of both men and women who had been abused as children. It was with great
excitement that I embarked on this adventure, hoping that other women would find this question as active and alive as I did.

The findings that emerged from this study were largely congruent with what I expected, based on my own life experience, my reading in this area, and my counselling background. The most surprising result to me was that one of the women perceived that in the later stages of her healing process the incest seemed like it had become a bigger part of her identity because she had become increasingly aware of its impact throughout her recovery. Given that she began therapy in her forties, this raised further questions about how a woman’s developmental stage when she begins her healing journey might affect her sense of self in the later stages of the recovery process.

The women in this study were extremely interested in, and eager to, participate and share their perceptions of their sense of self and the later stages of their recovery process. The women were also very excited about the validation interviews and their chance to reflect upon and also respond to the emergent themes. Many of the women who participated in the study mentioned that they had been pondering this aspect of their experience for some time on their own and were excited about the opportunity because they felt that the later stages of recovery from incest was a relatively unknown phenomenon and they didn’t know what to expect.

The women felt that the treatment literature was very limited in its contribution to what happens at the end of the recovery process. It is my hope that the opportunity to share this piece of their story was of benefit to them. Throughout the interview process I was continually awed by the wisdom, self awareness, and strength of the women. I also admired their willingness to openly share their perceptions of their
sense of self and the later stages of the recovery process with me. It was an honour for me to meet with them and I feel blessed to have had this opportunity. I hope that their stories and experiences will contribute to the field of trauma research and will lead the way to further development of our understanding of the later stages of the recovery process.

Many of the women who participated in this study felt, as I did, that while the sexual abuse literature is extensive there was not enough literature that documented the words of women as they emerged at the other end of their healing journeys. It was with this in mind that I immersed myself in this project and it was extremely rewarding to meet so many women along the way who were equally passionate and exuberant about this research. The message that these women have shared is one that is full of hope, health and wholeness and I am encouraged by the possibility that these words of healing might be witnessed more often so that they might hearten women who are in the various stages of their healing journeys.
References


Herman, J. (1992). *Trauma and recovery: The aftermath of violence-from domestic abuse to political terror*. New York: Basic Books.


Appendix C

Orienting Statement

The following statement will be read by the researcher to all participants at the beginning of the first interview:

I am interested in learning about your experiences as a woman who experienced incest in childhood. Recently, there has been a lot of research conducted in the area of childhood sexual abuse. Many studies have documented the experiences of women who have experienced sexual abuse along the various stages in their road to recovery. However, research which explores how women incorporate their early abuse experiences into their understanding and perceptions of themselves as they emerge at the other end of the recovery process is limited. The aim of this study is to explore identity as it relates to the experience of incest. Specifically I am interested in learning how your experience of incest informs your identity? The main question I am asking you is: How and to what extent do you perceive your trauma experiences to have informed your current sense of yourself?

Please feel free to take the time you need to reflect on and answer this question. During the interview I may ask you for more information or clarification about something you have said in order to be sure that I understand your experience. It is important that you understand that you are in no way obligated to answer or discuss anything you do not feel comfortable talking about.

Do you have any questions before we begin?
Appendix D

The Research Instrument: Research Questions

1. *How would you describe your recovery process?*

2. *How has your sense of who you are changed over time throughout your life?*

3. *What aspects have remained constant or stable throughout your life?*

4. *In what ways do you think your past experience of sexual abuse informs your sense of who you are? Has this changed over time?*

5. *How do you see yourself in the world today?*

6. *What are the things about yourself that you want the significant people in your life to know?*

7. *What aspects of you are essential to your sense of who you are?*