

SEXUAL ABUSE SURVIVORS' PERCEPTIONS OF
HELPFUL AND HINDERING COUNSELLOR BEHAVIOURS

by

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A Dissertation Submitted in Partial Fulfillment of the
Requirements for the Degree of

DOCTOR OF PHILOSOPHY

in the Department of Psychological Foundations in Education

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ABSTRACT

The purpose of the study was to explore female sexual abuse survivors' perceptions of helpful and hindering counsellor behaviours. Fifty women who had been sexually abused during childhood and who had received counselling as adults participated in the study. The critical incident technique, a qualitative method of research, was used to collect and analyze the data. The women were interviewed using a semi-structured interview guide and were asked to recall incidents in counselling in which the counsellor's behaviour was either especially helpful or hindering. A total of 552 incidents were collected, analyzed thematically, and placed into descriptive categories. The data also included information regarding how the women responded to counsellors' behaviours. A total of 7 categories and 45 subcategories comprised the categorization scheme. All categories and most subcategories had both a positive and negative valence. A few subcategories contained solely helpful or hindering incidents.

The largest category was Validation. It was helpful when the counsellor made remarks which validated the client and hindering when the client felt judged, disbelieved, blamed, minimized, or dismissed. Subcategories were (1) Affirmation or Judgement, (2) Assignment of Blame, (3) Focus on Feelings, (4) Minimization/Dismissal of Sexual Abuse, (5) Approach to

Client's Anger, (6) Willingness to Believe Client, (7) Assurance that Client is Normal, (8) Identification of Abuse, (9) Language for Abusive Acts, (10) Enquiries about Sexual Abuse, and (11) Complex Language.

The second largest category was Approach to Power and Control. It was considered helpful when the counsellor related to the client as an equal, offered her choices, and respected her input, pace, and boundaries. In these situations the client felt empowered. It was hindering when the counsellor seemed to be exerting control over the client. In these incidents the client felt powerless, angry, and abused. The subcategories were (1) Flexibility with Agenda, (2) Willingness to Offer Choices, (3) Response to Criticism, (4) Response to Client as an Equal or with Honour, (5) Sexual Interest, (6) Approach to Suggestions, (7) Expectations Regarding Forgiveness, and (8) Consultation with Alter Personalities.

A third category was Application of Therapeutic Methods. It refers to whether or not the counsellor was perceived as using treatment methods effectively. Subcategories included (1) Experiential Work, (2) Bodywork, (3) Reading Materials, (4) Writing Exercises, (5) Medication, (6) Art Work, and (7) Hypnosis.

A fourth category was Involvement in Nurturing Behaviour. It refers to whether the counsellor was viewed as being nurturing or insensitive and distant. The subcategories were

(1) Attentiveness, (2) Insensitive Questions or Interpretations, (3) Touch, (4) Who Counsellor Allied With, (5) "Mothering" the Client, and (6) Out-of-Ordinary Participation.

A fifth category was Education. It refers to whether or not the counsellor offered information, observations, and alternate ways of thinking. Subcategories were (1) New Perspective, (2) Instruction in Setting Boundaries, (3) Connection of Themes, (4) Information-Giving, and (5) Instruction in Self-Nurturing.

A sixth category was Organization of the Structure of Counselling to Meet Client Needs. It is concerned with whether or not the counsellor effectively organized time, scheduling, and outside counselling resources. Subcategories were (1) Availability, (2) Approach to Endings, (3) Referrals, and (4) Lack of Direction.

The seventh category was Counsellor's Self-Expression. It refers to whether the counsellor's sharing of personal information, emotions, or interests was facilitative or interfering to the client. Subcategories were (1) Self-Disclosure, (2) Reaction to Disclosure of Sexual Abuse, (3) Counsellor's Expression of Emotion, and (4) Arrangement of Environment.

The study also provided information regarding the number of helpful and hindering incidents for type of counsellor and

gender of counsellor. Implications of the results of the study are discussed.

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ACKNOWLEDGEMENTS

I wish to acknowledge the generous financial assistance of the Social Sciences and Humanities Research Council of Canada and the University of Victoria. I am also deeply grateful to the many people who helped to launch, develop, and complete this research. Particularly, I wish to thank:

The 52 women who participated in the study and so openly shared their experiences with me. This dissertation would not have been possible without you.

My supervisor, Vance Peavy, who trusted me and consistently reaffirmed the value of my work.

My committee members, Marcia Hills and Antoinette Oberg, for their encouragement and valuable feedback.

My life companion, Stuart, for editing, nurturing, and doing most of the housework for the past five years. This project was much easier with you by my side.

My dear friend, Bonnie Jean, for her insight with the data and for her patience when listening to my woes.

My good friend, Kathryn, for giving up her own precious time to help a friend in need.

Elizabeth and John for their diligence with the analysis.

My colleagues at my workplace for their emotional and practical support.

And, my mother and father for fostering in me the belief that I could do anything I wanted.

DEDICATION

to women everywhere
who were sexually abused as children
and
to the helpers who share the quest

CHAPTER 1

Introduction

Statement of the Problem

In the last decade, the sexual abuse of children has received considerable attention from helping professionals, child protection agencies, the legal system, the media, and the public. Focus on this issue has increased due to pressure from a number of sources: (a) individuals who were sexually abused as children and who are now speaking out and seeking help in increasing numbers; (b) the Women's Movement which has campaigned against violence towards women; and (c) the Child Welfare Movement which has advocated for the protection of children. Once concealed with silence, childhood sexual abuse has been exposed as a pervasive problem which has serious repercussions for individuals, families, and society.

Several long-term effects of childhood sexual abuse have been substantiated by research. The most notable effects include depression (e.g., Bagley & Ramsay, 1985; Briere & Runtz, 1988; Elliott & Briere, 1992), anxiety (e.g., Bagley & Ramsay, 1985; Elliott & Briere, 1992; Sedney & Brooks, 1984), suicidal attempts or ideation (e.g., Briere & Runtz, 1987; Sedney & Brooks, 1984), dissociation (e.g., Briere & Runtz, 1987, 1988; Elliott & Briere, 1992), low self-esteem (e.g., Bagley & Ramsay, 1985; Herman, 1981), feelings of isolation (e.g., Briere & Runtz, 1987; Courtois, 1979),

difficulties in interpersonal relationships (e.g., Briere & Runtz, 1987; Finkelhor, Hotaling, Lewis, & Smith, 1989; Meiselman, 1978), a tendency towards revictimization (e.g., Briere & Runtz, 1987; Fromuth, 1986; Russell, 1986), substance abuse (e.g., Briere & Runtz, 1987; Peters, 1988), problems with sexuality (e.g., Courtois, 1979; Elliott & Briere, 1992; Finkelhor et al., 1989;), and post-traumatic symptoms (e.g., Donaldson & Gardner, 1985; Elliott & Briere, 1992). Other disorders which have been linked to childhood sexual abuse include borderline personality disorder (e.g., Briere & Zaidi, 1989; Herman, 1986; Herman, Perry, & van der Kolk, 1989), multiple personality disorder (e.g., Bliss, 1984; Coons & Milstein, 1986; Putnam, Guroff, Silberman, Barban, & Post, 1986), and eating disorders (e.g., Oppenheimer, Howells, Palmer, & Chaloner, 1985; Smolak, Levine, & Sullins, 1990).

It is not surprising, then, that women who were sexually abused as children are requiring psychological treatment. Counsellors are hungry for more information regarding effective therapeutic interventions. Although research on the dynamics and effects of sexual abuse has been growing substantially, the research into the process and outcome of successful therapy for adult survivors is still in its infancy.

There are several reasons why the treatment research may not be in step with other forms of sexual abuse research. First, sexual abuse is typically shrouded with shame, secrecy,

and isolation. In addition, counselling still holds a stigma for some people. Researchers may have some difficulty in enlisting volunteers who are willing to participate in a study concerning their psychological treatment for sexual abuse. Second, many research studies use university or college populations from which to draw their participants. While this may be an informative population from which to investigate dynamics and effects of sexual abuse, it may be a very frugal population from which to obtain individuals who have undergone psychological treatment. Studies concerned with treatment may need to involve clients from community counselling agencies, mental health clinics, and private clinical practices. Researchers may find that accessing these settings is more difficult, time-consuming, and expensive than accessing college or university classes. And third, the methodology of investigating treatment process and outcome may generally be more difficult than the methodology involved in investigating sexual abuse dynamics or effects. For example, while the latter has typically involved the completion of questionnaires during one sitting, the investigation of treatment efficacy may require more time, particularly if the researcher is obtaining pre-and post-treatment data. This in turn may lead to a greater attrition rate among participants.

In spite of the lack of research, several clinicians have written books and articles about what they believe to be helpful responses and behaviours when working with adult

survivors of childhood sexual abuse (e.g., Courtois, 1988; Drauker, 1992a; Hall & Lloyd, 1989). For the most part, however, these are opinions which have not yet been supported by scholarly research. Furthermore, they are clinicians' and not clients' perceptions of helpfulness. Several studies (which have not focused on sexually abused clients in particular) have indicated that clients and counsellors differ regarding their perceptions and interpretations of counsellor behaviours (e.g., LaCrosse, 1977; Lee, Uhlemann, & Haase, 1985; Stiles & Snow, 1984). Lee et al., (1985) suggest that "counselors should be aware that counselors' perceptions of their own behavior may be quite different from those of the clients" (p. 184). It is possible, therefore, that clinicians' perceptions of behaviours which are helpful or hindering to sexual abuse survivors may be different from clients' perceptions.

The perceptions of survivors regarding helpful or hindering counsellor behaviours has thus far received little attention in the literature. The most relevant study was one conducted by Armsworth (1989). From data derived by a questionnaire to 30 incest survivors, Armsworth found six practices or attitudes of helping professionals which were most frequently reported as being helpful, and six practices or attitudes which were perceived as being harmful. However, the study did not focus on the counselling of adults specifically; it combined experiences of counselling which

occurred in childhood with those which occurred in adulthood. In addition, the research design did not provide the opportunity to gather extensive and thorough data as indicated by the fact that only six helpful and six hindering counsellor practices were identified. Moreover, the study did not differentiate between experiences in individual counselling with those which occurred in group counselling.

Purpose of the Study and Research Questions

The purpose of this study was to explore adult female sexual abuse survivors' perceptions and responses to helpful and hindering counsellor behaviours. The study contributes to the discussion of perceived counsellor effectiveness by providing a thorough list of helpful and hindering counsellor behaviours and by including information regarding how clients responded to the counsellor behaviours. The study differs from the Armsworth (1989) study in that it (a) applied the critical incident methodology which includes a criteria of saturation and comprehensiveness in order to provide a more thorough list of counsellor behaviours, (b) included information regarding how clients reacted to the counsellor behaviours, (c) focused exclusively on counselling which occurred in adulthood rather than include childhood counselling, (d) included participants who were sexually abused in non-incestuous relationships, (e) focused exclusively on counselling which occurred in individual

sessions and not group sessions, and (f) used a semi-structured interview format rather than a questionnaire in order to acquire more in-depth information and obtain maximum richness of the data. The specific research questions were:

1. Which counsellor behaviours are perceived as being especially helpful by adult female clients who have experienced childhood sexual abuse? How did the clients react to these counsellor behaviours?

2. Which counsellor behaviours are perceived as being especially hindering by adult female clients who have experienced childhood sexual abuse? How did the clients react to these counsellor behaviours?

CHAPTER 2

Review of the Literature

Scope of the Literature Review

The following is a review of the scholarly research which has examined helpful and hindering counsellor behaviours in working with women who have experienced childhood sexual abuse. The scope of the review is generally limited to counselling which occurred in one-to-one sessions, rather than group sessions. An examination of clinical literature which is not research based but is relevant to the findings in the present study will be discussed in Chapter 5.

Research Studies

Armsworth (1989) explored the perceptions of incest survivors regarding the counselling they had received. Thirty adult female incest survivors completed questionnaires regarding the helpfulness or harmfulness of the counselling they had received during adulthood, childhood, or adolescence. A total of 113 counsellor contacts had been made, and participants reported that they had disclosed incest histories to 70% of the counsellors. Categories of counsellors primarily included psychiatrists, psychologists, agency counsellors, school counsellors, social workers, pastoral counsellors, peer counsellors, and group counsellors. Participants rated the helpfulness or harmfulness of

counselling on a scale ranging from 0 (did more harm than good) to 5 (very helpful). The mean rating for all categories was 3.02 (SD, 1.93). Male helpers, with a mean rating of 1.98 (SD, 1.91), were rated less helpful than female helpers, who had a mean rating of 3.93 (SD, 1.47). Six practices or conditions were cited most frequently as helpful or very helpful: (a) the client felt believed; (b) the counsellor was supportive and understanding, conveying empathy and compassion for the client; (c) the client was not blamed for the incest; (d) the counsellor was not shocked or disgusted with the disclosure; (e) the client did not feel alone or odd; and (f) the counsellor helped to get the incest stopped. Armsworth collapsed these practices and conditions into four basic factors: (a) validation; (b) advocacy; (c) empathic understanding; and (d) absence of contempt, punishment, or derision in response to the client. Six practices or conditions were considered of little help or causing harm. These included: (a) sexual involvement between the counsellor and client; (b) the counsellor did not believe the client; (c) the incest was dismissed or ignored by the counsellor; (d) overprescription of drugs; (e) the client was blamed for the incest or was told she must have enjoyed it since she stayed; and (f) the counsellor expressed shock or disgust. Armsworth collapsed these practices into four categories: (a) lack of validation; (b) blaming the client; (c) negative, rejecting, or absent responses from the counsellor; and (d) exploitation

or victimization of the client. Sexual involvement with the helper was reported in 23% of the cases and was the most frequently cited reason for the encounter with the helper being rated as harmful. Another 23% of the women reported other forms of victimization by helpers (e.g. not believed, blamed, reports ignored).

Armsworth (1990) conducted another study in which she examined incest survivors' responses to sexual involvement with their therapists. A qualitative approach employing semi-structured, open-ended interviews was used. Six female participants were interviewed regarding their reasons for seeking therapy, perceptions of themselves at the time they started therapy, how the sexual involvement with the therapists began, coping mechanisms for dealing with the sexual involvement, and the outcome of the situation. Content analysis was performed on the transcribed interviews, and recurrent themes and events were identified. The data indicated that (a) the survivors had lived in a childhood environment which prevented the development of a sense of "personhood," (b) the lack of personhood was reinforced by several experiences of depersonalization both inside and outside the therapy, and (c) the survivors adopted a "surrender pattern" of coping with therapist violations. Characteristics of the surrender pattern included passive submission to the abuse, dissociation, and a strong feelings of hopelessness or choicelessness regarding the therapist's

abusiveness. All participants stated that their lives had deteriorated as a result of the sexual experiences in therapy. Broken relationships, self-destructive behaviour, post-traumatic stress responses, feared insanity, and difficulty with subsequent therapy were reported.

Frenken and Van Stolk (1990) wrote an interesting article that described two studies which examined the adequacy of professional help to incest survivors. Both studies took place in the Netherlands. In the first study, 130 professionals were interviewed by means of a questionnaire which consisted of both open-ended questions and items with fixed answers. The professionals included psychologists, psychiatrists, social workers, volunteer counsellors, pediatricians, child protection agents, and general practitioners. Part of the questionnaire asked the professionals to identify any shortcomings they had in skills or knowledge when working with incest survivors. The majority of professionals acknowledged that they had shortcomings in therapeutic knowledge (75%) and skills (67%) with respect to working with this type of client. Typical questions with which they struggled included: Which signals and symptoms point to abuse in the family of origin? How far should I probe into the former experienced abuse? Should I discuss their guilt feelings in detail? Moreover, 85% of the professionals experienced some sort of emotional strain when working with survivors. The authors identified four

categories of troublesome emotions. One was the professional's anger towards the perpetrator. A total of 58% of the professionals reported that their anger caused them to feel unbalanced. They were particularly confused about how appropriate it was for them to show their anger to their clients. A second category was embarrassment and disgust. A total of 42% of the respondents stated that their performance was impaired by their own aversion to the sexual abuse the survivors had described. A third was strong identification with the client. A total of 41% of the professionals feared overidentification with the client. They worried whether they would be able to maintain an appropriate amount of professional distance and objectivity. This was particularly true for women professionals, especially those who had experienced some sort of childhood victimization of their own. The fourth category was general feelings of being powerless and overwhelmed. A total of 23% of the respondents felt helpless in light of the experiences the survivors had endured. They also reported having difficulty controlling these emotions.

It is not surprising, then, that in 50% of the cases, the professionals did not pursue their suspicions that incest had occurred. They chose instead to focus on other issues. They rationalized that this was for the clients' "own good." The professionals claimed that the women "weren't ready for it," that they should "come up with it themselves," or they "could

not yet handle it." Moreover, 38% of the professionals reported that one or more of the incest clients they had seen in the last three years had dropped out of treatment. They pointed to general characteristics of incest clients: 46% of the professionals stated that incest clients had great difficulties in disclosing the abuse and that they were reluctant to discuss the matter in detail. Also, 40% of the professionals believed that it was very difficult to maintain a relationship of trust with an incest survivor.

In the second study, 50 incest survivors were interviewed by means of a questionnaire with both open-ended questions and items with fixed answers. Part of the questionnaire asked them to evaluate their contact with professionals. A total of 29 of the women felt they had been "let down" by professionals. In keeping with the findings of the first study, several women found that upon becoming informed of the incest, many professionals chose to leave the subject and focus on current problems. The women felt disappointed that the professionals ignored the abuse. Moreover, the clients were not satisfied with discussions when they did occur. Of the 61 professionals who did discuss the incest, the women perceived that 30% did not believe their stories, 38% belittled their stories, 38% blamed the survivors, 34% made light of the perpetrator's acts, and 38% expressed astonishment that the women had remained silent for years. It is also worth noting that 5 of the 50 women who were

interviewed reported spontaneously that they had experienced either actual sexual abuse by a professional or explicit attempts of sexual contact.

Another finding was that two-thirds of the women would have preferred to disclose their experiences to a female rather than male professional (although most disclosed to males). However, the gender of the professional was less important for the later "working through" stages. In fact, women who had a history of problematic relationships with their mothers preferred to have a male professional in this later stage of therapy.

Josephson and Fong-Beyette (1987) used a modified case study approach to elicit information from 37 incest survivors about their counselling experiences in childhood and adulthood. Emphasis was placed on the women's experiences of disclosing the incest to their counsellors. Positive counsellor reactions to disclosures included encouraging the client to talk more, staying calm, and being empathic. Negative reactions included minimizing the significance of the abuse, conveying discomfort with the topic, ignoring the disclosure, rushing the client, being excessively interested in the sexual details, and conveying anger at the client or the offender.

Related to the discussion of counsellor helpfulness is a study conducted by Draucker (1992b) which explored the healing process of women who had experienced incest. She used

qualitative methods to generate a theoretical framework of the healing process experienced by 11 adult female incest survivors. Healing was found to be a laborious, active, and constructive experience, and was described by the survivors as building a new place for themselves in the world. Draucker therefore labelled the healing process as "constructing a personal residence." The process of constructing a personal residence involved four main elements: (a) making the decision to "build;" (b) constructing a new relationship with oneself; (c) regulating one's relationships with others, and (d) influencing the community in a meaningful way. Although participants commented primarily on their own process of healing, they did mention some counsellor responses which were either helpful or hindering to their healing experience. Survivors reported that the decision to "build" was influenced by therapeutic interventions which connected the survivor's present distress with the abuse or which confronted their tendency to minimize the incest. A vital aspect of constructing a new relationship with oneself was treating oneself differently, for example, by caring for and protecting oneself, providing for one's own pleasure, and developing a sense of humour. Draucker believes that interventions aimed at increasing survivors' self-care repertoires are especially helpful early in the counselling process, thereby helping clients acquire patterns of protecting and nurturing themselves which they can later rely upon when they begin to

experience some of the more painful aspects of healing. Regulating one's relationships with others required setting boundaries when necessary, and allowing intimacy to develop when appropriate. Many of the participants disclosed the incest to others in an attempt to gain closeness. For the most part, participants received positive and supportive reactions to their disclosures. Non-supportive responses included failing to acknowledge the significance of the abuse, anger and blame towards the survivor, pressure to heal quickly, advice, pressure to forgive the offender, disparagement of counselling, and curiosity and inquisitiveness rather than concern. Counsellor responses which indicated shock were found to be particularly damaging.

Summary of the Research

In conclusion, research concerning helpful and hindering counselling behaviours in working with sexual abuse survivors is sparse, and that which does exist has targeted on counselling survivors of incest in particular. Following is a summary of the major research findings to date.

One theme which occurs in the research literature is the importance of validating the client's experience of the abuse. This includes believing the client's story and not minimizing the impact of the abuse. Participants in previous studies (Armsworth, 1989; Frenken & Van Stolk, 1990; Josephson & Fong-Beyette, 1987) have reported being disbelieved, belittled,

and ignored by helping professionals, all practices which they found to be very detrimental to their therapy.

A second theme is the importance of not blaming the victim for the abuse (Armsworth, 1989; Frenken & Van Stolk, 1990). Participants in the Frenken and Van Stolk study reported that 38% of the professionals to whom they had disclosed blamed them for the incest.

A third theme concerns the communication of empathy and concern. Participants in the Armsworth (1989) and Josephson and Fong-Beyette (1987) studies reported on the importance of feeling understood and cared for.

A fourth theme concerns the negative interference of the counsellors' own feelings with the therapeutic process. Counsellors' shock, embarrassment, anger, and disgust were perceived by clients as being particularly damaging (Armsworth, 1989; Draucker, 1992b; Frenken & Van Stolk, 1990; Josephson & Fong-Beyette, 1987). In addition, counsellors in the Frenken and Van Stolk study found their own feelings of helplessness and anger difficult to manage.

A fifth theme is the negative impact of sexual involvement between therapists and clients. Armsworth (1989) found that 23% of her sample reported sexual involvement with helping professionals, and all perceived this practice as being harmful to them. Other studies (e.g. Armsworth, 1990; Frenken & Van Stolk, 1990) also report on sexual involvement within the counselling relationship.

A sixth theme concerns counsellors helping their clients realize the full impact of the abuse upon their lives. Counsellor responses which connected current distress with past abuse or which confronted clients' tendency to minimize the abuse were regarded as essential therapeutic tasks (Draucker, 1992b).

Implications for the Present Study

As the literature review indicates, the information we have regarding sexual abuse survivors' perceptions of counsellor behaviours is limited. The key study, Armsworth (1989), identified only six helpful and six hindering counsellor practices. In addition, the study did not focus on the treatment of adults per se; it combined counselling experiences which occurred in childhood with those that occurred in adulthood. The purpose of the present study was to provide more extensive information regarding sexual abuse survivors' perceptions of helpful and hindering counsellor behaviours and to include information regarding clients' reactions to counsellor behaviours. In addition, the study focused exclusively on the experiences of survivors who were adults at the time of counselling.

CHAPTER 3

Method

Instrumentation

The Critical Incident Technique (Flanagan, 1954; Woolsey, 1986a) was the method of data collection for the study. This is an exploratory, qualitative method of research which is used to collect and describe a broad range of important incidents which individuals have experienced and which relate to the aim of the study. The critical incident technique consists of asking individuals to describe behaviours (their own or other's) which contribute to a specified outcome. The focus is placed on incidents (events which occurred) which are critical (events which affect the outcome). The incidents are then analyzed thematically and placed into descriptive categories.

The Critical Incident Technique was developed during World War II by John Flanagan (1954). Flanagan used the technique to identify effective pilot performance. He asked combat veterans to describe incidents that were significantly helpful or harmful to their mission. Flanagan analyzed the descriptions and devised a list of behaviours that were critical for task performance.

After the war, Flanagan (1954) used the critical incident technique in industry to select, classify, and evaluate personnel. Subsequently, the technique has been used as a

research tool for a variety of purposes. In the counselling domain, the critical incident technique has been used to define effective behaviours in telephone crisis intervention (Delfin, 1978), investigate perceptions of school counsellors regarding their effectiveness (Gora, Sawatzky, & Hague, 1992), explore high school counselling trends (Neely & Iburg, 1989), provide a job analysis of psychology internships (Ross & Altmaier, 1990), explore the effects of age and experience of psychology consultants and consultees on consultant outcome (Martin & Curtis, 1980), and describe the meanings occupational therapists derive from their work (Hasselkus & Dickie, 1990). The critical incident technique has also been used to evaluate nursing practica (Dachelet, Wemett, Garling, Craig-Kuhn, Kent, & Kitzman, 1981), investigate the psychological aspects of nursing (Rimon, 1979), investigate nurses' perceptions of support at the workplace (Lindsey & Attridge, 1989), define critical requirements for psychiatric aide positions (Schmidt & Cohen, 1955), identify patients' perceptions of patient-to-patient interaction on psychiatric wards (Carter, 1959), identify reasons for success and failure of university students (Schmelzer, Schmelzer, Figler, & Brozo, 1987), identify the factors that helped or hindered coping during unemployment in university graduates (Borgen, Hatch, & Amundsen, 1990), study work motivation (Herzberg, Mansour, & Snyderman, 1959) explore the quality of life (Flanagan, 1978), explore the relevance of career women's homosocial

relationships to their self-actualization (Harris, 1984), and identify characteristics of women's friendship bonds (Woolsey & McBain, 1987).

Studies which have examined the credibility of the critical incident technique have concluded that it is a reliable and valid research method. In a study which investigated the validity and reliability of the critical incident technique, Andersson and Nilsson (1964) found that (a) collection procedures were reliable, that is, the number and structure of incidents did not significantly vary across different interviewers; (b) categorization of incidents was reliable, that is, categories did not differ significantly across different coders; (c) the data was comprehensive and reached saturation; and (d) the categories were important as confirmed by questionnaires and other literature in the field. Similarly, Ronan and Latham (1974) subjected the critical incident technique to several different tests of reliability and validity. Content validity, construct validity, concurrent validity, interjudge reliability of the categorization process, test-retest intraobserver reliability, and the relevance of the critical behaviours were all judged to be satisfactory.

The decision to employ a critical incident technique for the present study was guided by several considerations.

First, the purpose of the study was to understand and describe counsellor behaviours which sexual abuse survivors

perceived to be helpful or hindering. A qualitative, descriptive approach is appropriate when the primary interest of the researcher is not to predict and control, but to "understand the meaning of events and interactions to people in particular situations" (Bogdan & Biklen, 1982, p.31). As with other qualitative methods, the critical incident technique focuses on obtaining a comprehensive description of the activity under study.

Second, the critical incident technique is congruent with a philosophy of counselling which emphasizes the importance of inner experience and personal meaning (Woolsey, 1986b). The interview approach respects participants' uniqueness and trusts that the participants themselves are "in the best position to provide accurate accounts of the events under investigation" (Brown & Canter, 1985, p.222).

Third, as with other qualitative methods, the research findings from the critical incident technique are not preconceived but emerge naturally from the data itself. Filstead (1970) states:

...qualitative methodology allows the researcher to get close to the data, thereby developing analytical, conceptual, and categorical components of explanation from the data itself - rather than from the preconceived, rigidly structured and highly quantified techniques that pigeonhole the empirical social world into the

operational definitions that the researcher has constructed. (p. 6)

Fourth, the critical incident technique involves a flexible interview approach which enables the researcher to stimulate participants' recollections of the experiences under study. In addition, the interview dialogue allows for the researcher to pose follow-up questions and receive clarification, and enables participants to confirm or correct the researcher's perceptions.

Fifth, the interview process may be seen as more engaging and interesting for the participant than other means of obtaining data (e.g., questionnaires), and therefore may enhance the participant's cooperation (Gorden, 1969)

Sixth, it has been demonstrated that the critical incident technique is a reliable and valid methodology (Andersson & Nilsson, 1964; Ronan & Latham, 1974).

And seventh, the critical incident technique has been used extensively in a variety of fields, including counselling.

Participants

The research participants were women who were sexually abused in childhood and who had attended one or more individual sessions with a counsellor in adulthood. To be included in the study, the participants were required to have been adults (defined as 19 years of age or older) when the

counselling took place, and children or teenagers (defined as under 19 years of age) when the sexual abuse occurred. The criteria for whether a participant had been sexually abused depended solely on whether she believed she was sexually abused rather than upon any objective criteria imposed by the researcher.

Participants were recruited via newspapers ads (62%), word of mouth (18%), notices distributed to government funded and private counselling agencies (16%), and in-person appearances at university undergraduate classes (4%). In appreciation for their involvement, participants received a \$15 gift certificate to purchase a book at a local bookstore. They were also told that they would receive a summary of the research results once the study was completed.

Women who were interested in the study contacted the researcher by telephone. During the telephone contact, the researcher outlined the purpose of the study and described the interview procedure. Person-to-person interviews were scheduled for callers who wished to volunteer. The researcher mailed each participant an outline of the research questions. It was believed that allowing participants to think about the questions prior to the interview would help to generate more incidents and perhaps also result in more accurate recall of the incidents. Most interviews took place at the researcher's office at the university. Four interviews took place at the participants' homes because they did not feel

comfortable meeting at the university. All participants signed a consent form (Appendix A) stating that they agreed to the tape-recording of interviews, understood the nature and limits of confidentiality, and understood that they were free to withdraw from the research at any time.

Fifty women participated in the study. Their ages ranged from 20 to 63 years with a mean and a median of 37 years. Eighty-six per cent were Caucasian, 10% were Aboriginal, 2% were Asian, and 2% were East Indian. In terms of highest educational level completed, 36% had a university degree, 24% a college diploma, 28% had some college or university, 10% had grade 12, and 2% reported grade school as their highest level of education. Forty per cent were married or living common-law, 32% had never married, 22% were divorced or separated, and 6% were widowed. Forty-four per cent of the women had had children. Regarding employment status, 26% were working full-time, 20% were working part-time, 20% were students, 16% were out of the work force due to an illness or disability, 12% were unemployed, and 6% were out of the work force due to a decision to be a homemaker. There was a wide variety in type of occupations. These included clerical (16%), sales and service (12%), health care (12%), administration and management (12%), education and consulting (10%), artistic and literary arts (8%), social services (6%), homemaking (6%), technology (2%), finance (2%), and natural sciences (2%).

Specifications

In a critical incident study, the researcher must determine (a) the aim of the activity to be studied, (b) who will be observed, and (c) which behaviours and experiences will be reported (Woolsey, 1986a).

Aim of the Activity

For the purpose of the present study, it was regarded that the aim of counselling is to assist clients in making positive changes in their behaviours, feelings, thoughts, and attitudes. Participants were asked to describe incidents in individual counselling sessions in which counsellor behaviours were either especially helpful or hindering. Incidents were regarded as "critical incidents" if (a) they led to a change (temporary or permanent) in the client's behaviour, feelings, thoughts, or attitudes, and (b) they were recalled in some detail by the participant.

Who is Observed

Participants reported on the behaviour of counsellors as well as on their own behaviours, feelings, and attitudes. Because many important incidents may have occurred several years ago, there were no time specifications. Therefore, the counselling relationship may have been currently active or may have existed previously. For the purpose of the study, a "counsellor" was considered to be someone to whom clients came

for help in dealing with feelings, thoughts, attitudes, and behaviours. Counsellors included psychologists, psychiatrists, counsellors in private practice, counsellors with agencies and institutions, employee assistance counsellors, student counsellors, and volunteers working in a counselling role. Also included were clergy and medical practitioners who commonly made counselling an integral part of their practice, and with whom the participant was meeting on a regular basis for the purpose of counselling. For example, some participants met with their physicians for an hour a week specifically for counselling. Incidents in which the medical practitioner or cleric was not perceived by the participant as someone who was working in a counselling role were excluded from the study.

Which Behaviours or Experiences are Reported

Participants were requested to report on specific incidents in counselling in which counsellor behaviours were either especially helpful or hindering. They were asked to describe what led to the incident, the incident itself, the outcome of the incident, and the specific counsellor behaviours which contributed to the outcome. The outcome of the incident involved a description of how the participant reacted in terms of her behaviour, feelings, thoughts, and attitudes. For example, the incident may have led to the client terminating therapy, avoiding intimate disclosure with

the counsellor, engaging in more intimate disclosure, feeling humiliated, attaining more insight, and so on.

Data Collection

Participants were interviewed by the researcher using the semi-structured interview guide described in Appendix B.

One-half of the participants were asked to discuss the helpful incidents first, and one-half discussed the hindering incidents first. The helpful and hindering incidents were counter-balanced because it was thought that participants may become increasingly more fatigued as the interview progressed and might therefore withhold some incidents. The approach used helped to ensure that any effects due to fatigue would not impact solely on hindering incidents nor on helpful incidents.

The interviewer used active listening and perception checking to ensure that she correctly understood and fully captured the essence of what the participants were reporting. This type of verbal exchange serves as a validity check and is typical of qualitative research generally (Kvale, 1983) and the critical incident technique specifically (Lindsey & Attridge, 1989; Woolsey, 1986a).

After each incident was reported, the researcher used the Critical Incident Data Sheet (Appendix C) to collect background information about the counselling setting, such as the gender of the counsellor, the occupational role of the

counsellor, the year the counselling incident took place, the age of the participant at the time of counselling, the phase in treatment, the stage of healing when the counselling incident occurred, and the participant's current stage of healing.

Once the participant had disclosed all relevant information about the counselling incidents, she was asked to answer questions from a brief questionnaire designed to obtain demographic information (Appendix D).

Most interviews were from two to three hours in duration and all interviews were tape-recorded. At the end of each session, the researcher spent 5-15 minutes debriefing with the participant. The main purpose of the debriefing period was to discuss with the participant any feelings or concerns which may have arisen for her as a result of the interview process.

A pilot study was employed for the purpose of assessing the appropriateness of the interview questions and procedure. Three women participated in the pilot study. So as not to draw upon the limited pool of sexual abuse survivors, only one pilot study participant was a sexual abuse survivor, and the other two were non-abused women who had received counselling and were willing to comment on counsellor behaviours which were helpful or hindering. Data from the non-abused women were of course not included in the results of the study; data from the abuse survivor was included because there had been

no significant changes in the interview schedule and research procedure.

Data Analysis

Procedure

The goal of critical incident technique data analysis is to provide a comprehensive and valid description of the activity studied (Woolsey, 1986a). Data analysis proceeded in a similar manner to the method described by Woolsey (1986a). Incidents were transcribed verbatim. The next step was to thoroughly examine all the incidents, noting their similarities and differences, and to sort them into tentative categories by themes which seemed to group them together. It was important to become totally immersed in the data and to get an intuitive sense of the essence of each incident and of each category. As Woolsey (1986a) suggests, the categorization scheme was developed on the basis of maximizing the richness and distinctiveness of the categories. New categories were formed when incidents revealed a qualitative shift in the way that the counsellor was perceived to be interacting with the client.

The next step was to review the placement of the incidents and to make adjustments to their categorization. In her work in cognitive psychology, Rosch (1977) maintains that categories are loose entities whose members are held together by a family resemblance. There is a continuum of

category membership with some members clearly belonging to a given category and other members being "fuzzier" in that they share features of more than one category. Categorization can be facilitated by identifying a "prototype," or clear example, for each category and using this as a basis to which fuzzier members can be compared. In the present study, incidents in each category were selected which were the most clear and easy to distinguish from other incidents. These were identified as prototypical incidents because they reflected the key features of the category. The prototype provided the "anchor" for the category in that it most reflected the redundancy structure of the category as a whole. Other members were then compared to the prototypes. While many incidents clearly belonged to a given category, some incidents contained features of more than one category. The decision to include an incident in a category was facilitated by the extent to which it was similar in nature to the prototype of one category as opposed to the prototype of another. This process continued until all incidents had been resorted and placed into categories. It was considered unnecessary for the categories to contain the same number of incidents, as doing so would likely involve forcing the data into superficial categories, thereby distorting the data (Woolsey, 1986a). Each category was given a brief title and a definition. Upon reviewing the categories, it was evident that they could be clustered thematically into larger categories. Each larger

category was also given a title and description. It was then decided that these larger categories would be referred to as "categories" and the smaller categories would be referred to as "subcategories." Each incident was assigned to one category and one subcategory.

The researcher elicited the help of a colleague who was a researcher and a counsellor with an M.Ed. in counselling psychology. The colleague was trained in the critical incident technique. The incidents were given to her for review, and together the two researchers resorted the incidents and redefined the categories and subcategories until they agreed upon the categorization scheme.

Saturation and Comprehensiveness

The next step was to test the data for saturation and comprehensiveness. This test was to ensure that data collection was not terminated too soon, before all significant categories could be generated. The test for saturation and comprehensiveness involves randomly selecting incidents and placing them under category headings. Andersson and Nilsson (1964) suggest that saturation and comprehensiveness can be safely assumed if 95% of the categories appear after two-thirds of the incidents have been classified. In the present study, 100% of the categories and 95% of the subcategories appeared after only 27% of the incidents had been classified, and 100% of the subcategories appeared after 61% of the

incidents were placed. Therefore, the criteria for saturation and comprehensiveness was met.

Reliability

The next step was to assess the reliability of the categorization scheme. Two-thirds of the incidents were randomly selected and distributed among three judges to re-categorize. Each judge was given one-third of the selected incidents to place in the categorization scheme. There were two female judges who were Ph.D. candidates, researchers, and counsellors, and one male judge who had an M.A. in counselling psychology in education and who was working as a counsellor. All judges had previous experience conducting research. The judges were given a two hour training session in which they learned about critical incident data analysis, reviewed the category descriptions, and practiced on 12 samples which had been randomly selected. Andersson and Nilsson (1964) suggest that an acceptable level of agreement between the judges' and the researcher's categorization of incidents is 75%-85% for major categories and 60%-70% for subcategories. The agreement between the three judges and the researcher can be seen in Table 1. The first judge agreed 85% with the researcher on the categories, and 85% on the subcategories. Agreement between the second judge and the researcher was 89% for the categories and 81% for the subcategories. Agreement between the third judge and the researcher for categories and

Table 1

The % of Agreement Between the Judges' and the Researcher's
Category Scheme

	% of Agreement	
	Categories	Subcategories
Judge 1	85%	85%
Judge 2	89%	81%
Judge 3	79%	80%

Note. $n = 369$ incidents, 123 incidents per judge

subcategories was 79% and 80%, respectively. The average percentage of agreement between the researcher and the three judges was 84% for the categories and 82% for the subcategories. The categorization scheme was therefore determined to be reliable.

The reliability of the data collection procedure was enhanced by using only one interviewer. The major interview questions were consistent for each of the participants.

Validity

The content validity of the categories refers to the extent to which they are well-founded. The integrity of a category is supported if it is comprised of several incidents as opposed to only one incident. However, although a category consisting of only one incident generates some question as to the validity of that category, the incident reported may be a very salient one which contributes important data. In the present study, a minimum of three incidents was required to form a "well-founded" category or subcategory. All the categories and all but one of the subcategories had three or more incidents. One subcategory was comprised of only two incidents and it was therefore identified as a "weak" subcategory.

The validity of the research results was also enhanced by the researcher using active listening and perception

checking with the participants to ensure that she fully understood the incidents that were reported.

Woolsey (1976a) advises that the category scheme be compared with other categorizations of the activity available in the scholarly literature. In the present study, the categories and subcategories were consistent with other literature reporting on counsellor behaviours when working with adult female survivors of childhood sexual abuse.

Protection of Participants

The following precautions were followed to help ensure the protection of participants:

1. Participants were screened during the initial telephone contact, prior to participating in the research. They were informed that they would be focusing on their experiences in counselling and not on the sexual abuse experience itself. They were asked how disturbing they thought it would be for them to discuss the counselling, and whether they had any sources of social support to discuss troublesome feelings if they did arise. The purpose of the screening was to include only those persons for whom involvement in the research would not create any undue hardship.

2. Participants were fully informed as to the purpose of the study, the method of data collection, and how the information they provided would be used.

3. Participants were informed that their participation in the research was voluntary and that they could terminate their participation whenever they wished.

4. Participants were informed that the interview sessions were to be audio-taped and that they could turn off the tape-recorder whenever they wished.

5. Participants were informed of their rights to confidentiality and of the limits of confidentiality.

6. A period of debriefing occurred after every session in order to discuss any feelings the participant might have had about the session.

7. A resource list of private practitioners and agencies providing counselling to survivors of sexual abuse was made available to any participant who wanted one.

Limitations

Following is a discussion of the possible limitations of the study.

First, the study relied on the retrospective viewpoint of its participants. Participants described significant experiences in counselling, some of these which occurred several years before. A frequent criticism of retrospective accounts is that the information may not be accurate due to distortions in memory. With the critical incident technique, however, the criterion used to assess the accuracy of reporting is the quality of the incidents themselves.

Flanagan (1954) suggests that if the details are full and precise, the information is assumed to be accurate. If the reports are vague, some of the data may be incorrect. Only those incidents which were reported with sufficient detail were included in the study. It is also important to remember that the purpose of the study was not to ascertain what actually happened in counselling, but rather to determine what the client perceived to have happened. In that respect, the retrospective viewpoint has considerable strength. It may allow for a much fuller description because the participant has had an opportunity to reflect back on the experience, process it, and integrate it consciously and verbally (Hycner, 1985). Therefore, it can provide for much more rich and meaningful data than a method which would collect immediate information from current experiences.

Another criticism may be that a rigid interview schedule was not used and therefore the data collection was not standardized. However, the semi-structured interview guide ensured that the most pertinent questions were asked of all participants. At the same time, it provided the researcher with the flexibility of including questions which were germane to the particular participant and incident under study. Asking questions which are not included on the guide is viewed as a particular strength of the semi-structured interview guide. If the goal of the critical incident technique is to

be obtain as comprehensive a description as possible, then flexibility in interviewing is essential.

A third criticism might be that the data was collected and analyzed by the researcher, and therefore the possibility exists that the researcher's personal biases influenced the results. Personal changes in the interviewer during the time period that the interviews occurred may also affect the data. Also, participants may vary as to how they react towards the interviewer. Some might argue that influences such as these may prevent the researcher from obtaining "objective" data. However, the concept of objectivity has a different meaning in qualitative research from that in quantitative research. Objectivity in qualitative studies attends to the quality of observations made by the researcher (Hycner, 1985). It involves responding to participants' broad range of experiences as comprehensively as possible and using a research method which will be "faithful" to the phenomenon (Giorgi, 1970). It is this "subjectivity" which contributes to greater "objectivity," or in other words, an approach that is both comprehensive and faithful to the phenomenon (Hycner, 1985). In contrast to quantitative studies, qualitative research requires that the researcher not be distant to the data. As Patton (1980) explains, "Distance does not guarantee objectivity; it merely guarantees distance" (p.337).

Nevertheless, there was some traditional "objectivity" built into the present study. The researcher was careful not

to ask questions or make responses which would lead any participant to a particular answer. The pilot study participants confirmed that the researcher did not "put words into their mouths." Also, there was only one interviewer, therefore eliminating effects which occur as a result of varying interviewer styles. In addition, the researcher elicited the help of a colleague in the categorization of incidents in order to reduce bias. Furthermore, three independent judges recategorized incidents in order to verify their classification.

The intent of this study was to be exploratory and not predictive in nature. Statistical operations which are typically used to make inferences were not employed, and therefore the results derived from this sample cannot be generalized to the population. The findings are applicable to the 50 women who participated in the study, at this particular time in their lives.

CHAPTER 4

Results

Categorization Scheme

A total of 609 incidents were reported and 552 of these were included in the study. Incidents were discarded for the following reasons: (a) The incident occurred during a phone call or chance meeting and not during a face-to-face counselling session; (b) the incident occurred when the participant was a child or adolescent; (c) the participant remembered the incident only vaguely and without sufficient detail, or did not remember one particular occasion in which the incident occurred; or (d) the helper did not fill the study's criteria of a "counsellor." Of useable incidents, 61% were reported as helpful and 39% were reported as hindering.

There were seven categories and forty-five subcategories. Table 2 illustrates the categorization scheme with the number of helpful incidents, hindering incidents, and total incidents for each category and subcategory. All categories and most subcategories had both a positive and negative valence. A few subcategories (e.g., Sexual Interest) were comprised only of hindering incidents; other subcategories (e.g., "Mothering" the Client) were comprised of only helpful incidents. Following is a description of the categories and subcategories, including verbatim examples of helpful and

Table 2

The Number of Helpful, Hindering, and Total Incidents per
Category and Subcategory

Name of Category/Subcategory	No. of Helpful	No. of Hindering	Total
A. Validation	102	69	171
1. Affirmation or Judgement	32	24	56
2. Assignment of Blame	18	5	23
3. Focus on Feelings	16	5	21
4. Minimization/Dismissal of Sexual Abuse	0	20	20
5. Approach to Client's Anger	10	5	15
6. Willingness to Believe Client	7	4	11
7. Assurance that Client is Normal	9	0	9
8. Identification of Abuse	4	2	6
9. Language for Abusive Acts	3	1	4
10. Enquiries about Sexual Abuse	3	1	4
11. Complex Language	0	2	2
B. Approach to Power/Control	53	61	114
1. Flexibility with Agenda	11	36	47
2. Willingness to Offer Choices	19	2	21
3. Response to Criticism	5	8	13
4. Response to Client as an Equal or with Honour	11	0	11
5. Sexual Interest	0	8	8
6. Approach to Suggestions	3	4	7

Table 2, cont'd.

Name of Category/Subcategory	No. of Helpful	No. of Hindering	Total
B. Approach to Power/Control (Cont'd)	53	61	114
7. Expectations Regarding Forgiveness	2	2	4
8. Consultation with Alter Personalities	2	1	3
C. Application of Therapeutic Methods	61	11	72
1. Experiential Work	26	4	30
2. Bodywork	12	0	12
3. Reading Materials	9	1	10
4. Writing Exercises	7	0	7
5. Medication	1	4	5
6. Art Work	4	0	4
7. Hypnosis	2	2	0
D. Involvement in Nurturing Behaviour	28	34	62
1. Attentiveness	3	14	17
2. Insensitive Questions or Interpretations	0	14	14
3. Touch	10	3	13
4. Who Counsellor Allied With	5	3	8
5. "Mothering" the Client	7	0	7
6. Out-of-Ordinary Participation	3	0	3

Table 2, cont'd.

Name of Category/Subcategory	No. of Helpful	No. of Hindering	Total
E. Education	58	4	62
1. New Perspective	19	0	19
2. Instruction in Setting Boundaries	16	0	16
3. Connection of Themes	15	0	15
4. Information-Giving	4	4	8
5. Instruction in Self-Nurturing	4	0	4
F. Organization of Structure of Counselling to Meet Client Needs	14	23	37
1. Availability	9	7	16
2. Approach to Endings	2	9	11
3. Referrals	3	4	7
4. Lack of Direction	0	3	3
G. Counsellor's Self-Expression	20	14	34
1. Self-Disclosure	4	8	12
2. Reaction to Disclosure	6	3	9
3. Counsellor's Display of Emotion	7	2	9
4. Arrangement of Environment	3	1	4

Note. N = 552 incidents

hindering incidents. Participants' reactions to the counselling behaviours are discussed. Subcategories which were solely helpful or hindering are identified.

A. Validation (11 subcategories; 171 incidents)

This category refers to whether the client perceived the counsellor as validating or invalidating her. It was helpful when the counsellor made remarks which validated the client as a person, validated her feelings, or validated her experience of the abuse. It was hindering when the counsellor was perceived as invalidating the client by being judgemental, using minimization, blaming her, disbelieving her, using language which she did not understand, or by not taking opportunities to acknowledge her feelings or experience.

1. Affirmation or Judgement. This subcategory refers to whether the counsellor was viewed as either affirming the client or being judgemental. It was helpful when the counsellor affirmed the client's progress, effort, ability, strength, character, mental health, or worth. It was hindering when the counsellor behaved in a way that conveyed criticism or judgement.

Helpful incident:

It was the first interview. I was telling her about my life. I got more and more self-critical. Towards the end of the interview, she said, "From the sounds of what you've been telling me, you've done amazingly well." Because I had been saying to myself that I don't know why I'm having such trouble. What's the matter with me? That it doesn't seem it was that bad that I should be

this fucked up. And she said, "Well, no, considering what you've been telling me, I think you've done amazingly well. From what you told me here, you were virtually an orphan. You didn't have parents. You were on your own by six years old or earlier, and you brought yourself up. I think you've done a damned good job." And she said that in such a forceful way, I believed her. It did change my viewpoint about myself.

Hindering incident:

One of the sessions we were trying to get at what I felt about something. I was not at all in touch with feelings that I could use labels and describe them in the way she was requesting. So I found that I was really struggling with words, and eventually fell silent. That got interpreted that I was being difficult, that I was making things difficult for her. She used the word "difficult." And that I should be trying harder. I began to dissociate as I felt her get more punitive towards me. I quit listening to her and I was only aware visually that she was talking and that the finger was shaking at me.

This subcategory contained more incidents than any other subcategory. Being affirmed seemed to have a very significant impact on the women. Women reported feeling strong, empowered, confident, worthwhile, hopeful, and relieved. One woman described a shift in her attitude as, "Maybe I'm o.k. Maybe I'm not so dirty because she doesn't think I am." Another woman began to believe, "I'm a strong enough person to handle my life." Being affirmed strengthened the relationship the women had with themselves, and in many cases it also strengthened the relationship they had with their counsellors. Some women commented that affirmation helped them to trust the counsellor more, and as a result, they were more open in their sharing.

Similarly, being judged invoked strong emotional reactions. Women reported feeling angry, embarrassed,

shocked, dirty, misunderstood, hopeless, and less safe. Overall, judgemental comments seriously damaged the therapeutic relationship. Some women were vocal in telling the counsellor what they thought of the comment. Most women, however, described themselves as "stuffing" their feelings, shutting down, withdrawing, and saying nothing. Some women reported feeling numb and dissociating from their bodies. Regardless of how they responded in session, many women terminated counselling as a result of the remark. Some women stayed with the counsellor because they felt desperate for help and believed they had nowhere else to go. For some women, the comment reinforced the negative image they had of helping professionals. For other women, it reinforced the negative image they already had of themselves. One woman, who was told that she was "difficult," remarked, "It was just another proof that I couldn't do anything right, despite what I tried." For a few women who managed to express their anger towards the counsellor, the incident made them stronger in the long run. It helped them realize that they did not need to put up with such "garbage," and it empowered them to know that they could stand up for themselves in aversive situations.

2. Assignment of Blame for the Sexual Abuse. This subcategory refers to whether the counsellor was viewed as assigning blame for the sexual abuse onto the offender or onto

the client. It was very helpful for the client to have her innocence validated by being told that the sexual abuse was not her fault, and that the responsibility for the abuse belonged to the offender. In contrast, it was very hindering for the client to perceive that the counsellor assigned her some of the responsibility for the sexual abuse.

Helpful incident:

She said, "It wasn't your fault. You were a child. There was absolutely nothing you could do to stop it. He had no right to do that to you. There was nothing you could do to protect yourself or stop it." And this was delivered over and over again in a setting where, I was sitting on this couch somewhat imploded because I was just shaking and stressed out, and she was sitting across from me. And this was eye contact that I could not break. She was delivering this message to my gut. It wasn't my fault. It was delivered very calmly. Not hard, but very firmly. Like this was the truth she was telling me. And she was going to tell me this truth often enough that it was going to stay. That it was going to get through my emotional state at the time and stay in there, so that that child part of me that was left in my subconscious and locked away, would get that message.

Hindering incident:

I was telling him about a specific incident....My father was crawling towards me with no clothes on and I was a little kid, up against a cement wall, wishing I could go into it, and frozen stiff. He said, "Why didn't you run upstairs?" I thought, you jerk! How can a little kid run up the stairs with a six foot man who can just grab an ankle?....I told him this. I looked at him incredulously. At first I couldn't find the words, like, how can you believe that? I felt not believed. It made me feel that I would never be believed that some little kid couldn't get away. It made me feel that I should somehow feel ashamed that I didn't....I thought that no one would ever believe me. In other people's eyes, it will be my fault. In other people's eyes, I will always be dirty. After that, there was a pervading of, no one will ever believe that I am clean, right. Everyone will always believe that I am dirty, wrong, and horrible.

A common reaction for women who were told by their counsellors that the abuse was not their fault was to feel a tremendous amount of relief. Often they wept. Some felt more relaxed and willing to share. Acknowledging the counsellor's words as truth, many women then felt a great sadness. Sadness around what had been done to them as children by people whom they had loved. Sadness about how powerless they had been. Several women reported that finally believing that the abuse was not their fault helped them to feel entitled to their rage. It was the beginning of being willing to release their anger towards the abuser. Many women also reported that while they had known for a long time "intellectually" that the abuse had not been their fault, they had not felt their innocence "gut-level." It was important for them to be told over and over again that they were blameless. After hearing the message several times, they would begin to shift from intellectual knowing, to experiencing the knowing deep within.

There was a wide range of reactions from women who believed that their counsellors blamed them in part for the abuse. Some were furious and openly defended themselves. Others froze in the session, dissociated, but came back another session and voiced their feelings. Several women reported believing the counsellor and feeling even more guilty. For some, it was yet another piece of evidence that people could not be trusted to listen to their accounts of abuse.

3. Focus on Feelings. This subcategory refers to the importance the counsellor placed on the client's feelings. It was helpful when the counsellor either acknowledged, accepted, or actively focused the discussion on the client's feelings. The counsellor conveyed the impression that the client's feelings were important and valid. Clients found it hindering when they believed that the counsellor either did not accept their feelings or did nothing to focus on their feelings. For example, the counsellor may have engaged in problem solving too soon, intellectualized about feelings, tried to "fix" feelings, avoided feeling-type questions, or did not seem to accept the client's expression of feeling.

Helpful incident:

She said, "What are you thinking of? Can you share it, or is it too scary?" I said, "It's too scary," and I started crying. It was so scary. I cried for awhile and I was really sad. And then after that she helped me process it. Like, "It's ok to cry. It's o.k. to be sad. It's like the feeling of helplessness. It's o.k. to be sad about that because there's nothing you can do about it." It was like giving me a ticket. I can cry whenever I want. It was important for me to hear that....I felt relief. Knowing it was o.k. to access those feelings.

Hindering incident:

She asked me what happened. She got me to talk about what happened, but not how I felt. So, I talked about all the things that had happened to me, but we really didn't get to how I felt at the time. She didn't ask any questions feeling-wise....She didn't allow me to access my anger or sadness or anything like that. So it was basically just sitting down and talking about what happened and not how I felt about it....It felt that it wasn't o.k. to feel.

Women reported feeling tremendous relief when their counsellors understood and validated their feelings. They responded by being more open in talking about their feelings

and more willing to express them with tears. For many, it helped them to believe that "I have a right to my feelings" or "It's o.k. to cry."

Women often felt disappointed when counsellors avoided feelings and focused on the intellect. There was a sense of "something missing" and of feeling "not real." They often responded by withdrawing emotionally and eventually terminating the counselling relationship.

4. Minimization/Dismissal of Sexual Abuse. This subcategory consists only of hindering incidents. The counsellor was perceived as minimizing the sexual abuse or the client's feelings around it. For example, the counsellor may have laughed at what the client said, told her to put the abuse "behind her," tried to "fix" her feelings, told her that sexual abuse was common, teased her, or suggested that her issues were not "that bad." Or, the counsellor may have avoided talking about the sexual abuse altogether.

Hindering incident:

We talked about a particular time my father, that some of a bitch, brutalized me. There's no other way to put it. I had a verbal outburst. This was a senior gentleman. He did not like a woman swearing. I offended him. When I told him what specifically my father did to me, this psychiatrist laughed at me. He laughed! "Can't you put it behind you?" he asked....He has the sensitivity of a dentist's drill. How dare he laugh at such a thing! I was nine years old! It wasn't funny! It dug up more wounds.

Women who perceived their counsellors as minimizing or dismissing the sexual abuse felt confused, let down, hopeless,

misunderstood, angry, and unsafe. Most of the women reported saying nothing in response, withdrawing, or disassociating. Several women terminated counselling as a result of the remarks. Two women voiced their displeasure at the time of the incident. Some women reported that their counsellors' remarks led them to form negative beliefs such as, "I'm not important enough to be fixed," "I'm never going to have a normal life," and "Counsellors can't be trusted."

5. Approach to Client's Anger. This subcategory refers to the messages that the counsellor gave to the client about anger. It was helpful if the counsellor conveyed the impression that anger is a valid feeling. The counsellor may have encouraged the client to feel angry or may have assured her that she would not be destroyed by the anger. In contrast, it was hindering if the counsellor was perceived as either dismissing, criticizing, not noticing, or being afraid of the client's anger.

Helpful incident:

We talked about my anger. What she said to me was that I could be as angry as I wanted to be here. That this was an appropriate place to express my anger. That of course I would be angry, and that this was a safe place to do it. She sort of said, "You can get as angry as you want to. The only thing you can't do is hurt me with it. You can't hit me." Sort of setting up the groundrules. So it was ok to get angry. Somehow honouring it. And that she could handle anything. She wasn't going to be upset by my anger, or worry about my anger, or try and get me to do anything different with my anger. It was ok to have it.

Hindering incident:

We were trying to deal with the anger....We went outside and sat in the bushes. She had a styrofoam thing with which I could hit the tree with or whatever....It seemed artificial and I couldn't get at it at all. So at one point she poked me, hit me gently in the face with the styrofoam, which is nothing, ok?. It didn't hurt and it wasn't meant to. It was, I suppose, just meant to aggravate me enough. And it did. I got really angry for a moment. But then, when I started to let the anger show, she backed off and she talked it away. Immediately I picked up on that and so I just followed her....We just related, sort of like friends. So she had reinforced, "I'm not afraid of your anger. I don't have a problem dealing with anger", but I couldn't believe her because whenever I go into that I sensed what I felt was her fear of my anger.

Anger was one feeling in particular which was important for the women to have validated by their counsellors. Some women felt relieved to hear that they were not bad people for feeling angry. Others seemed to have had the fear that their anger was in some sense bigger than themselves. For these women, it was helpful to hear that they would neither get lost in their anger nor be consumed by it. The dangerousness of their anger was confirmed by counsellors who themselves portrayed a fear or discomfort around anger. Women who sensed their counsellor's fear quickly withdrew their anger and kept the topic on a more superficial level. Inwardly, they lost respect for the counsellor, perhaps believing, as one woman did, that the counsellor was "a wimp."

6. Willingness to Believe Client. This subcategory refers to whether or not the counsellor was perceived as believing the client's experience of being sexually abused.

It was very helpful for the client to feel believed and to have her experience validated. It was very hindering if the client got the impression that the counsellor did not believe her.

Helpful incident:

We were talking about the fact that it was important to know that you were believed. He said to me, "I believe everything you are telling me. I do not at anytime believe that you made up anything you said to me." It was like, wow. Like, wow! Someone really does believe that this happened. And if there is only one other person who believes it, then I didn't go through that hell for nothing. I don't have to carry this all by myself anymore. Now there's someone who is willing to walk along with me, and carry part of it themselves. It was like an incredible sense of relief....It gives you an incredible sense of peace. It's like a heavy weight has been taking off. It's that incredible sense of validation. That all of the raw emotions that are impacted towards the abuse are finally shared with somebody else. In a sense it's kind of like a small victory. It's probably one of the first victories there are when you're going through the healing process....It's having somebody in the professional category believing you. Run-of-the-mill everyday people can believe you, but it doesn't somehow count.

Hindering incident:

I was re-living, without being able to stop it. He wanted me to do that in his office. But when I was finished, he would say "Maybe it didn't happen." What was hindering was the fact that it wasn't being acknowledged as possible. He said, "Maybe it didn't happen." He never said, "Maybe it did." He always said it in that negative way. I found it really hard because I was just having to deal with this as a possibility myself....It made my job a whole lot harder....Harder to accept it, harder to question it myself, because I felt I had to argue with this person....Something in me was being denied in terms of my real experience....It felt the same as the abuse in that sometimes the abuser would say "It didn't happen" or that it was my fault, and when he said maybe it didn't happen, it brought back the rage....I felt really alone. Really, really alone. But a bigger word than that. Isolated. Like I'd been locked up, isolated for years, kind of thing....I didn't trust him. It really eroded my trust in him. It meant to me at the time that he didn't believe me. I felt afraid of saying

anything more....It made it harder to trust other people. It made it harder to trust the next counsellor....It left a feeling of dirtiness about me, like, what had happened I couldn't really share with anyone, or expect anyone to think I was ok. So I didn't have a sense that other people would trust me.

The most noticeable impact of being believed was that it affected the woman's sense of trust - trust towards her counsellor, towards herself, and towards subsequent counsellors or other people. When women felt believed, they felt safe with their counsellors, relieved, and grateful. Finally there was someone who would "share the burden." Being believed also encouraged them to trust their own sense that sexual abuse had indeed occurred. Women who had only fractured memories of the abuse or who experienced bodily memories but not visual ones often questioned themselves. Hearing that their counsellors believed them helped to validate their own perceptions of what had happened.

Not being believed severely damaged women's trust. They did not trust their counsellors, and they also felt distrustful of other people or counsellors to whom they might tell of the abuse in the future. Women felt rage and hatred towards their counsellors, despair and hopelessness, and they experienced an intense feeling of isolation. Some women began to doubt themselves and wondered if the abuse had been merely a dream.

7. Assurance that Client is Normal. This subcategory consists only of helpful incidents. Participants found it

very helpful to be assured that they were normal. For example, the counsellor may have assured her that it is not uncommon for children to have experienced some pleasurable feelings with the sexual abuse. Or, that her current behaviour or feelings were normal considering her abuse history.

Helpful incident:

Sometimes I felt that as a child, maybe I enjoyed that when it was happening. And I felt that if I enjoyed it, then there was something wrong with that....When it came up, it was kind of scary. I felt awkward and almost embarrassed. I was almost hesitant to tell her, "Well I might have enjoyed it. I must have liked it if I enjoyed it." She just basically discussed with me that for a lot of survivors, that is normal. Just knowing that that happened for a lot of survivors. I felt like a freak, and she let me know that I wasn't the only one that this had happened to. That this is quite ordinary for survivors to feel this way. I wasn't really aware of that. When you think, I must have enjoyed it, you feel dirty and filthy about yourself, and that's not a good feeling. So it was just really rewarding to hear that that was o.k. to share with her and that that was normal....You look at the incident and you don't feel so dirty or filthy about yourself. It's sort of cleansing. Well, that's your body, that's o.k. And not feeling dirty about that part of your body. And around sexuality. I felt so relieved.

Women who were told that what they were experiencing was normal observed several shifts in their lives. One was a shift away from the dreaded fear of being "crazy." Being told that one was "normal" was a validation of mental health. Another shift was towards a sense of "fitting in," or a feeling of belonging. As one woman described,

I had a sense that I wasn't alone. There was a chink in the isolation. Just a little chink in it. It was the beginning of moving out of that profound isolation and into the company of other women with similar histories....It was comforting.

Women who were told that their feelings of physical pleasure during the abuse were normal experienced a shift from feeling dirty about their bodies to feeling "cleansed" and more accepting of their bodies.

8. Identification of Sexual Abuse. This subcategory refers to whether it was helpful or hindering for the counsellor to identify that the client had been sexually abused without the client having disclosed this information. Identification was viewed as helpful when the client was aware (but had not disclosed) that she had been sexually abused. It was also considered helpful if the counsellor identified a particular type of sexual abuse, facilitating the client to "make sense" of her experience. On the other hand, identification of the abuse was hindering when the client was not yet aware that sexual abuse had occurred in her childhood. These were cases in which she had not yet remembered the abuse.

Helpful incident:

He said he'd noticed, through certain actions and words that I had, that I had been abused. So without really telling him anything. Being validated to me is a very important thing and that validated me. In other words, I can say what I want. I didn't even have to say anything to him and he knew. I accepted a lot of things in myself. I know these things happened to me, but I would constantly be questioning myself. Oh, I must have been making it up or dreamt it. And to have someone bring that up to me without me even telling them validates more that I can believe what I feel too. It made me feel healed and more relaxed. Maybe if I can keep being validated I can get on with my own life.

Hindering incident:

I went to see this guy, and he told me that because of a past eating disorder, I had been sexually abused by my father. That he was one of seven people in B.C. who could diagnose this. And that he was never wrong. This just blew me away. He told me that the first time I saw him. And I couldn't even fathom someone doing that to a child....It upset me. And I believed him. That he was never wrong....So I started partying a lot to forget this....It destroyed my life. I couldn't comprehend that. I was stunned.

It is worth noting that hearing the counsellor say something to the effect of "I think you were sexually abused as a child" was only helpful if it stated what the woman already knew about herself. In these cases, clients felt validated. Some women also felt more trusting of the counsellor. However, in cases in which the woman had not yet remembered the abuse, being told she had been sexually abused was terrifying and overwhelming. In both incidents in which this occurred the women reported believing the counsellor's opinion.

9. Language for Abusive Acts. This subcategory refers to whether the counsellor used direct language or muted language when discussing sexually abusive acts. It was considered helpful when the counsellor avoided euphemisms and used direct, straightforward language in describing the abuse. Direct language helped the client see the "reality" of the abuse. In contrast, it was hindering when the counsellor used muted language, which involved using vague or indirect terms which minimized the abusive nature of the offender's actions.

Helpful incident:

I had actually been raped....He came up with the word. I think I referred to it as, "He forced himself on me." He said, "Well, he raped you." And I would never have thought of that. Because I was thinking on the level of the child that that had happened to, and at that point, I would not have known what that word meant. At first it was like, it couldn't have been that, because that word was disgusting. There's no way that something that disgusting could have happened. But it was also helpful because it made it clearer that what actually happened was disgusting, and it shouldn't have happened. And it's like, ok, here's another part to the picture that's completed. I always knew that what had happened was real ugly, but this made it clear to me that it really was really ugly. It doesn't matter if you try and gloss it over with fancy words, it doesn't change the fact that it was ugly. And that's like being able to focus in on what it was really like. Putting truth to what truth is.

Hindering incident:

He said that my father and I were "lovers." I had to correct him. It wasn't "made love to!" He would say, "Well, when you would make love with your father..." My head went blank. I began feeling first the intense smothering, the nauseousness, my head whirling, and all the racing thoughts of my mom saying, "This never happened" and my mom slapping my face the first time I told her what my dad had done....The words I would have liked him to have used were "When this bastard criminal knocked you down and ripped your clothes off your body..." or something along those lines....He minimized it. I felt he mocked me. I did feel more devaluated.

Clients who heard their counsellors use direct, straightforward language when discussing the abuse experienced a mixture of feelings. Initially, some women felt shocked, afraid, shameful, or disgusted. However, all the women reported that using direct language was essentially very helpful to them. Some felt relieved because they believed that the straightforwardness indicated that the counsellor was not fragile and could handle any intimate information the client might offer. As one woman explained, "I guess this is

o.k. to talk about. She's not going to find this overwhelming. No euphemisms....It just let me know that she was able to handle this." Also, each woman reported that hearing direct language from the counsellor helped them to feel the reality of the situation. As one woman explained, "It would bring it in to a more feeling level. It made it more real. It helped me feel what had happened more." Using vague and indirect language, on the other hand, led to the perception that the counsellor was minimizing the abusiveness of the situation. Muted language also led to feelings of worthlessness and memories of being told that the abuse "never happened."

10. Enquiries About Sexual Abuse. This subcategory refers to whether or not the counsellor enquired about sexual abuse. It was considered helpful if the counsellor asked the client if she had been sexually abused or asked the client for details about the abuse. It was considered hindering if the counsellor did not ask the client if she had ever been sexually abused.

Helpful incident:

He was the first person who asked for the details of what had happened. Other people had known that I had been abused but they had never asked what happened. So that was really important to me....No one had ever asked me what happened....They don't want to know what really happened....It was really hard but I did tell what had happened. It was the first time I think I had told myself, so that was helpful. That was when emotions surfaced. Before then, there was very little and it was very generic. I was sexually abused, period. But I'd have all these behaviours and all these coping mechanisms

that were so elaborate but they never made any sense. But then when we started looking at what had happened, they started making a lot more sense. So it was the first time the emotions ever connected to what had happened.

Hindering incident:

Maybe I wanted to tell her but I wanted her to ask if I had been abused. She didn't ask. And all the things I was saying, she would get side-tracked by. She would treat the symptoms instead of the cause....She was getting side-tracked, and I was wanting her to be side-tracked. But I needed somebody to come straight to it, cut through all the crap, and get to the core of it. In retrospect she let me down. I might have come out of it ten years earlier. A lot, lot sooner....I felt safe because she wasn't asking. But distressed. I was hurting. It kept on-going the idea that I can't be helped. I'm hopeless. Helpless.

The women who were asked if they had been sexually abused or were asked to discuss the details of the abuse felt validated. They had a sense that the abuse would be taken seriously and not minimized. To be asked if sexual abuse had occurred helped the women begin sharing about it. It seemed that the issue was too painful to bring up the topic themselves. One woman was initially scared to honestly answer the counsellor's question, but after doing so realized that sharing had not been "earthshattering." Another woman remarked that relating the details of the abuse sent her "spiralling downwards" into an emotional crises in which suicidal feelings surfaced. However, she also indicated that "it was the best thing that happened in the long run" because it caused her emotions to surface and led to her working on her issues. One woman felt disappointed and let down that her counsellor did not enquire if she had been abused. Although

it felt "safe" not to talk about it, she wonders if healing would have occurred sooner had the counsellor taken the initiative to ask questions about possible abuse.

11. Complex Language. This subcategory consists only of hindering incidents. The counsellor used words which the client did not understand. These included either psychological terms or large words which were beyond the vocabulary of the client. The counsellor's behaviour was invalidating in that the client felt "stupid."

Hindering incident:

She was talking about sexual abuse. And she said that people like me used a lot of "denial." I didn't know what that meant....I felt stupid because I couldn't relate to what she was saying....I just listened to her. I would just go on with what's she's doing. And I would pretend that I knew what she was talking about....I didn't feel too good about myself. I felt like I wasn't very smart.

This was identified as a "weak" subcategory in that it contained only two incidents. Clients felt distanced from their counsellors when words were used which they did not understand. Both women reported feeling "stupid." One woman also felt angry and frustrated, and the other woman felt bored. Both women were silent and did not tell the counsellor that they did not understand the words. As one woman recalled, "I would pretend that I knew what she was talking about. But she was in a little world by herself."

B. Approach to Power and Control (8 subcategories; 114 incidents)

This category refers to the counsellor's approach to power and control in counselling. It was considered helpful when the counsellor supported the client in having power and control over the counselling process. The client was the one who was "in charge" of her own process. There is a sense of the counsellor relating to the client as an "equal" and respecting her input, pace, and boundaries. The client was likely to have felt empowered and respected. On the other hand, it was considered hindering when the counsellor seemed to be attempting to exert control over the client. The power imbalance in the relationship was accentuated.

1. Flexibility with Agenda. This subcategory refers to how flexible the counsellor appeared with his or her "agenda," or way of doing therapy. It was considered helpful if the counsellor conveyed a respect for the client's boundaries and was flexible in letting go of any agenda. For example, the counsellor would not push exercises that the client did not want to do. Also, the counsellor respected the client's choices to terminate therapy. It was very hindering when the counsellor was perceived as pushing his or her agenda onto the client. For example, the client may have felt pushed into participating in certain exercises, engaging in touch, remembering past experiences, disclosing the abuse to others,

talking about certain topics, going along with the counsellor's belief system, or engaging in some behaviour outside of the therapy setting which she did not feel ready for. The client may have experienced the counsellor as making decisions "for" her. She viewed the counsellor as being controlling, rigid, violating or minimizing her boundaries, and she may even have felt reabused.

Helpful incident:

[The counsellor] initially asked me to write out a life history. She asked the first couple of times I came back how I was doing with it. The third time she asked I told her, "I'm not getting anywhere with it." So she let it go. That was really helpful....When I told her it was like, "It's not a big deal. Don't worry about it. When you're ready, you'll be able to get it out." She respected my process. Like, we don't need it right away. We'll work with what's happening right now. She let go of her agenda. I was incredibly relieved....I felt relaxed. And I felt that I could trust her. That was the beginning. Because she let go of her agenda with me, and I had such an issue with control, that was the beginning of being able to trust her. It was like, wow, I don't have to do this!

Hindering incident:

I was on the mat. She wanted me to kick my legs and make sound. She was kneeling over me. We had the window open and there was some kind of music on. I said to her, "I can't even concentrate. All I can hear is the music." She made some little joke about the music and kind of brushed that off. She said, "Just keep with it. Just move your feet." Again, it was her agenda. I said, "No, I'm not even connected anymore." And she just kept pushing....Most of the last half of the session was her trying to get me to do it. I feel angry. It was that whole experience of not being heard. Not feeling respected. Her agenda was taking precedence over mine. It undermined my trust in her. I think we were in some sort of control thing, because of her wanting me to do stuff so bad. Even when I said I didn't want to be doing it anymore, she would still push and push.

Many of the women whose counsellors would not let go of their agendas spoke of feeling "pushed," "intimidated,"

"violated," and "abused." For the vast majority of these incidents, there was a sense of a power struggle between the counsellor and client. One woman explained,

I felt overpowered....Like, I've got to do what this parental person says, and he's the professional. He's the psychiatrist....This was very autocratic, authoritarian. I felt like my power was taken away almost forcefully. I felt really pressured, like, "You just have to do what I want, lady!" And I felt very obliged to agree with him....It was abusive. His ego needed me to be little and him to be big. Me to be down and him to be up....There was a sense that he needed power, at someone's expense.

One of the most blatant examples of a power struggle is demonstrated in the following incident:

I went into his office. He had two chairs. One was at the corner of the front of his desk, and the other was straight across from him. It was a typical psychiatrist's office, with a huge desk, where you sit across from them, the authority is really felt, with a massive bookshelf and all that crap. So I sat in this one chair. It was more in the corner so I wasn't directly across from him. And he didn't like that! I mean, there are two chairs for someone to sit in. They are both basically really close to each other. And he didn't like it. He told me he didn't like it. And he told me to sit in the other chair. And I patiently and quite quietly explained to him my feeling and that I would feel more comfortable sitting there, and I told him why, because I felt the desk a little bit intimidating, and authority I had a bit of difficulty with. I would just be more comfortable and would be able to talk to him at a little more at ease. He didn't take that. He told me that in order to continue the session I would have to sit in the other chair....I felt I just had everything taken away from me. All my power....I was really appalled by it. That somebody would take control out of proportion to that extent.

The battle for control evoked a wide range of reactions from the women. Several women became openly angry. Some withdrew and "closed down" or "became numb." Many of the women did what their counsellors wanted because they felt

powerless to adequately resist. Several women terminated therapy. These incidents affected attitudes about trust. For some, it was proof that "I can't trust a man." Others said that they were "turned off psychiatry." Two women believed that the incident made them stronger in the long run because they experienced themselves successfully resisting the pressure. Some women explained that the feeling of being "pushed" was a familiar one. It echoed the same dynamics as when they had been sexually abused. In some sense, this was perceived as a re-enactment of the abuse. Some were scared and felt extremely unsafe. In contrast, women who experienced their counsellors letting go of their agendas spoke of feeling "respected," "tremendously relieved," "trusting," and "empowered." These women blossomed in an environment where they could dictate the pace and the content of therapy. They were in control, and they did not even have to fight for it. This freed them up to attend to the work they needed to do. As one woman explained,

When she let go of her agenda, then that meant I could still focus on me. I wasn't fighting for something. I wasn't fighting to maintain control of the process. She was getting out of the way, so that I could just explore it in whatever way I needed to.

With the control in their own hands, these women knew that they would be safe.

2. Willingness to Offer Choices. This subcategory refers to whether or not the counsellor actively offered the

client choices in counselling. The client considered it very helpful to be asked to make choices regarding, for example, the direction in therapy, what to talk about, whether she wanted to stop an exercise or to go on, where she wanted to sit, if she wanted to do the written work in the session or at home, and if and when she wanted to return to counselling. The counsellor may also have asked the client for "permission" to talk about the abuse. The client had a sense of being the one "in charge." On the other hand, it was hindering if the counsellor did not offer choices and the client wished that choices had been made available.

Helpful incident:

We went back to talk about the flashback. He first asked if it was o.k. to talk about it. He didn't just assume that that's what we were going to talk about. He asked permission. When I agreed to it, I really sensed he had asked my permission to do it, and I have said o.k. It made me feel that I was in control. It made me feel I was doing this because I want to....People should have to ask your permission before they march into the centre of your soul. You have some privacy, some boundaries. Just because someone asks a question doesn't mean they deserve an answer. It's my soul. And I don't have to talk about it if I don't want to. And I never realized it up until then.

Hindering incident:

We were talking about sexual relations after you've been abused and how you deal with that, and all the baggage with that. It was something that I'm not really comfortable talking about with anybody. She asked me to write down something, I guess because I was having trouble verbalizing what I was trying to say....I guess I hadn't really talked enough about it yet and I was feeling that I didn't really want to do this. I could have said "no" I suppose. But I didn't feel confident enough to say that I didn't feel like doing this or that I didn't think it would help....Being such a touchy topic for me, it was hard to verbalize it. You would think writing it down would be easier, but I guess sitting there with her like that. If she had given me some kind

of idea to go home with, it would have been better. I felt kind of stuck having to do it right there....Maybe if she had a couple of other suggestions instead of just the one. Given me more choices to choose from.

Women who were given choices about counselling seemed to thrive. To have choices meant that they were in control of what happened in the session. All the women relayed a sense of feeling "in charge" and "empowered." They described several types of attitude shifts. For some women, the shift was realizing that they even had choices. Other women began for the first time to feel entitled to have choices. For some women, these incidents went beyond merely the concept of having choices to then acknowledging their responsibility for their own healing process. As one woman explained,

I think it affected my attitude towards counselling or towards therapy. I always thought that going to a counsellor would be similar to going to a medical doctor. "These are my symptoms. What do you prescribe?" But the process is different. It comes from me. And I think that was my first experience in realizing I was going to heal myself. That he wasn't going to do it. That he had no magic answers. It was like I was in charge of the session.

There is a sense of "ownership" in this attitude. It is as if the woman recognized that she is the author to her recovery. Willingly, she takes on the task. This is made easier because the counsellor has modelled a profound trust in the woman's own choices and decision-making. Consequently, the woman begins to trust her own inner voice to guide her through.

3. Response to Criticism. This subcategory describes the way in which the counsellor was perceived as responding to criticism. It was considered helpful when the counsellor was open to hearing the client's criticism and was willing to honestly examine his or her own attitudes and skill-level in a non-defensive way. It was hindering when the counsellor appeared closed to criticism. For example, the client may have perceived the counsellor reacting to criticism by being defensive, blaming, lying in order to evade responsibility, or dismissing the criticism as mere "projection" or "transference."

Helpful incident:

I said that her views on men and interjecting them into our sessions weren't helping me. I said, "It just really pisses me off the way you have these beliefs, these feminist man-hating beliefs, and inject them into what I'm saying because that's not what I said." She didn't agree with me or didn't disagree with me. She just encouraged me to keep on going. She had a lot of room for me being mad. She wasn't scared of me being mad...I learned a lot of self-trust in that. Because I was challenging what the counsellor was saying. I didn't have to assume that she was the all-knowing one and the one with all the answers...and I had sort of felt that I did have to agree with everybody, because they were the experts and they knew what they were doing. With her, she allowed me to challenge that ideal...I had my battle boots on and was ready to go toe-to-toe with her and she defused that by giving me more room. Rather than charging back at me, she gave me more room to express myself.

Hindering incident:

We were talking about the abuse. He said, "Why didn't you tell a neighbour?" I was really mad so I got really mad at him. I said, "You're making me really angry." And he said, "That's projection. That's transference." He's explaining to me the dynamic that's going on between us all as a matter of transference. And I'm going, "I don't care what you call it. I'm mad at you. You have no right to say it was my fault." And he says, "You're

arguing with a part of yourself. And I represent that part of yourself." I felt angry. Really angry. I hated him. It really coloured my view on the different helping professions. It reaffirmed my suspicions about psychiatrists.

It was delightfully empowering for women to criticize and express their anger at their counsellors and be respected for doing so. There were many important lessons learned. One, they felt stronger and more confident about themselves after they had challenged this "authority figure." Two, some women learned that they could be right and the counsellor could be wrong. This was an important lesson in trusting their intuition. Three, some learned that conflicts with people can be worked out successfully, and that anger does not have to lead to an end to the relationship. And four, the counsellor's response may have modelled how to diffuse anger, a skill that could be applied in their other relationships. Women typically felt surprised and grateful that their counsellors had handled criticism so gracefully. On the other hand, women who experienced their counsellors as reacting poorly to criticism felt disrespected and very angry. Many commented on "losing trust" in their counsellors. One woman claimed, "She was just in it for the money. Didn't care a shit about me." Another wondered if the counsellor's "own stuff" was in the way. For some women, these incidents damaged their trust towards helping professionals as a whole. Almost half of the women terminated therapy.

4. Response to Client as an Equal or with Honour. This subcategory consists only of helpful incidents. In these situations, the counsellor seemed to step out of the so-called "professional" role and diminished the hierarchy inherent in the counsellor-client relationship. This was achieved by two means. One was by relating to the client as an equal by talking to her as one would talk to a friend or colleague. Another way was by momentarily placing the client a step "higher" than the counsellor, or in other words, by honouring the client. For example, the counsellor may have stated that he or she felt very honoured to have worked with the client, expressed gratitude for the client's sharing, or humbly apologized to the client.

Helpful incident:

In one of the sessions we had we didn't really do very much. But we talked a lot about what I was doing at school and what I was doing in my practice. We talked a bit about philosophy. What I realized afterwards about what had happened in the session was this incredible support of that professional part of me. An incredible respect, and honouring, and interest, and encouragement. Just a real support of me, that part of me. We didn't talk a lot about the abuse. I realized how much better I was feeling about that professional part of me. I started thinking about doing more out there. It was honouring all of me, and not just focusing on the problem. There was a shared excitement about ideas. To have her do that with mutual respect. Sort of bringing me up to her level. Not just me as the client, but me as a peer.

The essence of this subcategory is the client's sense of increased status in relation to her counsellor. Either the woman felt equal or of higher status than the counsellor. Women who felt equal spoke of the counsellor "bringing me up

to her level," "stepping out of role," not being an "authority figure," and "treating me on an equal basis, like when you have two friends talking." Women who experienced their counsellors placing them for a moment on a higher rung of the status ladder than themselves spoke of having a sense of "role reversal" and feeling "honoured." For example, one woman remarked, "She said to me that it was a real honour for her to work with me....I felt wonderful....It was beyond being a victim and working up to a survivor. It was being in a place of honour." Being honoured by a male counsellor was a particularly potent experience in terms of shifting women's attitudes towards men. Two of the three women who had male counsellors reported that the incident helped to rebuild their damaged sense of trust for men. Women who had counsellors who treated them as equals or who honoured them felt profoundly respected, acknowledged, "seen," cared for, valued, and elated.

5. Sexual Interest. This subcategory consists only of hindering incidents. Counsellors were considered to be conveying a sexual interest if they touched the client in a sexual manner, revealed inappropriate intimate details about their sexual lives, commented on the client's dress with an inappropriate tone of voice, seemed uncomfortable when the client spoke of boyfriends, or made sexually suggestive remarks. Included in this category are incidents where the

client believed that the counsellor's actions suggested he wanted her to be interested in him.

Hindering incident:

What happened is that we had talked for a couple of sessions about the sexual abuse. He put his arm around me because I was crying. And I thought that this is nice, because I trusted him enough and thought that nothing further would go on. But then he started caressing my back. And he held my face up by my chin and rubbed my cheeks....I thought, Whoa! You're just like any other man, an animal! The more he cuddled me and caressed me and touched my face, I thought, no, this isn't right. He gave me the impression he was just out for sex. I thought, no, I get this at home. I don't need to get this somewhere where I figure I'm safe....It gave me more of a sense of dirtiness about myself. I was to blame because I was giving him my problems. In actual fact, I wasn't to blame. It wasn't my fault.

Women who believed their counsellors were conveying a sexual interest all agreed that the incidents were hindering to them. They felt scared, extremely uncomfortable, awkward, betrayed, "pissed off," "dirty," disgusted, and a deep revulsion - "like throwing up." A couple of women felt guilty at the time, thinking that perhaps they had said or done something "wrong." In cases in which overt touch occurred, the women in this study removed themselves from the situation. In cases in which the women believed that sexual innuendoes were being made, some discussed their feelings with their counsellors and others did not. Some women maneuvered the conversation away from the sexual talk and onto another topic. A couple of the women terminated counselling as a result of the incident, and one woman reported the incident to authorities. For some women, these incidents damaged their sense of trust in men, and in counsellors. Two of the women

stated that they did not return to any counselling for years as a result of the incident.

One noteworthy incident involved a male counsellor who commented on the woman's appearance in what seemed to be an inappropriate tone of voice. The woman explained,

He would comment on how I dressed...It wasn't so much what he said, like, "Do you ever look nice today." But it was the way he said it. At the time I thought he sounded so intense when he said it...he sounded so surprised...It seemed that he was attracted to me. It wasn't just a comment of "Do you ever look nice today." It was more sexual than that.

This woman described herself as feeling "sort of half-dressed" and very awkward for the entire session. She recalled concluding, "He must think I look like shit all the rest of the time." In essence, the incident led her to feel very self-conscious about her appearance, left her wondering if her counsellor believed she did not dress well most of the time, and cast some significant suspicions as to whether her counsellor was becoming inappropriately attracted to her.

6. Approach to Client's Suggestions. This subcategory refers to the counsellor's approach to the client's suggestions regarding therapy. Clients found it helpful when the counsellor listened to and followed their suggestions. It was hindering when the client perceived the counsellor as dismissing her suggestion and having an attitude that "the counsellor knows best." Or, the counsellor may have agreed to the suggestion but did not follow through with it.

Helpful incident:

I told her I wanted to learn more about the inner child. It was something I wanted to explore more and to learn. So she photocopied a book for me and we worked on it together. She went with my suggestion. She was interested in what I wanted. I felt respected.

Hindering incident:

I knew that my present therapist was an art therapist, so I was asking if we could incorporate art therapy into our sessions, so that it might be a better way that we could communicate. I could use words too well to get in the way, whereas I was totally vulnerable to art therapy. To me, it was a good way to get past some of this stuff. She agreed to incorporate it into the next session, but never did....It kept reinforcing the fact that I wasn't being listened to. That what I had to contribute wasn't being acknowledged. So I didn't know anything, she was the expert. It diminished how I felt as an individual in the process. Less important than her, and also again the critical parent. The idea that she had the answers and she knew the way it was going to go, and what I contributed was not significant or relevant to her.

A major theme is how much "in charge" the woman felt of her own therapy and healing process. When a woman's suggestions were not followed, her spirit was deflated. Women spoke of feeling "discouraged," "defeated," "disappointed," and "like giving up." There was also a sense of feeling powerless in relation to the counsellor. For example, one woman spoke of feeling "less important than her," "diminished as an individual," and viewing the counsellor "as the critical parent." On the other hand, when women's suggestions were followed, they felt "in control," "safe," "trusting," and "respected." Essentially, some women had a keen sense of what they needed in therapy in order to heal, and they wanted to be respected for whatever wisdom they could bring to their own process.

7. Expectations Regarding Forgiveness. This subcategory consists of perceptions of the counsellor's attitude towards forgiveness. It was considered helpful if the counsellor did not seem to have expectations that the client needed to forgive the abuser in order to heal. Whether or not the client forgave the abuser was up to her. There was no pressure to forgive. In contrast, it was hindering if the client received the impression that the counsellor expected the client to forgive the abuser. She may have experienced this as being "told what to do" or as being pressured to "take care" of the abuser.

Helpful incident:

I had asked her what her feeling was about survivors having divorced their families and was it necessary to forgive their families and get back together with them as a part of their healing. She said, "I encourage each of my clients to make their own decision about that." That was really helpful, because it was just the opposite of what I had been told at another intake interview. So I trusted her right away when she said that. It let me know the focus of her whole method of counselling. Her philosophy. It was that it was up to the individual. It's what you want to do, and I don't make decisions for you. It left all the doors open for me. I could go in there with freedom and not with the fear that I've got to get to a point that I've resolved things with my family before I considered myself healed.

Hindering incident:

She introduced something into this discussion about my victim stance, which is what she called it, the notion that what I needed to do was to develop some forgiveness for [the abuser]. And that that would move me out of that victim stance. That if I was able to see him in some kind of perspective. And I didn't like that....I had been crying and I stopped. I thought, "I'm not going to be vulnerable in front of this person." I was feeling just angry, nothing else. I said something like, "I can't believe you said that to me. I can't believe that somehow we're going to end up talking about me taking care of him."

The women who reported incidents in this subcategory stated that counsellors should not view forgiveness as a prerequisite to healing. Two counsellor attitudes emerged as being helpful. One, it was important for women to receive the message that whether or not they forgave the perpetrator was entirely their own decision. One woman said, "It allowed me to feel in control. It wasn't like a pupil-teacher....It was like "I'm going to guide you but you'll be making your own decisions all along." Two, it was reassuring to hear that forgiveness was not an essential part of healing. Women who heard these messages felt validated, in control, and trusting of their counsellors. In contrast, women who perceived their counsellors as pressuring them to forgive felt angry and terminated therapy.

8. Consultation with Alter Personalities. This subcategory refers to whether or not the counsellor was perceived as willing to consult with alter personalities in working with clients with multiple personality disorder. It was considered helpful when the counsellor ensured that the alter personalities were consulted when major decisions were to be made. The counsellor appeared to believe it was important to include the alters in the therapy process. It was considered hindering when the counsellor would not consult with an alter personality.

Helpful incident:

[The client had been diagnosed as having a multiple personality disorder.] I had a hysterectomy and in the process of preparing for it, she recognized that it was important to check out with everybody in the system, not just take my word for it. The fact that there would be other reactions other than how I myself felt about it. And being willing to pursue, to take the time to pursue each one's involvement and their feelings around it. And to have that all dealt with before the actual surgery happened....Most of the young children represent a memory or memories. The particular abuse that one child was connected with had a very strong related connection with the surgery I was about to have. If that hadn't happened, the surgery would have been very traumatic. It helped me have more respect internally for my own system, that they had a right to have a voice for what was happening.

Hindering incident:

I was a multiple personality....The counsellor wouldn't talk to one of the personalities. Counselling was refused. "I will only talk to [the little girl]." So like, "I'll only talk to one personality." Basically, I couldn't do therapy that way. Each personality needs to be acknowledged, acknowledged as a separate, distinct part of that person. Because that defense mechanism has been there for years, and many abuse incidences have only happened to that part.

Counsellors who consulted with alter personalities were viewed as allowing the alters to have "a voice." Alters were regarded as valued members of the client's system and as such, their input mattered. Essentially, the alters had some power when it came to decision making. Women who had counsellors who followed this approach spoke of respecting and trusting their counsellors more and also of having more respect internally for their own system. The one woman who reported an incident in which the counsellor refused to talk to an alter decided to terminate therapy.

C. Application of Therapeutic Methods (7 subcategories; 72 incidents)

This category refers to whether the counsellor used treatment methods in a way that clients found helpful or hindering. Methods included experiential work, bodywork, reading materials, writing exercises, medication, art work, and hypnosis.

1. Experiential Work. This subcategory refers to whether or not the counsellor used experiential work in a way that was viewed as beneficial by the client. Incidents which were considered helpful were ones in which the client was encouraged to use visualization and/or roleplay methods to recall an abuse memory, to change the outcome of a memory, to work with her "inner child," to imagine a "safe place," to confront the abuser, to speak to other authority figures, or to picture being different in current areas of her life. Hindering incidents included those in which the counsellor was untimely in the steps taken around the experiential work, asked the client to visualize something she did not want to, or assumed the role of the abuser without first informing the client that it was a roleplay.

Helpful incident:

He asked me to say what I would have liked to have said to the abuser....It was helpful because I never did say it to the person at the time....It was a relief to imagine that the abuser was there and we were in that same circumstance, and I was basically telling him, "No!" The counsellor suggested that I say it to him, and that if I wanted to, I could yell it to him. And I did. I

yelled it....He also suggested that I speak to the abuser with my adult wisdom and power. So go back to the abuser as the person I am now. And talk to him as I am now, not as who I was as a child. And that was really helpful. I felt really large and empowered. It actually made me feel larger, to go back not as a tiny child but as an adult. He also suggested that I speak with the knowledge of the pain and suffering that I had felt all these years because of the abuse. And that's really powerful....It's a lot of power and wisdom to go back to the abuser and talk to him when I have 26 years of pain and suffering because of that incident.

Hindering incident:

I was telling him about a specific incident....My father was crawling towards me with no clothes on and I was a little kid, up against a cement wall, wishing I could go into it, and frozen stiff. He said, "Why didn't you run upstairs?" He suddenly got down on his hands and knees. He didn't say he was gonna. He just did it. And he started crawling towards me. And he's between the door and me. And from just doing the re-living the night before and talking about it, there was a place in me that was childlike and fearful. And when he started crawling towards me, I just went to that place. I froze. I couldn't move. I remember thinking, I can't get past him! And I didn't know what he was going to do....I was afraid he was going to hurt me, sexually. What's he doing? I was terrified.

One of the most frequently cited helpful incidents in this subcategory involved the counsellor suggesting to the client that she pretend the abuser was in the room and "confront" him or her. This entailed saying whatever she needed to say, yelling, and it often involved visualizing the abuser. Clients were encouraged to talk to the abuser as they would as a powerful adult, not as a child. Confronting the abuser in such a fashion was described as "very empowering." One woman said, "I felt that for the first time, I could stand on my own feet. I wasn't going to listen to his lies or keep his secrets anymore. He wasn't welcome to be around me

anymore." Women spoke of getting in touch with their rage and then afterwards feeling relief.

Several counsellors asked their clients to engage in memory work in which they described the abuse memory and re-lived it. Some counsellors asked their clients to change the outcome of the memory to one in which they successfully resisted the abuser. However, this method of changing the outcome was not helpful to all clients. One woman reported feeling as if the memory was "interrupted" and "unfinished." She said,

She prompted me, just as we were getting to the climax of the abuse, the point that was most stressful for me, she prompted me to imagine myself to tell him to go away, to get out, to leave, to stop. She prompted me to get angry....I felt cheated. Cheated out of authentic experience....It was more what I stopped feeling. Because I was feeling all the feelings that I had experienced at the time of the assaultive incident, and I felt like all of a sudden they were frozen again and just blocked up.

In this case, the client had not been asked to first process the memory as it had actually happened. A few counsellors employed a method in which the client re-lived the abuse experience as it was, and then replayed the memory once more, this time changing the outcome.

Re-living memories had the potential of causing considerable anxiety. Before employing memory work, some counsellors asked their clients to conjure up a "safe place" in their minds. This was meant to be a safe refuge that they could return to at any point of the memory if they so chose. The safe place was an environment in which the woman could

feel calm, secure, and protected. It could include her favourite things or favourite people if she wished. Several women stated that having the safe place helped to lessen their fear around doing memory work. They felt less overwhelmed, more trusting of the process and of their counsellors, and taken care of.

Several women spoke of feeling scared and embarrassed when they first started with any sort of experiential work, particularly if they were required to use their voices. They reported that the sorts of things which helped them to continue the exercise included the counsellor's active encouragement (eg. "Say it louder!"), being fed lines by the counsellor, (eg. "Tell him he doesn't have any power over you."), permission to stop whenever they wanted, and also their own willingness to take what was described as a "leap of faith."

Some women found that the counsellor's work with metaphor had a significant impact on them. One woman described the following incident:

One metaphor was around a black hole I had in my stomach area....It was the bottomless pit kind of idea. It was very scary for me to even get near it....We got to where I was at that place of, what am I going to do with it? Am I going to go in, or not? Am I going to explore it or not? I was scared. It was a time where I knew she could blow it. I felt, if she pushes me to go in there, that's it. Instead, she really broke it down to such simple steps. "Do you want to go near the edge?" Then I'd go through this whole thing of whether I did or didn't. "Do you want to look over the edge? If you look over the edge, what do you need to do to look over the edge?" What happened in the process is that the curiosity started to get triggered. So then I started

to move out of the fear and into the curiosity. My curiosity is the thing that pulls forward a little more. Then it was taking the time to get a whole bunch of safety things in place. Putting on a helmet with a flashlight on so that I could see and it's not so dark. Having a liferope. And that was the initial beginning of going into the heavier stuff, was working on that metaphor....That was a crucial time. She just took it so slow. She was always out of the way. She would ask the questions. But she didn't get in the way so that I could always decide, do I want to go that extra step or not? And it was my curiosity motivating me to go that extra step, not because I thought I should or that I was getting some message that it would be the necessary thing to do if I wanted to move through this.

Working with metaphors was helpful in a number of ways.

It was described as a creative process which seemed to "awaken" resources within the client. As one woman explained,

It's given me a part of myself back. Well, I don't know if it's back, or if I never had it. It's like I've filled out. It's like if something ~~was~~ once starved, and then it takes form. There's a part of me that I didn't know existed. I've tapped into the creative part of me. I've started painting and doing things that I've never done before, and seeing colours differently. A lot of visual images which have real vibrancy. So it's opened an alive part of myself that had been either not there or dormant.

It also was described as a process which used the client's own internal resources. One woman noted,

It was drawing on my own symbology, those things that had already emerged from within me....It was incredibly important because it's my process. I have no question in my mind about what happened. I have no question in my mind about whose agenda it is. I have ownership about that process. There's a power in that. There's a return in the power that I lost to the abuse, because it's my process.

Metaphor work seemed to have lasting effects. The woman who worked with the aforementioned "black hole" metaphor reported,

That particular incident was an important one in being able to enter into fearful situations and feel strong enough to deal with them, to face them, not have to work really hard to avoid them. For awhile after that, I felt pretty puffed up with myself. A secret kind of pride....That kind of stuff inside which was really an unusual experience compared to the natural stuff that's going on, the critical messages and so on. I felt quite cocky. That's an unfortunate word [laughter].

Another type of experiential exercise which counsellors frequently used was called "inner child" work. Women were encouraged to visualize and talk with "the child within." Several women commented that because it was the child who was abused, it is the "child" who needs to do the healing work. Women reported that inner child work was enormously helpful in assisting them to feel compassion for themselves, listen to their needs, and feel validated.

There were four hindering incidents in this subcategory. Two of the incidents have been mentioned, one in which the counsellor asked the client to change the outcome of her memory, and the other in which the counsellor seemed to be playing the part of an abuser, but had not informed his client that it was a roleplay. A third hindering incident involved the counsellor asking the woman to visualize her daughter being sexually abused and then imagine whether she would blame her daughter for the incident. Although the client recognized her counsellor's attempt to help her not feel guilty for the abuse, she found the whole experience repugnant, became angry, and closed down. The fourth incident involved the counsellor interfering with the visualization process by suddenly

interrupting the client's imagery and asking her to change the age she was visualizing.

2. Bodywork. This subcategory consists only of helpful incidents. In these situations, the counsellor encouraged the client to use her body to experience her feelings. The client may have been asked to focus on where in her body her feelings were, to move her body in order to experience her feelings, or to allow the counsellor to use acupressure or acupuncture in order to encourage the experiencing of feelings.

Helpful incident:

I had been talking to my parents and I was really agitated by something my dad had said....I was describing this to my counsellor. And I was moving my hands around, really gesticulating a lot. She said, "Ok. You're moving your hands around. Just try moving them around a little bit more." So she had me move my hands around just on their own and come back to focusing again on the body and my movements. The strangest thing happened. As I started doing this, I got really emotional. I didn't really cry but I sort of did. I had tears. All of a sudden I felt scared, sad, and I was really afraid....So she had me move my hands around and as I exaggerated the movements, a lot of emotions came out, and we went from there.

The major outcome for women who engaged in bodywork was the releasing of emotion. All the women experienced an intense expression of feeling. For many, there was a sense of moving from their intellects into a different realm of experiencing. For example, women spoke of "not being trapped in my head," "passing all of my intellectual defenses," "bypassing the mental circular thinking, the mental processing," and "talking in a less rational way or cognitive

way." The move from the intellectual was described as a move downwards, into a "deeper level." This was the feeling level, but it was more than that, it was the level where the feelings met the body. At that place, women became aware of how intense their feelings really were, and how they had "stuffed" their feelings over the years. Some interpreted this as their bodies carrying the memories of the abuse. Two women claimed that the bodywork helped them remember aspects of the abuse they had forgotten. The women also spoke of lasting effects of the bodywork. For example, they reported increasing their everyday awareness of their bodies, feeling more "grounded," changing their compulsive eating patterns, respecting their bodies more, shifting their attitudes towards illness, and becoming more compassionate and caring towards themselves.

3. Reading Materials. This subcategory refers to whether or not the counsellor used reading materials in a way that was viewed as beneficial by the client. It was considered helpful when the counsellor shared reading materials with the client to further her personal growth or increase her knowledge. It was hindering when materials were suggested which the client did not feel ready to read.

Helpful incident:

He told me to get the book, A Courage to Heal. And that was a big help. I really related to that book. It explained the degrees of sexual abuse. Like people would always say, my father, especially, "Well it's not intercourse, it's not intercourse." That's a bunch of crap. It helped to define it. Just the feelings I have,

are in the book. They're in the book to the T. That's me. That's exactly how I feel.

Hindering incident:

We were talking about sexuality. And he suggested this book. But you can't give a book to somebody on sexuality who is not there, and who doesn't have a partner. I think you have to be discerning. I was upset. I did tell him when I went back. I read this book, and I was really agitated. And I went back, and he knew, and he asked me what was the matter. I guess what it was was showing men and women in equal relationships in all levels, mentally, physically, and sexually. And that had been so far out of my experience, that I was really upset. Mentally I likely knew that this went on and that people could have wonderful relationships, but I hadn't let myself know it. You know, how you can know things on different levels. And that book had given me that knowledge on a different level, and I was far too unready about it. I think if he had thought about it, like, just a minute now, we have a dysfunctional family, we have all this stuff....I said, "Well, are these men real? Men can behave like this?" So I remember feeling awkward, embarrassed, very unsophisticated, naive. That was not helpful at all.

Reading materials were beneficial to the women in several ways. One, books helped to define and describe sexual abuse, and therefore helped the client to acknowledge that what had occurred to her had been abusive. Two, they provided women with useful information, such as, for example, that it is not unusual for memories of sexual abuse to surface years later. Three, several women found it helpful to realize that they were not alone, that other women had experienced similar trauma and had been left with similar feelings. Four, the books helped to normalize their feelings and behaviour. Women felt more assured that they were not crazy, that they were normal. Five, the books were effective at stirring up memories and feelings, thereby providing opportunities for

women to acknowledge and express some of their pain. Six, it was helpful to be able to learn the skills presented in the book at their own pace. They had control over how much to learn and when. Seven, some women felt respected by their counsellors for believing that they could do some of this work on their own. And eight, the books provided hope that recovery is possible. For example, one woman said,

I could draw strength from my own work that I had to do from reading about other women whose lives had been just hell compared to my experience, who were not on the streets, dead. These were functioning, productive individuals who felt good about themselves ultimately after going through an incredibly difficult time in healing. That was encouraging that there could be survival of the process, that you didn't have to lose yourself.

Several women found it helpful for the counsellor to lend them the book rather than be told to find it themselves. Some commented that they either did not have the money to purchase the book or the energy to locate it in the library. The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse by Ellen Bass and Laura Davis (1988) was consistently mentioned as a particularly helpful book.

Reading materials were not perceived as helpful if the woman did not feel ready for them. One woman reported feeling agitated and naive about the concepts presented in a book which she did not feel ready to read.

4. Writing Exercises. This subcategory consists only of helpful incidents. The counsellor encouraged the client

to use writing as a means of describing her experience. For example, the client may have been asked to write out her abuse memories, her life history, a "letter" to someone which wouldn't be sent, poems, or to write in a journal about current feelings and experiences.

Helpful incident:

[She had asked me to write about the most horrendous part of the abuse. To write it in the first person and then to write it in the third person.] It took me five hours. Doing it in the first person was bad enough, but then doing it in the third person. That was the worse. You had to put yourself out. You had to look at it from an objective basis, this happening to a little girl. Doing that in the third person, all of a sudden the magnitude of what had happened to me as a child became evident, more evident than at any time in my life....It was enormously difficult, enormously painful....She asked me to read the incident back to her....The next week I went back, I sat down and did it. It was really, really difficult. My voice changed when I was doing it in the first person. Instead of being 40 years old, I was 7. Anyway, I got through that one....It was the emotional breakthrough. It was the connection. It was the first time in my life that I could really, really make the connection. I had done a whole lot of reading, about inner child, or whatever, but it wasn't me. It was somebody else. Or the child who had been abused when I was 7 wasn't me. It was a detachment prior to that. That was awful happening to that child, but I didn't feel it as myself that child. Now, it was, that little kid was me. And that was the emotional breakthrough, which meant that the therapy from then on was different.

Writing was viewed as a powerful tool in therapy.

Validation and discovery were central experiences when writing was used as a treatment method. For example, several women claimed that writing about abuse experiences helped them to finally feel the depth of their feelings. Some women began to recall more memories as a result of their writing. A couple of women mentioned that having the events written on

paper made it harder for them to deny and minimize. One woman explained,

Seeing it on paper brings it to another level. It makes it real....It's not just a thought that goes fleeing through my mind and that I can put down to being premenstrual or whatever, because it's there whenever I look at it...this is real. I can't deny this. I can't deny that it has had an impact.

One woman found that writing a daily journal helped her to relieve tension and sort out her anger. For another woman, having the counsellor suggest she write her life history and then taking the time to read it meant that her life was important to somebody: "I felt validated," she said. "And that my life counted. It matters."

5. Medication. This subcategory refers to the counsellor's approach towards using medication as a method of treatment. It was considered helpful if the counsellor encouraged the client to go off of medications in order to begin experiencing her feelings. It was considered hindering if the counsellor suggested that the client use medication as a course of treatment. Or, it was hindering if the counsellor did not monitor the use of medications closely enough.

Helpful incident:

Something I found helpful was her recommendation that I get off of medication the psychiatrists had put me on. To feel and deal with my feelings, and to give up alcohol which stifled my feelings. I felt scared because I had been on heavy medication most of my life. I had used alcohol and drugs to stifle the feelings. I wanted to feel and deal with my feelings.

Hindering incident:

[It was our first session.] He said that he thought I was very, very depressed, and that I should take an antidepressant. I got even angrier. I went "Oh no. No. I can smoke dope. I can go out and get valium. Those are things that I already know how to do. If I want to escape with drugs, I can find drugs... That's not what I am here for." It wasn't what I was there for. I stated my view on it, and he still said that definitely I should go on a drug program... I suppose unfortunately it just shelved psychiatrists into that group. That's your fix, I see. That's why you're so impersonal. You don't want to get personal. You want to give me the drugs and send me out the door and have me come back next week. So, I'll be there for a year and you collect your hefty fee. This is your hook. This is how you keep people coming back. This must be why this profession has thrived for so long.

Most of the women who described incidents in this subcategory reported wanting to deal with their feelings without mood-altering substances. Some were worried that they could easily become addicted to drugs. A prevalent theme was a strong distrust of psychiatrists' motives and a serious doubt regarding how helpful psychiatrists could be. For example, one woman remarked,

I just chalked up psychiatrists as all jerks. I just wrote them all off at that point. They are useless. They have a medical model, that framework they see from. They see drugs and medications, and medications and drugs. They can't see anything else.

The one woman who felt her psychiatrist did not adequately monitor her medication said that the experience left her believing "I am not important enough." What is common in these accounts are feelings of being discounted and not valued within this treatment approach. On the other hand, the one woman whose psychologist encouraged her to go off of medication felt worthwhile. Although she was frightened to

end her dependency on drugs, she trusted that her counsellor would help her through her healing process.

6. Art Work. This subcategory consists only of helpful incidents. The counsellor encouraged the client to engage in art work in order to help her get in touch with and express her feelings.

Helpful incident:

I had this image of my father. I told her that this image was very symbolic to me. So she had me draw it out on paper. I had drawn a man sitting on a throne. We were using colour pastels. We talked about it, and she said, "Are you in the picture as well?" I said, "Well, in the one in my head." So she said, "Ok. Draw yourself in the picture." I was originally going to draw myself standing behind figure, in a kind of servant-like way. But I challenged myself, and I put myself in front, sort of facing the emperor in this drawing. She kept having me add to the drawing. She'd say, "Is there anything you can you add to this?" After every time, she'd ask me how I felt about it, just to describe how I felt about it. Then I'd add one more piece, and we'd talk about that, and how I felt about it with that added to it. So after I finished, I said, "I still feel quite powerless in this picture." And she said, "What can you add to make yourself feel more comfortable or stronger?" So I drew all these blue people behind me. So it brought up all these feelings. I just kept adding to it. She had me add to it all the time. It wasn't just drawing and talking about it, it was like actively participating through the whole thing....It was an empowering way to go about it....By the end I had these blue people behind me, a sword by my side. The sword was symbolic of the power. I had it there but I wouldn't use it in a malicious way. And that gave me a real sense of power against someone like my father, who does use power in a malicious way....Being able to add to it, it was something static that would just sit there and that would always be the way it was. It was something that I could change. It's a process of feeling more powerful.

Engaging in art work was found to be an intense and enlightening way of exploring feelings and discovering

meanings. In many women's accounts, there was an element of surprise and wonder in what they had created. It piqued their curiosity. They got excited about their creations. Their art was profoundly revealing in that it seemed to reflect feelings and perceptions beneath their immediate awareness. Some women commented that the act of externalizing what was in their minds out onto paper helped to solidify vague notions and lessen their anxiety around dealing with the abuse. One woman recalled that her counsellor asked her to draw with her nondominant hand, a task which brought her to a "whole new realm" and a "different level."

7. Hypnosis. This subcategory refers to whether the counsellor used hypnosis or self-hypnosis in a way that the client found to be beneficial. Hypnosis was viewed as helpful when it helped the client to confirm her memories or when it gave her more information about alter personalities. The method of answering yes-no questions through the movement of a crystal was found to be hindering. It was also hindering if the counsellor did not appear to notice that certain hypnosis techniques were harmful to the client.

Helpful incident:

I went to a guy who did hypnosis and he helped me a lot....He made me feel really comfortable. It wasn't as if I was suddenly overwhelmed with memories. He gradually went in trying hypnosis to remember things that weren't going to cause me emotional problems, things like my grade 7 classroom and what the floor looked like, and the other kids, that kind of stuff, so that I would gradually get into it....And I really needed to go through the hypnosis because this story was out of this

world. I've watched soap operas and I've never seen anything like this one. So that was important to me because I needed to know that the memories were true, that they weren't just dreams.

Hindering incident:

She would try and get me to talk through a crystal, which I found really hindering, a complete waste of time. Instead of actually trying to talk about your feelings, you would use this and answer yes or no. It was like self-hypnosis. I found that to be extremely stupid...It was something on a string that looked like a big crystal. She would ask questions, and if it went backwards or forwards, the answer was yes, if it went up or down, the answer was no. I was holding it. I was laughing to myself throughout the whole thing because it was so stupid. It wasn't going to help me whatsoever. It wasn't helping me with my feelings.

The two women who described the helpful incidents found hypnosis beneficial in that it provided information and validated some aspect of their experience. For one woman, hypnosis validated her memories and she became more certain that these were actual memories and not dreams. For the other woman, hypnosis confirmed that she had what she called "different personalities" and it relayed information about those personalities. Two other women found hypnosis to be hindering. In one incident, the counsellor did not attend to her client's concern that a certain technique that was being used was damaging to her. Diagnosed as having a multiple personality, the woman reported that this particular hypnotic technique resulted in personalities who "came and took over" and damaged her home. In the other incident, the client believed that a particular method of self-hypnosis which required "Yes" or "No" answers through the movement of a

crystal did not attend to her feelings, was "a waste of time," and therefore she terminated counselling.

D. Involvement in Nurturing Behaviour (6 subcategories; 62 incidents)

This category refers to the extent to which the counsellor was viewed as engaging in nurturing behaviour towards the client. Helpful incidents were those in which the counsellor did or said something which conveyed a real caring for the client. There was a sense of the counsellor having "moved towards" the client rather than having created a distance. The counsellor interacted with the client in a way that conveyed that he or she was fully "there" and not detached. The counsellor's behaviour helped to build the therapeutic relationship. In contrast, hindering incidents were those in which the client believed that the counsellor's behaviour suggested a lack of empathy or caring for her. The counsellor seemed either detached or too intrusive. There is a sense of the therapeutic relationship being damaged.

1. Attentiveness. This subcategory refers to the extent that the counsellor was perceived as being attentive and engaged with the client. It was helpful when the counsellor appeared attentive by making eye contact or leaning forward slightly. The client got the impression that the counsellor was really listening. In contrast, it was hindering when the

counsellor appeared inattentive or emotionally disengaged by avoiding eye contact, using a cold, detached tone of voice, or by taking notes while the client was speaking.

Helpful incident:

I talked and she listened. Someone for the first time in my life had listened, and acknowledged, just by being there and listening that I had gone through some very painful stuff. Her body language, her energy, her eye contact. She was attentive. She didn't detach from me or what I was saying. She was very much there. Made all the right murmurings. Making supportive facial expressions and gestures....I felt safe the whole way through. Feeling heard, supported, nurtured.

Hindering incident:

I would sit there and cite my litany of loss. And he would stare out of the window and pick his nose. He looked like he had fell asleep but his eyes were open. I was telling him about the time my father had come home and I was hiding behind the couch. As I was telling him about this incident...we were in a highrise building and you can see out....I watched the pupil of his eye trace a boat, following it along the water. And I thought, you son of a bitch. You don't deserve to hear about my pain. You don't care. He was not connected to what I was saying in any way....It was like I had an appointment with a man once a week. He showed up. I showed up. I followed him down the hall. We went into a room. I relieved myself in his ear and he psychologically and emotionally left the room.

Women who witnessed their counsellors being very attentive felt a "connectedness" with their counsellors. The counsellor's behaviour helped to cut through the aloneness. For example, one woman said, "I felt whatever the opposite of isolating is. Sort of connected, sort of like being a family. Sort of like being an orphan all your life and discovering you have a family that loves you." An important aspect of the connection was the client's sense of feeling nurtured. Women reported feeling "supported," "safe," "nurtured," "connected,"

and "heard." They were comforted to know that the counsellor was interested in what they had to say. In all cases, the women responded to attentiveness by talking more. One woman also reported that her counsellor's attentiveness allowed her to experience her feelings in greater depth.

In contrast, women who did not experience their counsellors as being attentive felt very separate from them. In some cases, this led to feeling unworthy. Many of the hindering incidents involved counsellors who took notes while their clients were talking. This seemed to generate a number of reactions. Many women reported feeling uncared for. One woman, for example, said, "I didn't feel cared for, or that he was compassionate....I felt that my life was being simplified to a piece of paper....He wasn't addressing the human of me. He was just getting the facts." Note-taking seemed to create a barrier between the counsellor and client. Women spoke of feeling "alone" and "separate." The experience was described as "responding to somebody who wasn't there." One woman remarked, "Maybe his mind and his writing hand were present, but his person didn't seem present. Not with me. He wasn't dancing with me." Some women felt very suspicious of the note-taking and wondered how confidential their remarks would be. Would the receptionist read notes about what the woman had said and tell other people? Might the abuser find out what had been said? One woman explained,

I remember thinking, if he's writing, what happens if someone finds his notes? Then every detail that I have

not shared with anybody else, is there for the taking....If someone was to get hold of that information, what things could they do with that information? A sense of betrayal. This person is betraying my trust in them by writing information down that could become harmful to me if it was found out. At that time, my one focus was on the abuser. If this guy finds out that I am releasing this information, what can he do to me? It's that fear of being caught.

In the majority of incidents, the women reacted to the lack of attentiveness by censoring their feelings and by not talking very openly. Some women did not return.

2. Insensitive Questions or Interpretations. This subcategory consists only of hindering incidents. The counsellor was perceived as being insensitive in asking questions or in making interpretations. For example, in the assessment interview the client might have experienced the counsellor asking a barrage of questions with little regard for her feelings. She may have viewed this as a lack of caring or empathy for her. In sessions other than the assessment interviews, certain questions might have seemed intrusive and invasive of her privacy. Insensitive interpretations included those which were too overwhelming or intrusive for the client.

Hindering incident:

It was the second half of the second interview and what he wanted me to do was to list off all the experiences, what happened, how I felt about them, which was very, very upsetting because all the feelings were triggered. He sits across the room there like an icicle and asks you all these questions and you're suppose to just discuss all your stuff, rapid answers. Answers. Questions. You don't get to discuss them....I was like choking on things and he was just sitting there like a fucking icicle. He

never smiled the whole time, he never took my hand, he never anything. So I'm listing off all these things. I was so upset. I was really traumatized, triggered. Completely triggered.

The majority of incidents in this subcategory occurred during the first few sessions with the counsellor. Many of these sessions appeared to be assessment interviews in which the counsellor was attempting to acquire information about the woman and her abuse history. Women had very strong reactions to the way they were treated during questioning. They clearly expected their counsellors to show more empathy and compassion while they were answering difficult, intimate questions about sexually abusive experiences. One woman described her interview:

He asked me about the abuse in a very, very scientific, aloof, checklist-type thing. "So did he perform oral sex on you? And did you perform oral sex on him?" And you're like, these things gag me. These things are horrible to me, and you're checking them off a list? It was totally inappropriate. These are some of the things that have been couched in secrecy in my life. These are some of the most painful things in my life, and you're just rattling them off like a grocery list?

Many women recalled feeling very exposed and raw. Some spoke of feeling violated and reabused. For example, one woman said, "It's like being violated all over again. It's like being raped....I left feeling like a hunk of garbage." For some women, the incident confirmed their view of men as noncaring. One woman said, "It did confirm, yeah, only a man. I mean, a woman would at least be semi-empathic or something. Just like a man." Many women reported feeling very angry. However, the majority answered the questions as the counsellor

wanted and did not express how they felt about the interview process.

Insensitive interpretations were those that the client was not ready to hear at that particular time. The interpretations each occurred during the first interview and before rapport had been adequately established. The women remarked that it was "too early" for the counsellor to be "tuning in" to their "gut-level." They felt "intruded upon" and "overwhelmed." Important elements that seemed to be missing were rapport and connection. For example, one woman remarked, "I was angry at her that she would tune in to that level of my emotions without in other ways showing it," and went on to explain that her counsellor had up to this point not demonstrated an emotional connection with her. Also, timing was critical. Deep interpretations were not welcomed if the client felt relatively unknown to the counsellor. As one woman claimed, "She didn't really have a right to be making that kind of emotional statement without knowing me."

3. Touch. This subcategory refers to the client's perceptions of helpful or hindering non-sexual touch. It was helpful when the counsellor either touched the client in a nurturing, comforting way or expressed a desire to do so. The counsellor may have asked permission to touch or the touch may have been spontaneous. Some clients regarded touch as hindering. This usually involved touching the client without

her permission, or asking for touch even though the client had previously refused touch. In these cases, the touch was perceived as intrusive and violating.

Helpful incident:

It was the end of the session and we were saying farewell. I was going on vacation. She said, "Would you care for a hug?" That surprised me and delighted me. I find hugging is such an intimate thing to do that the fact that she would want to hug me and be close to me in that way meant that she was not repulsed by me. That she like me and felt a warm "going toward" rather than a negative "drawing back." And that she initiated it meant the world to me. It was just really, really nice, and reflected the caring.

Hindering incident:

[The counsellor had just done something which scared the client.] I was terrified. And then he looked at me and realized I had gone terrified. So he sat beside me and put his hand on my shoulder, hoping to calm me down, because he had realized he had really blown it, I think. Then, I went home and hurt myself where he touched me. I got stuck in that childlike place and I went home like that and hurt myself. I didn't end up near death, but I mutilated myself in both places that he had touched me.

The majority of incidents in this subcategory were helpful ones. Most women found that being touched by their counsellors was profoundly nurturing. They reported feeling "cared for" and "comforted." There was a sense of feeling not as alone and of being physically supported. One woman explained, "That was so supportive....Because you feel so alone in those places. Willing to support me, to physically support me....A voice can be there for you, but again, it's not as real as someone who touches you." Other women were amazed that the counsellor would even want to touch them. To be touched meant to be worthy of being loved. Meanings that they derived from the touch included, "I'm not dirty," "I

matter," and "I'm loveable." Two women recalled that the touch helped to "ground" them. For example, one woman said,

The touch grounded me....It brought me back into my body, back to earth....It helped me feel more safe to re-experience the abuse because I thought I was around someone who really cared and was going to bring me back, instead of me floating away.

Touch also helped to restore a shattered faith in the human race. Some women commented that touch helped them to trust more. It is interesting to note that all but one of the helpful incidents were with female counsellors. The woman who reported a nurturing touch from a male counsellor spoke of the incident helping her to acknowledge that not all men are abusive:

It was the kind of thing that helped to anchor the idea that the abuse happened with men, and those were those men in the past. This was a different man. This was a new age man, a gentle and caring man. It was a symbol for me that those men were those men.

Some women commented that it was important that the counsellor ask for permission to touch. This felt respectful and safe. For one woman, it helped to differentiate respectful from disrespectful touch:

It allowed me to see the difference between touching that was respectful and that I had choices about, the enormous contrast between that and the touching that I had started to remember that was not respectful and that I didn't have choices about.

Other women commented that they were delighted to have the counsellor touch them spontaneously, without first asking permission. However, it is worthwhile to note that two of the three women who reported hindering incidents remarked that

they would have liked the counsellor to have asked permission. They felt angry and violated at being touched without first being asked.

4. Who the Counsellor Allied With. This subcategory involves incidents in which the counsellor was seen as either allying with the client, or with the abuser. It was helpful when the counsellor conveyed a sense of being "on the side" of the client. This may have been achieved by nonverbal behaviour, such as sitting beside the client or accompanying the client to the reception desk. It may also have been demonstrated by reassuring the client that the counsellor would not abandon or leave her. In contrast, some counsellors were perceived as allying with the offender. This was conveyed by making remarks which suggested empathy for the offender, or by informing the client that the counsellor also worked with pedophiles. The client had a sense of the counsellor lacking true empathy for survivors.

Helpful incident:

I had drawn a picture of what "rape" meant to me. She sat beside me and we looked at it together. I found that helpful, that she wasn't standing over me, watching me interact with this. She's really participating with me about it. She sat right beside me, really casually put her knees up. So I felt very comfortable as I talked about it. It was like we were an alliance, together looking at this.

Hindering incident:

She made a comment that she had counselling sessions with pedophiles....She said, "I don't judge people. I'm here to let them talk it out. I don't say that because he's a pedophile, or she's done this, that I'm not going to treat her or him." I remember feeling at the time that

I wish she hadn't told me that. Because you need to feel your counsellor is there just for you. At least I did...And then to mention that she had treated in the past, pedophiles! I was disappointed in her...I thought, I wonder if he sat in this chair? I wonder if he patted the cat? I wonder what he said about his victims to make himself feel better?

Women had strong reactions to counsellors who announced that they also worked with sex offenders. The primary experience was one of betrayal. They wanted to feel that their counsellors were concerned with victims of sexual abuse, and were not devoting their time and energy to treating abusers. There was also a concern that the counsellor, having been exposed to offenders' points of view, may not have enough sensitivity to the experiences of victims. One woman couldn't fathom why her counsellor would even want to work with pedophiles. She queried to herself, "Why would you ever want to treat them? Why not just shoot them?" All the women reported that they said nothing to their counsellors about how they felt.

In contrast, the helpful incidents reflect the women's experience of their counsellors being on their side. There was a sense of "we're in this together as a team." Women reported feeling "nurtured," "cared for," "accepted," and "supported." One woman indicated that she began to believe, "There are people out there who care for me." This feeling of being supported and cared for also brought hope. As one woman said, "There's possibilities here. There is hope for me. This person can perhaps guide me out of this hell-hole."

5. "Mothering" the Client. This subcategory consists only of helpful incidents. The counsellor was perceived as temporarily taking on the role of "nurturing mom." The counsellor engaged in several nurturing behaviours all at once. Some of these included holding or cradling the client, stroking her hair, telling her she was not alone, that the abuse was not her fault, that she was a good person, and that the counsellor cared deeply for her. In all cases the client experienced the interaction as "being mothered."

Helpful incident:

I was going through a memory....I was going through the physical experience of the abuse...She moved closer and said, "It's o.k. I'm here." She asked me if I wanted her to touch me. She asked very specifically, "Do you want me to put my arm around you and hold you?" I said "yes," and she did as I went through the experience. She was holding me as I went through it....She talked to me a lot as I was going through the experience. Her tone of voice was reassuring. Reassuring and that I wasn't alone. I said, "I've been through it before." And she said, "You've been through it before, but this time you're not alone. I'm here with you." And the touching was very grounding. She was being with me in a nurturing role. I think she stroked my head....She was almost like a mother. She was mothering me. What I didn't get back then, as a child, she met me there. It was like all of her being was right there with me, being incredibly compassionate and understanding....I felt loved. It was saying that I count. Really cared for. Deeply cared for. And seen. Reassured.

"Being mothered" was a profoundly nurturing experience. Women reported feeling extremely cared for, loved, and supported. One woman spoke of being "witnessed," and "seen." Exposed and still loved. Others talked about feeling safe and relieved. Several of the women commented that the experience was one that should have happened with their own mothers when

they were children, but didn't. These incidents helped to heal the damage of long ago. One woman described it as thus:

I had never had that from my mother....There were momentary feelings of waiting for something to happen, and realizing this mummy was not going to do that. It was undoing some spots of damage. That's kind of like what it felt like. An awareness that momentarily she's not going to betray me."

Women responded to "being mothered" by first allowing themselves to absorb the nurturing. Then it was as if their bodies "let go." For example, they said, "I felt relief in my body," "I fully let it all out," "I sobbed and sobbed and sobbed and sobbed." Some indicated that they journeyed deeper into their feelings. One woman claimed that the nurturing led her to nurture her own daughter better. It is worth noting that in all incidents where the client was "mothered," the counsellor was a woman.

6. Out-of-Ordinary Participation. This subcategory consists only of helpful incidents. The counsellor demonstrated caring for the client by becoming involved in a task which was beyond the regular duties of a counsellor. For example, the counsellor may have driven the client to a treatment centre, accompanied the client to court, or participated in an important cultural ceremony with the client.

Helpful incident:

When I was going through the first part of the court cases, we would go into court, and she went with me one time. And I ran into another delay, the court system being what it was. It was so good for me to know that

she was willing to give up her time, and actually come and be with me....It meant a lot to me to think that she cared enough about what was going on to be willing to be there with me, and to offer emotional support as I actually was going through it.

Counsellors who were willing to involve themselves in unusual events with their clients helped to cement rapport. Women reported feeling "special," "cared for," "honoured," and "trusting." One woman stated that the incident helped her to see that counsellors were not in the business just for the money. She said,

I had always had this thought, that as long as you were paying them, then counselling was available. But if for some reason, that pay stopped, counselling would stop. And this was like saying, ok, she's not being paid to do this. She's not being paid to come into that courtroom and stand two hours. This is all done on her own time. And that meant a lot to me. There isn't always a dollar figure put on the work that they do.

In all of the incidents, clients recognized that their counsellors did not have to do what they did. They felt very moved and grateful that someone would care enough about them to go that extra mile.

E. Education (5 subcategories; 62 incidents)

This category refers to whether or not the counsellor took opportunities to educate the client. It was helpful when the counsellor shared observations with the client, provided her with useful factual information, or guided her towards thinking differently. The client had a sense of being more knowledgeable. It was hindering when the counsellor was

perceived as not providing important information or giving inaccurate information.

1. New Perspective. This subcategory consists only of helpful incidents. The counsellor offered the client a new perspective. This may have included a new way of looking at the situation, or teaching her a new interpersonal tool to use in difficult situations. The client had a sense of seeing something for the first time at a different angle.

Helpful incident:

Often in counselling, you're always dealing with the negatives. But there's also a positive side to life. He did a lot of work around the positive side. "What positive things came out of the abuse? What were some of the positive things you were able to take and build on?" No one else had ever done that. What positive things could have possibly come out of abuse? But when you stop and think about it, at least for me, there were positive things. There were things that I knew I would never do with my children, abuse them was one of them. It taught me that it doesn't help to run from a bad situation. It's better to face it than to flee from it. It also taught me that one of the things I struggled with is finding someone to believe what happened, and I had been involved with several agencies who said that because it was something that happened so long ago, we can't deal with it now. So it was like, deal with something when it's happening, and if you can't find someone who believes you, keep going until you do because eventually you will find someone who believes you....It was like a new door opens. Ok. Now we go and look at it from a different angle. It's like being able to focus in a different way on it. Putting a different front on the picture....This was like a piece that didn't belong there, but it did belong there. It needed to be in there. It showed me that as ugly as it was, everything that happens has a good side and a bad side to it. And if you always focus on the bad side of it, nothing good can come of it. You take from the bad and turn it around to something positive, and if you allow that to become your focus, it makes it a lot easier to deal with.

The women who were offered a "new perspective" seemed to experience a noticeable cognitive shift. One woman described her experience as, "I felt like somebody stopped the bus and put it in reverse. I felt totally turned around. My first reaction was, oh! I had never thought about that!" Another woman said it was like "putting a different front on a picture" and looking at the situation "from a different angle." Often this shift in perspective was accompanied by emotional reactions, feelings of relief and hope. Several of the incidents seemed to steer the client away from "all or nothing" thinking. For example, one counsellor told her client that it appeared her dad did do nice things for her, and that he may have also sexually abused her. That "both these things can be true at the same time." As a result, the client realized "I didn't have to think of my dad as a monster, or as an angel." Other clients were asked to reflect on what positive things they could glean from their struggle of having been sexually abused. Another client was encouraged to become acquainted with a so-called negative feeling and to approach it as something "helpful rather than as an antagonistic feeling." With these shifts in perspective, "a new door opens." The client's world becomes a slightly different place.

2. Instruction in Setting Boundaries. This subcategory consists only of helpful incidents. Clients found it helpful

to be taught about boundaries, or limits. This may have involved encouraging the client to set psychological boundaries (e.g., not feel responsible for someone else's feelings or behaviour), physical boundaries (e.g. not have contact with someone), or sexual boundaries (e.g. setting limits around sexual involvement). This subcategory also includes incidents in which the counsellor modelled boundary-setting by effectively setting boundaries with the client.

Helpful incident:

I've always been sexually codependent all my life. And I thought, well I'll set boundaries on that to. And I was talking to my counsellor....So him being a man, and me having problems like that with my boyfriend, and I was saying that I was sexually codependent but I didn't want to be that way but I didn't know how to stop. I wanted to but I didn't know how. And he was telling me a bunch of stuff from a man's point of view. And he said, "Well try it. I'm a man and I can tell you that it's not going to offend me. If I said "no," would it offend you?" And I go, "No, of course not." And he said, "Well there you go." So I tried it and I was really nervous at first and it worked. And my boyfriend didn't mind at all....It empowered me. I could set my boundaries and stick by them. Like, I don't have to do what you want me to do.

For many women, it was a relief to know that it was acceptable to set boundaries, and it was empowering to do so. Essentially they were being taught to take charge of their physical and psychological safety. One woman remarked, "It opened my eyes. It made me be not so naive. More cautious." Some women learned to detach from feeling responsible for other people's feelings. Women who had counsellors who set appropriate boundaries with them reported respecting their counsellors for doing so.

3. Connection of Themes. This subcategory consists only of helpful incidents. The counsellor was able to identify themes or patterns for the client. These may have involved linking dynamics which occurred during the childhood sexual abuse to help explain the client's current behaviour, linking bodily symptoms with the client's emotional experience, or finding consistent themes in the client's behaviour or in the family's pattern of interacting.

Helpful incident:

It was positive in informing to me that the basis of my need to control things was because I had no control when I was being abused. And it has come from there that I need to be in control. Also by being in control, I can be aware of whenever I am in danger, and make sure that I don't stay in those situations. Having one connection brought forward like that, it enabled my mind to build others, to see why there was always certain things that I was always obsessive about, and the reasons for it. Some of these things had never had any reason at all, other than this is just how it had to be. Once that changed, once that knowledge or perspective opened up so I could see where the base of these things was, then they ceased to be the issue that they had been....Some of it just vaporizes because some of the root cause of that behaviour has been exposed....Part of it too was very freeing, to go, well this is not me. It's not me. It's "me because I was abused." It's a survival-tactic. And isn't it great that it's there, but I don't need it anymore. And then it can go away. It's not needed any longer, the connection was seen. Therefore it could just go away.

Counsellor's attempts to connect themes often led to clients experiencing a sense of "fittedness." Some said they felt "congruent" or "grounded." Some commented on how the theme-finding helped them to see "the bigger picture." When they saw the interrelationships between behaviours, things began to "make sense." Sometimes this was accompanied by

feelings of surprise, curiosity, or excitement. Some felt relieved. Like the woman in the aforementioned incident, some participants commented that understanding the connection between their present behaviour and their past circumstances helped them to let go of problematic behaviours. For these women, it was as if the "missing piece" of a puzzle had been found, the "root cause of that behaviour has been exposed," and they could now finally leave that puzzle and move on.

4. Information-Giving. This subcategory refers to whether the counsellor gave the client factual information, or was perceived as withholding information or giving inaccurate information. It was helpful if the counsellor shared information, for example about the therapy process or about sexual abuse. It was hindering if the client did not receive information that she thought she should have or if she received inaccurate information.

Helpful incident:

I found it helpful to know that if I asked a question that I really needed to know some factual information about, just really needed some professional response to, that I didn't get it thrown back to me. That she would give me the information...In this session, I wanted some information. I said, "Because I had these experiences, and I work with kids, I'm concerned now because some literature says that when people have been abused they go out and abuse. I don't see myself as doing that. I think I would be much less likely to do that because of these experiences, but other literature..." So I needed to know from her, what her experience was and what her knowledge was. She provided me with information [that women who were sexually abused as children do not tend to go on and sexually abuse.] That kind of information I needed to hear, because it's probably very accurate. I needed to know that. To know that no, I wasn't

deceiving myself to think that I wouldn't abuse a child....There is a time and a place for factual information.

Hindering incident:

This is something she didn't do....Somewhere in the second or third session, I came out feeling like a piece of fucking shit. I just felt so low, so devastated, so negative about myself. I was just totally sunk in this negative view. I just felt abysmally dreadful....I was scared by how I felt. I didn't know what was going on. What I came to in the end is when you've been someone like myself who has taken great pains to keep the abuse down, to see myself as competent, the second level from the relief of talking on it is the sudden focus on the problems, on difficulties, neuroses and stuff. I felt that was all I was. That I had got thrown into that part of myself....I guess I would have appreciated some sort of warning. "At some stage you may feel lousy. Perhaps this is what it's about, or perhaps that is what it's about. But don't freak out. It's part of the counselling process." And "It will pass." Some framing. Something that would have given me some mental ground to stand on.

Women were eager to receive information about the counselling process. There was a security in "knowing what to expect." On the other hand, some women who were not informed about what counselling entailed felt lost or scared. Women also appreciated receiving straight, factual information about sexual abuse when they asked for it. They did not want the counsellor pulling some sort of psychological manoeuvre and throwing the question back at them.

5. Instruction in Self-Nurturing. This subcategory consists only of helpful incidents. The counsellor emphasized the importance of self-nurturing behaviours. The client was taught to explore which things she could do for herself to make her feel good. This may have included engaging in

certain enjoyable activities, being with certain people, or giving herself affirmations.

Helpful incident:

She encouraged me to meet my own needs....She said, "Contact your friends. I know how difficult that is for you but it's really important to make that connection, to let people know that you need their help at some point. You cannot do it all alone. You shouldn't have to do it all alone. You can do it all alone, actually, but you shouldn't have to." And, "Make a list. What can you do for yourself when you feel awful? What can you do for yourself?" And, "Go to the meetings. Don't skip them." It was very important. "You need to be able to establish a support system. How are you going to establish a support system?" Basically those basic learning skills that normally are learned as a child, and that I never learned. She really made it simple, basic skills that I needed to do. I started to do some of the things she said.

Women who described incidents in this subcategory reported re-learning basic self-love strategies, or in some cases, learning them for the first time. They learned to pamper themselves, soothe themselves, take action to emotionally care for themselves. Some reported that these were skills they should have been taught as a child, but weren't. For others, it was a sense of recapturing the wisdom they once had as children but had lost over time. For example, one woman described the following process when asked by her counsellor to identify the sorts of things that nurtured her,

I felt tuned in to myself. I had to go in and look. It connected me to me, deeper to me. Past the storm to the eye of the storm. Past that storm that seemed to be my life, to the eye of the storm which connected me with way long ago and who I was underneath all that, whether it had happened or not, who I would have been, who I was anyway.

In learning self-nurturing behaviour, the women began to re-discover themselves, to connect with who they really were and what they really needed.

F. Organization of Structure of Counselling to Meet Client Needs (4 subcategories; 37 incidents)

This category refers to whether or not the counsellor was perceived as organizing the structure of counselling to meet the client's needs. This includes how the counsellor organized time within sessions, scheduling, and outside counselling resources for the client.

1. Availability. This subcategory refers to the extent to which the counsellor was available to the client. It was considered helpful when the counsellor's time was organized in such a way that the client could have easy and frequent access. For example, the counsellor had space for the client and agreed to take her on, made room to see the client weekly, was available for extra sessions in crisis situations, or was willing to go overtime in any particular session when needed. In contrast, it was hindering when the counsellor was perceived as not being available enough. For example, the counsellor may have had a rigid schedule, could only be seen every few weeks, made only one-half hour appointments, or was limited by the number of sessions that could be offered the client.

Helpful incident:

It was helpful that he was available the next week. We scheduled an appointment for the next week. I know some people have trouble getting in. Our sessions weren't too far apart. I could get in again the following week. It was important because it made me feel secure....It gave me hope that I was on the right path to my healing.

Hindering incident:

What I found was really hard was coming out into the front office, still full of this energy and stuff, and then thinking we were going to make an appointment for the following week, and finding out that no, she said "It'll be two weeks from now." And then finding out, that once she looked in her book, that she had a workshop to do, and then she looked at the following week and that was booked. So it ended up being three and a half weeks from then. Really, really frustrating....It's hindering because what happens to me is that if I wait that long I stuff it way down inside and it doesn't usually come up again. I have a hard time talking about things to do with that particular form of abuse. It's gone. I want to make the most of it when it surfaces and I'm able to get that feeling, able to feel it and express it, and let somebody else see it. Because I'm a very private person when it comes to things like that. Yeah, when it flows, don't put a cork in it....At times it makes me feel that I'm not valued. That I'm not important enough. Sort of self-worth type stuff.

A common reaction for women who had counsellors who were readily available was to feel secure and safe. They began to believe that they were not alone. They were enormously grateful of counsellors who made themselves easily accessible. They also felt cared for and that they "mattered." In contrast, women who had counsellors who were not readily available reported believing that they were "not important enough." Some felt frustrated and angry. Others felt isolated and discouraged. Some women revealed that they "lost faith in the system." One woman, whose psychiatrist would

allow only one-half hour appointments, remarked, "For healing and sexual abuse, psychiatrists cannot help you."

2. Approach to Endings. This subcategory refers to how the counsellor approached the ending of a session or the termination of the counselling relationship. In any given session, it was helpful when the counsellor would help the client to "wind down" before sending her out the door. When there was to be a break in counselling (e.g. due to counsellor's vacation, illness, or pregnancy leave), the counsellor would arrange for another counsellor to see the client if needed. It was considered hindering if a counsellor ended sessions or the counselling relationship too abruptly. For example, a counsellor may have ended a session leaving the client very vulnerable and raw with emotion. When terminating the counselling relationship, some counsellors did so only with less than a few hours notice.

Helpful incident:

She's just got a clock on the wall, and it's there, and you can see it....She'll say, "We'd better start to wind down." And she'll give me five or ten minutes. Because if I've been in a really emotional state, don't shove me out on that street! Even in your hallway. She'll give me time to wind down....I feel respected and cared for.

Hindering incident:

My therapist was having a lot of difficulties in her own life....She phoned me up an hour before the appointment and said, "I'm taking a leave of absence. I will not be doing any more therapy. I will be here in the office. You can come and see me, but it will not be any therapy at all." So there was no proper closure, not even anywhere to go to talk about it. I thought I was going to die....It was that parent, the parent of the little, vulnerable, needy child. And this was an old experience.

This is what I know with my own family....I felt anger. Fear. Loss. Pain. Overwhelming pain, and old pain too. It ties in to the all the old stuff. It was happening all over again.

Women reported many strong feelings when counsellors abruptly ended sessions or the counselling relationship. When sessions were ended without a proper emotional "winding-down," they felt "very raw," and "extremely vulnerable," perhaps like an open wound which has not been closed. Yet they were expected to go out into the world in this very tenuous emotional state. One woman spoke of feeling "abandoned," and "unsafe." Two women developed a critical view of helping professionals as a result of their experience. As one woman concluded, "This is a profession. You get paid. It's a job. Time-limited. Everything fits a little frame, and it takes away from the value of the human experience."

Abandonment, betrayal, anger, and fear were common feelings for women who had counsellors who abruptly ended the counselling relationship. For some, it reminded them of the abandonment and loss they had felt as children. Two women felt personally responsible for the counsellor's decision to terminate therapy. One woman surmised, "All the shit I've been telling her has hurt her. That all-powerful child part saying, I've really hurt her that bad and now she can't even do therapy." Another woman disclosed, "I was ready to kill myself. I thought I must be really awful." On the other hand, women who had counsellors who took care not to end

sessions or relationships abruptly felt respected, cared for, not alone, and safe.

3. Referrals. This subcategory refers to whether the counsellor was perceived as making an appropriate or inappropriate referral. It was helpful if the counsellor made a referral to another counsellor or group which proved to be beneficial to the client. The referral was timely in that the client accepted the referral, followed through with it, and was able to make good use of the new resource. It was hindering if the counsellor made a referral which the client did not follow through with or did not benefit from.

Helpful incident:

I was on a real plateau with him. I said I didn't know where to go from here because I still wanted to solidify some things. And it was frustrating me and I didn't feel I was getting anywhere. That's when he mentioned calling up the sexual abuse centre and going to a group. Something other than one on one. And I remember saying, "Yeah, that's exactly what I want!" And he said he had had some success before sending people when they were ready. It felt right...He does have a good sense of timing, and it was exactly right. I was ready.

Hindering incident:

She got together a group with another counsellor and recommended that I go to the group. When I went I found that I felt really out of place and that it was really an inappropriate kind of thing, and I think she felt that too. It was a group of very young women. Not all young, but they tended to be young. Most of them their memories were just coming back. Most of them had never told anybody. Just a fresh disclosure kind of group. My situation was that I had told people. It had been out, as far as my memories, since I was 13. I was 10-15 years older than the others in the group. I was a professional counsellor. None of them were. I felt I was in the wrong place....So I felt she made a wrong suggestion. I guess that ties into her being a little out of her depth, and maybe like, what do we do at this point?

Here's this group. Or I have a group to get filled. A poor referral, I guess.

This subcategory speaks to the importance of counsellors knowing their clients well and knowing the resource before making a referral. Women reported deriving great benefit from referrals in which the resource could meet their particular needs, and which was timely in its offering. They also reported feeling "cared for" that a counsellor would seek out information about a resource and give it to them. On the other hand, referrals which seemed inappropriate to the client led to feelings of betrayal, frustration, anger, and disappointment.

4. Lack of Direction. This subcategory includes only hindering incidents. The counsellor was perceived as not providing enough direction in counselling. The client believed that the counsellor needed to take more initiative, show more guidance. There was a sense of things "drifting" and of the client feeling lost. The organization of time within the session did not meet the client's needs.

Hindering incident:

I remember talking about more lightly personal things, maybe back and forth more, approaching friendship talk rather than counsellor talk...I'm feeling, this is pleasant, but I want to go deeper. But I don't want to take the responsibility to ask to go deeper. I'm a little impatient. Feeling kind of gypped, like I'm paying fifty bucks. And I should do something to make this happen, but not knowing what to do...I felt it drifting, so she must have felt it drifting as well. And I didn't say that, and she didn't say that. Maybe that contributed to sometimes feeling that well, there are

ways this woman is really good for me. But there are ways in which she is out of her depth too.

The predominant theme in this subcategory was the women's sense of not going anywhere important in the session. They spoke of feeling "lost," "stuck," and "drifting." They wanted the counsellor to move them forward, and then felt "impatient" and "gypped" when this did not occur. None of the women challenged the counsellor about the lack of direction. Instead, they "filled the air with words," and kept the topic on a lighter level. For two of the women, it led to a questioning of the counsellor's competence and a decision to terminate therapy.

G. Counsellor's Self-Expression (4 subcategories; 34 incidents)

This category refers to whether the counsellor's self-expression was regarded as helpful or hindering by the client. Helpful incidents were those in which the counsellor revealed personal information, emotions, and personal interests in a way that was facilitative to the client. The client may have felt closer to the counsellor or may have benefitted in some other way from the counsellor sharing his or her experience. In contrast, hindering incidents were those in which the counsellor's expression of emotions or sharing of personal information was seen as either damaging the therapeutic relationship or interfering with the client's work in counselling.

1. Self-Disclosure. This subcategory refers to the counsellor disclosing personal information to the client. Self-disclosure which was considered helpful was client-focused in that it was used to make a point, teach the client something, or to portray that the counsellor was "an ordinary human being." Hindering self-disclosure was more counsellor-focused in that it was viewed as an attempt to "dump" the counsellor's problems onto the client, often resulting in the client feeling that she must take care of the counsellor. Hindering self-disclosure also included the counsellor comparing his or her experiences to the client's experience in a way that minimized the client's concerns.

Helpful incident:

We were talking about ways of relating to people. She said, "I'm going to give you two incidences of my relationship" to a certain thing we were talking about. And she did....It was her relationship with two people and how she dealt with them, one negatively and one positively, and the steps she'd used. Fantastic. So they were tools. I think the thing is that when she's used her personal anecdotes as tools, rather than dumping her load on me, it's been really, really helpful.

Hindering incident:

She was going on and on about her own past, her own history and abuse. I lost respect for her. It seemed that it was the other way around. That I was being shunted into the counselling role when she was going on and on like she was the patient. I felt like I had to say, "Yes, o.k." or whatever it was. It just didn't seem right....It wasn't appropriate. I was frustrated and pissed off. I sort of thought, grow up! Angry.

It is interesting to note that the participants reported twice as many hindering incidents than helpful incidents in this subcategory. A dominant theme with hindering incidents was that the clients experienced a role-shift and felt a need

to "look after" their counsellors. Consequently, they felt angry, confused, or scared. One woman reported having the following feelings when her counsellor started telling her about her own problems and mentioned that she had also engaged in self-mutilating behaviour:

I felt very confused. If she's there to help me, why is she telling me her problems? Does she want me to help her? It really scared me. Because I didn't know how to deal with my own problems, how was I going to deal with hers?

Another theme was that of "wasted time." Clients had a sense that this hour was suppose to belong to them. Counsellors who spent valuable therapy time telling their own stories were left with clients who felt frustrated, angry, and bored. Most of the women held on to their feelings and said nothing. Some women tried to steer the conversation back to themselves.

2. Reaction to Disclosure of Sexual Abuse. This subcategory refers to how the counsellor was perceived as reacting to the client's disclosure of some aspect of the sexual abuse. It was helpful when the counsellor appeared calm, solid, and did not express any shock or disgust at what was being said. In contrast, hindering reactions involved those in which the counsellor expressed shock, fear, or conveyed a sense of being overwhelmed.

Helpful incident:

I was talking about some part of the abuse...When I looked, the counsellor was just really accepting and calm. She was making eye contact, not looking away or

down. There was a warmth in the expression on her face. And not pulling back physically or withdrawing. She was leaning forward just a bit. And just sort of too, there was sort of a pause, but it wasn't a pause of shock, it felt like a comfortable pause...When you're finally able to talk about it, and the person is able to be with you without acting with recoil or disgust, or isn't turning off emotionally, then that's very, very helpful. After that I had more confidence that she was going to be able to listen to what I had to say, and she wasn't going to be shifting to another topic. So it was helpful in helping me to go on.

Hindering incident:

I was starting to recall memories that had been particularly frightening and not very pleasant for me. As I was telling her, I watched my therapist's body language. What she did was, she was sitting up on the chair, and all of a sudden she grabbed her chair and pulled up. To me, that body language meant that she was afraid of what I was saying. That really upset me because she needed to be calm and secure, and I thought that if she's afraid of me well then I'm an awful person. I should have kept my mouth shut. I shouldn't have said anything.

Women who reported incidents in this category were very perceptive of subtle nuances in the counsellor's presentation, such as posture shifts, facial expressions, and voice tone. Women who had counsellors who appeared calm and solid during a disclosure of sexual abuse felt comforted, safe, soothed, and relieved. They described themselves as becoming more willing to share and delve deeper into themselves. They felt relieved that the counsellor did not find them repugnant. One woman said, "I wasn't a freak in her eyes. I'm not a monster because this occurred to me. I'm not a sideshow, a spectacle." Some women reported that the counsellor's calmness helped to "ground" them. They felt more secure in themselves, and also felt more secure knowing that they would

not end up "looking after" the counsellor. One woman stated, "If there had been any detectable amount of anxiety, it would have instilled guilt in me....There was a security, a calmness there that I could let go, and she would be fine. I wouldn't have to look after her."

3. Counsellor's Display of Emotion. This subcategory involves those incidents in which the counsellor's display of emotion was considered either helpful or hindering to the client. It was helpful when the counsellor showed genuine emotion in a way that facilitated the client's healing. For example, the counsellor's anger at the abuser may have given the client a sense of entitlement to her own rage. Expressing sadness may have enhanced the relationship with the client in that it conveyed the counsellor's own humanness, compassion, and understanding of what the client was feeling. However, the counsellor's display of emotion was considered hindering when it seemed so intense that it overwhelmed the client or when it interfered with the client following through with some exercise in therapy.

Helpful incident:

I went to a session and I cried and cried and cried and cried. I remember looking at her and she had tears in her eyes. That made me realize that she was really not being "the counsellor." It probably defies all the rules of counselling, getting emotionally involved. But she had tears in her eyes. She wasn't crying. She just had tears in her eyes. That made me cry even more. It was very real. If it had been any other time and the counsellor would have been crying, I might have thought, get a grip. But at that time, she was just

being real. And it wasn't like being in control. It was very moving.

Hindering incident:

There's times when I've seen her quite emotional, facial-feature wise. And I tend to back off. She's got too much feeling in her face and in her body. I feel like it's too much for her....When I started talking about details about what happened, I could feel some of her anger, and she was really appalled....I happened to look up at her a couple of times, and it was "Whoa!" She was feeling hurt. Anger. Her tone of voice was different. I just felt a real desperation on her part and it just made me back away big time....It was hindering for me to see her so emotional because I became more concerned about her than about the issue I was talking about. I wanted to protect her. I can't handle seeing people that I care about hurt. And I knew I was causing the hurting, what I was saying. I shut down. I lightened it up, and slowly changed the subject.

There were mixed reactions among the participants regarding counsellors who strongly expressed their own feelings. For some women, the counsellor's tears helped to make the relationship more personal. For example, one woman said of her counsellor who had tears in her eyes, "She just seemed really human at that time....I had a ton of respect for her. For me, it was really touching. I'm very respectful of her. It was a real heart-moment." Other women remarked that the counsellor's sadness helped them to feel more compassion towards themselves. If the client was already crying herself, the counsellor's crying encouraged her to cry more. Similarly, the counsellor's anger about what had happened to the client helped some women feel entitled to their own anger and less guilty about their rage. For other women, however, the counsellor's feelings interfered with the therapy process. One woman felt the need to take care of her counsellor who

appeared hurt and angry about what had happened in the client's life. Another woman was thwarted from showing her counsellor pictures of her as a child because the counsellor said she could not bear to look at the pictures. The client remembered thinking that this would interfere with her ability to connect with what had happened during her childhood. She felt devastated and deflated, and she reported that she "dissociated" and "separated off from what was happening."

4. Arrangement of Environment. This subcategory refers to the counselling setting as an expression of the counsellor's personality. It was helpful when the setting seemed warm and personable. For example, the counsellor may have had personal knick knacks or artwork on display which helped to reveal his or her interests. The client may have viewed the absence of a desk as an indication of the counsellor's preference for a non-hierarchical relationship. In contrast, it was hindering when the counselling setting appeared sparse and cold.

Helpful incident:

She has personal things out. I think that's important. Their own personality in that space where we meet. It feels good. With her, she has things out, and I'll ask, "What's that?" And she'll explain, and we'll go on. I feel it's very comfortable that she has surrounded herself with these things. Obviously I can comment on them, and she feels comfortable with it. She's at ease. And maybe that's important. She puts me at ease. It means she's at ease. This is her space. She's a professional who is not to afraid to say, "I'm also a mother. Here are my kids. I'm interested in such and such art. Here's my statues." And that fosters communication. I like her. It makes me like her more.

It makes me relate to her. She's relaxed. She's at ease with herself. So obviously if she's going to be my role model, then, you know, that's important.

Hindering incident:

I walked in. His office was very cold. It was huge. There were a few things on the wall, just a few things. It was sparse looking. It was intimidating. I felt tense. I don't think I opened up as much as maybe I would have.

For some women, the office provided them with their first clue as to the counsellor's personality. Counsellors who arranged their offices to look warm and inviting helped to put their clients at ease. Seating arrangements in which a desk did not separate the counsellor and client were perceived as being non-hierarchical. In these environments, women reported feeling comfortable and willing to be open. Environments which were regarded as cold-looking were reported to result in the woman feeling tense and guarded.

Critical Incident Data Sheet

Following is an overview of the information provided by the Critical Incident Data Sheet.

Table 2 indicates that the size of the categories from the largest to the smallest were: (a) Validation (171 incidents); (b) Approach to Power and Control (114 incidents); (c) Application of Therapeutic Methods (72 incidents); (d) Involvement in Nurturing Behaviour (62 incidents); (e) Education (62 incidents); (f) Organization of Structure of Counselling to Meet Client Needs (37 incidents); and (g) Counsellor's Self-Expression (34 incidents). In regard to

subcategories, the six largest with helpful and hindering incidents combined were: (a) Affirmation or Judgement (56 incidents); (b) Flexibility with Agenda (47 incidents); (c) Experiential Work (30 incidents); (d) Assignment of Blame for the Sexual Abuse (23 incidents); (e) Willingness to Offer Choices (21 incidents); and (f) Focus on Feelings (21 incidents). Table 3 illustrates the five largest subcategories for helpful incidents and the five largest for hindering incidents. Participants reported most frequently on helpful incidents in which they felt affirmed by the counsellor, engaged in experiential work, given choices in counselling, offered a new perspective, and told the abuse was not their fault. The most frequently reported hindering incidents were ones in which participants viewed the counsellor as being rigid and controlling with his or her agenda, judging her, minimizing or dismissing the sexual abuse, being inattentive, and asking insensitive questions or making untimely interpretations.

Female counsellors were involved in more incidents than were male counsellors, 69% and 31% respectively. Female counsellors had a higher proportion of helpful to hindering incidents (67% and 33%, respectively). Male counsellors, on the other hand, were involved in more hindering than helpful incidents (53% and 47%, respectively).

Table 4 illustrates the six largest subcategories in which male counsellors were most frequently involved in

Table 3

The Five Largest Subcategories for Helpful Incidents and
Hindering Incidents

Subcategory	Number of Incidents
Helpful Incidents (<u>n</u> = 114 incidents)	
Affirmation or Judgement	32
Experiential Work	26
Willingness to Offer Choices	19
New Perspective	19
Assignment of Blame for Sexual Abuse	18
Hindering Incidents (<u>n</u> = 108 incidents)	
Flexibility with Agenda	36
Affirmation or Judgement	24
Minimization/Dismissal of Sexual Abuse	20
Attentiveness	14
Insensitive Questions or Interpretations	14

Table 4

The Six Largest Subcategories for Helpful Incidents and for
Hindering Incidents with Male Counsellors

Subcategory	Number of Incidents
Helpful Incidents ($n = 44$ incidents)	
Instruction in Setting Boundaries	10
New Perspective	8
Affirmation or Judgement	8
Willingness to Offer Choices	7
Experiential Work	7
Assignment of Blame for Sexual Abuse	4
Hindering Incidents ($n = 58$ incidents)	
Flexibility with Agenda	17
Minimization/Dismissal of Sexual Abuse	12
Attentiveness	9
Affirmation or Judgement	8
Sexual Interest	7
Insensitive Questions or Interpretations	5

helpful incidents or in hindering incidents. Note that the largest two subcategories for helpful incidents, Instruction in Setting Boundaries, and New Perspective, are from the Education category. The Education category is comprised mostly of incidents in which clients were encouraged to make some sort of cognitive shift, for example, by acquiring new lifeskills or by seeing things from a different perspective. In regard to hindering incidents, male counsellors were perceived most frequently as being inflexible with the agenda, minimizing or dismissing the sexual abuse, being inattentive, judging the client, conveying a sexual interest, and asking insensitive questions.

Table 5 illustrates the six largest subcategories in which female counsellors were most frequently involved in helpful or hindering incidents. Note that female counsellors were viewed as engaging most frequently in affirming behaviour, such as validating the client's character, strength, progress, or worth. In hindering incidents, female counsellors were cited most frequently for being inflexible, judgemental, self-disclosing inappropriately, minimizing or dismissing the sexual abuse, ending sessions or the counselling relationship too abruptly, and not handling criticism effectively.

Table 6 illustrates the frequency of incidents by type of counsellor and the relationship of type of counsellor to helpful and hindering incidents. Note that psychiatrists were not perceived very favourably by women in the study:

Table 5

The Six Largest Subcategories for Helpful Incidents and for
Hindering Incidents with Female Counsellors

Subcategory	Number of Incidents
Helpful Incidents ($n = 94$ incidents)	
Affirmation or Judgement	24
Experiential Work	19
Assignment of Blame for Sexual Abuse	14
Connection of Themes	13
Willingness to Offer Choices	12
Bodywork	12
Hindering Incidents ($n = 62$ incidents)	
Flexibility with Agenda	19
Affirmation or Judgement	16
Self-Disclosure	7
Minimization/Dismissal of Sexual Abuse	7
Approach to Endings	7
Response to Criticism	6

Table 6

The Number of Incidents and % of Helpful and Hindering
Incidents for Type of Counsellor

Type of Counsellor	No. of Incidents	% Helpful	% Hindering
Counsellors in private practice	205	73	27
Psychiatrists	90	32	68
Psychologists	80	80	20
Counsellors at government agencies	67	54	46
Counsellors at community agencies	48	56	44
Other counsellors ^a	37	51	49
Volunteer workers	14	50	50
Counsellors at colleges and universities	11	73	27

Note. N = 552 incidents

^a = students, employee assistance counsellors, clergy and physicians in a counselling role.

Psychiatrists were involved in more hindering than helpful experiences (68% and 32% respectively). Volunteer counsellors scored an equal ratio of helpful to hindering incidents. Three types of counsellors provided only slightly more helpful than hindering incidents: (a) counsellors in community agencies (56% helpful); (b) counsellors in government agencies (54% helpful); and (c) other counsellors, such as clergy, employee assistant counsellors, student counsellors, and medical practitioners in a counselling role (51% helpful). Counsellors who provided a vast majority of helpful incidents included psychologists (80% helpful), university and college counsellors (73% helpful), and counsellors in private practice (73% helpful). Most of the incidents involving psychologists and psychiatrists occurred within a private practice setting (88% and 94%, respectively).

The majority of counselling incidents (74%) occurred recently, from 1989-1993. About 18% of incidents occurred between 1984-1988. Therefore, a total of 92% of incidents occurred within the last decade. About 7% of incidents occurred from 1979-1983, and 1% occurred from 1974-1978.

The ages of clients when the counselling incidents occurred ranged from 19 to 62 years old. About 39% of the incidents occurred when the women were between 30 and 39 years old; 31% of incidents occurred between 40 and 49 years of age; 29% occurred between 19 and 29 years old; and 1% occurred when the client was over 59 years of age.

The vast majority of incidents occurred in Victoria, British Columbia (80%). About 13% occurred in other areas of B.C., 5% occurred in other Canadian provinces, and 2% occurred in the United States.

In approximately 71% of incidents, the reason for initially seeking counselling was for treatment of sexual abuse. In 29% of the incidents, women reported that they had initially sought counselling for some reason other than sexual abuse. These reasons included depression, anxiety, interpersonal relationships, sexual dysfunction, loss, physical concerns, work issues, eating disorders, alcohol and drug misuse, fears, hearing voices, sexual assault, self-destructive behaviour, and other types of childhood abuse.

About 45% of the incidents occurred during the beginning phase of treatment with that particular counsellor, 36% of incidents occurred during the middle phase, and 19% occurred during the end phase. The majority of counselling incidents (56%) occurred when the women were in the early stage of healing from the sexual abuse. About 33% of the incidents occurred when the women were in the middle stage, 9% occurred in the end stage, and 2% did not identify the stage of recovery. The majority of women who participated in the study said they were either at the middle (44%) or end (46%) phase of healing at the time of the research interview. Note that only 10% of the women identified themselves in the early phase of healing at the time of the interview.

CHAPTER 5

Discussion

This chapter will discuss (a) the major findings of the study in relation to the clinical and research literature, and (b) the implications of the results for counsellors, counsellor training programs, and future research.

Comparison of Results with the LiteratureValidation

The largest category was Validation. It was enormously important for the women to have their experiences believed, their feelings honoured, and to be given credibility as people. Three of the subcategories in this section are substantiated by other research findings. Counsellors who conveyed disbelief, blamed the client, or minimized the sexual abuse were perceived to be very hindering by survivors in this study as well as those in previous studies (Armsworth, 1989; Frenken & Van Stolk, 1990; Josephson & Fong-Beyette, 1987).

The other subcategories in this section have not been the target of research investigation but are congruent with what has been written in the clinical literature. The study lends support to some clinicians' suggestions that counsellors use direct rather than muted language when talking about sexually abusive acts to their clients (e.g., Courtois, 1988; Gil, 1988). Participants in this study found that direct language

highlighted the reality of the abuse, reduced minimization, and indicated that the counsellor was emotionally prepared to deal with horrific abuse experiences. Also, the results support recommendations in the literature that counsellors assure the client that her symptoms and coping mechanisms are "normal" in light of the abuse she has experienced (Courtois, 1988). In addition, the results are consistent with suggestions in the literature that counsellors make an effort to affirm clients (Faria and Belohlavek, 1984). Indeed, Affirmation and Judgement was the largest subcategory in the entire study. It consisted of the most helpful incidents, and had the second most hindering incidents. Participants noticed, remembered, and cherished those moments in which their counsellors affirmed their progress, worth, ability, character, effort, strength, and mental health. They also noticed and clearly remembered the times when they perceived their counsellors as being critical and judgemental.

An interesting finding was that Enquiries about Sexual Abuse emerged as a subcategory. Women found it helpful to be asked if they had been sexually abused. This is consistent with the clinical literature. For example, several authors have suggested that it is helpful for the counsellor to enquire as to whether or not sexual abuse occurred and to ask for details of the abuse (e.g., Courtois & Watts, 1982; Evans & Schaefer, 1987; Faria & Belohlavek, 1984). However, Pruitt and Kappius (1992) found that only 51% of their sample of 115

therapists reported that they routinely asked all or most of their clients about sexual abuse. Similarly, Frenken and Van Stolk (1990) reported that only 50% of helpers in their study pursued with their clients their suspicions that sexual abuse had occurred. The helpers claimed that they avoided the issue for the women's "own good" and that the women "were not ready" to discuss the abuse. The women in the present study, however, wanted the counsellor to "open the door" and provide an opportunity for the abuse to be discussed. At the time, it seemed too painful to bring up the topic themselves. When the counsellor initiated the topic, however, the women believed that the abuse would be taken seriously and they were spurred on to share openly. These results suggest that a client's unwillingness to initiate the topic of sexual abuse must not be interpreted as necessarily meaning she is reluctant to discuss the abuse if asked to do so.

It is interesting to note that Approach to Anger (the counsellor's approach to the client's anger regarding the abuse) emerged as a separate subcategory from Focus on Feelings. It was clear when analyzing the data that the counsellor's approach to client anger was salient and important enough in its own right to warrant a distinct subcategory of its own. Participants viewed their anger as very difficult to express and also vital to their recovery. Counsellors who focused on their client's anger, encouraged its expression, and felt comfortable with their client's rage

were seen as validating the client and creating an opportunity in which the woman could feel empowered. This is consistent with what is written in the clinical literature regarding the benefits of helping sexually abused clients feel and express their suppressed anger (e.g., Courtois, 1988; Faria & Belohlavek, 1984).

One subcategory, Identification of Sexual Abuse, received mixed reviews from participants. Counsellors who said something like, "I think you have been sexually abused" before the client had disclosed that information were perceived as being validating only if the client had indeed been sexually abused and knew that she had. On the other hand, clients who had not yet remembered the abuse found such an assertion to be very overwhelming and frightening. Two serious counsellor errors can occur when the client has been told she was sexually abused. One, the client may not be ready to handle that information if she has repressed all memory of the abuse and therefore may respond with panic and fear. Two, the assertion may be inaccurate, and the client who was not abused may begin doubting her own memories of childhood and casting suspicion upon family or community members. It would seem that a more cautious and helpful approach would be to ask if sexual abuse had occurred rather than assume out loud that it had.

Approach to Power and Control

The counsellor's approach to power and control was the second largest category. It is interesting to note that in previous studies the counsellor's use of power and control has not been identified as a theme. However, in the present study, Approach to Power and Control emerged as a very strong category and one in which participants' responses were intense. The majority of incidents (54%) in this category were hindering ones in which the counsellor was perceived as exerting power and control over the client. Clients valued moments when their counsellors let them set their own pace in counselling, gave them choices, followed their suggestions, were flexible with the treatment agenda, consulted with them regarding the direction of therapy, treated them as equals, did not pressure them to think in a certain way, and responded to criticism with openness and self-examination. On the other hand, clients who perceived their counsellors as pushing, violating, or controlling felt intense anger, helplessness, or inadequacy. Many participants likened how their counsellors treated them with the way in which sexual offenders had treated them - abusively. It appears that in many instances a counsellor's controlling behaviour was experienced by the client as a re-creation of the abuse dynamics. This is congruent with what some authors (e.g., Brickman, 1984; Courtois, 1988; O'Hare & Taylor, 1983; Westerlund, 1983) have written in the clinical literature

regarding the importance of the counsellor being sensitive to power and control issues and not taking an authoritarian approach with survivors.

The category, Approach to Power and Control, is strongly related to what several authors have stated is the primary goal in counselling sexual abuse survivors, that of "empowerment" (e.g., Gil, 1988; Kreidler & England, 1990; O'Hare & Taylor, 1983; Siegal & Romig, 1988). The main focus in counselling is to help the survivor assume control over her life. The counsellor's task is to help the client empower herself by fostering her sense of autonomy and responsibility. To work within an empowerment model, one must challenge clients' perceptions of themselves as helpless and voiceless and assist them in recognizing that they have choices. Inviting clients to exercise choices within the counselling setting is a good place to start. In the present study, for example, survivors felt empowered when they were encouraged to make choices regarding discussion content, pacing, therapeutic exercises, and homework assignments. Empowerment may be more easily accomplished in a therapeutic relationship in which it is assumed that it is the survivor who is the ultimate expert on her own healing process. In a relationship such as this, the counsellor approaches the client as an equal and assumes the role of a facilitator more than that of an authority. The power within the relationship is shared; the hierarchy is diminished. In this atmosphere of shared power,

mutual trust, and support, the client has room to take the necessary steps towards empowering herself.

Two of the subcategories in Approach to Power and Control have emerged in other research literature. One of these is Sexual Interest. Armsworth (1989) found that 23% of her sample reported sexual involvement with helping professionals, and all perceived this practice as being harmful to them. In a 1990 study, Armsworth identified ways in which abuse survivors were negatively affected by sexual involvement with their therapists. Although none of the participants in the present study became sexually involved with their counsellors, they nonetheless experienced negative effects from counsellors' sexual behaviour and comments. Some of these effects included loss of trust with the particular counsellor and with counsellors in general, loss of trust in men, feelings of dirtiness and revulsion, and the decision to terminate counselling and not resume it with anyone else.

Another subcategory, Approach to Forgiveness, has been alluded to in the research literature. Participants in the present study found it hindering when counsellors pressured them to work towards forgiving the offender and family members. On the other hand, it was helpful to be told that forgiveness was not a prerequisite to healing, and that whether or not to forgive would be left up to them to decide. This is consistent with participants in the Drauker (1992b) study who felt unsupported when people pressured them to

forgive the abuser. However, there seems to be some controversy in the clinical community as to whether counsellors should direct their clients towards forgiveness. Some authors (e.g., Courtois, 1988; Draucker, 1992a) believe that healing can proceed without forgiveness and that clients need to make their own choices regarding whether forgiveness is important to them. Other clinicians believe that forgiveness is necessary in order for healing to occur and should therefore be a goal to work towards in counselling. There is no evidence to date that therapy focused on forgiveness is any more beneficial than therapy which does not have this focus. It seems that the participants in the present study, at least, agree that counsellors should not try to convince their clients to forgive those who wronged them.

An unexpected finding was that Consultation with Alter Personalities emerged as a subcategory. Women who had been assessed as having multiple personality disorder all agreed that it was important for the counsellor to give alter personalities the opportunity to have input in the decision-making process. Counsellors who consulted with alter personalities were perceived as being respectful of the personalities within the client's system.

Involvement in Nurturing Behaviour

The major theme in this category is consistent with what has been written in the clinical literature regarding the

importance of conveying a genuine caring for the client (Courtois, 1988). Many survivors have lived much of their lives feeling distant from others, unloved, and abused. For example, many survivors report having had poor relationships with their parents (Bagley & Ramsay, 1985; Finkelhor, 1984). A significant proportion of survivors have been battered in adult intimate relationships (Briere & Runtz, 1987; Russell, 1986), and have difficulty in trusting both men and women (Courtois, 1979). In the present study, the reactions of the women to the presence or absence of nurturing behaviour was intense. Women were profoundly grateful and emotionally moved when their counsellors conveyed genuine caring. Many were also surprised that someone would care that much for them. Specific counsellor behaviours which they found to be nurturing included attentiveness, appropriate touch, "mothering," allying with the client, and participating in an activity with the client which was beyond the regular duties of the counsellor.

The epitome of nurturing emerged in the subcategory identified as "Mothering" the Client. Women who reported incidents in this subcategory spoke of being profoundly nurtured and "mothered" in a way that did not happen with their mothers when they were children. The incidents had a strong impact in helping them to change the way they felt about themselves and how they related to other people. It would seem that this type of nurturing has the possibility of

providing a corrective emotional experience for some clients. Women in the study reported feeling loved, deserving to be loved, and more loving to others as a result of "being mothered." This concept of "mothering" is part of the process of what other authors have described as "re-parenting." Courtois (1988), for example, claims that one of the tasks of the counsellor working with a sexual abuse survivor is to be a "surrogate parent" and provide a model of how a "good" parent should be. Obviously, an essential characteristic of a good parent is the willingness to provide genuine nurturing.

Not surprisingly, Touch which was non-sexual emerged as a subcategory. Most survivors in the study welcomed touch. Some authors (e.g., Courtois, 1988; Hall & Lloyd, 1989) suggest that counsellors always request permission before touching because survivors have had a history of their physical boundaries being violated and of being touched without being asked. In the present study, however, requesting permission to touch received mixed reviews. Some women said it was very important to first be asked permission to be touched. Other women preferred not to be asked, stating that spontaneous touch was more gratifying than touch that was requested and planned. Obviously, the interpretation of touch and the preference for permission will vary across clients. It seems advisable, then, to openly discuss the issue of touch with the client early in the counselling relationship. How does she feel about touch? Might she, at times, like to be

touched by the counsellor? And if so, would she prefer that permission be asked each time? How would she interpret this kind of touch? The answers to these questions would serve to guide the counsellor regarding the use of touch with any particular client. Another dynamic which confuses the issue of touch is that of the gender of the counsellor. Hall and Lloyd (1989) claim that touch is likely to be more accepted and perceived as less threatening from female helpers. Perhaps there is less chance of touch being interpreted as sexual or violating in nature if both client and counsellor are women. In the present study, all but one of the helpful incidents concerning touch were with female counsellors. The one incident with a male counsellor, however, did seem to have a profound positive impact on the client. Perhaps male counsellors need not avoid touch, but need to be particularly careful with touch when working with female survivors.

Two subcategories revealed a pattern of hindering counsellor behaviour which typically occurred during initial assessment sessions. Insensitive Questions or Interpretations was one in which participants reported strong reactions. Counsellors in these incidents appeared to be very task-oriented in collecting information. Questions about the childhood sexual abuse were asked rapidly one after another, with little empathy, pause, or support for the client as she answered them. Clients felt emotionally abandoned, raw, and some felt violated. The other subcategory, Attentiveness, was

comprised mostly of hindering incidents in which clients felt a lack of attentiveness from their counsellors. Many of the incidents involved counsellors taking notes during the initial interviews. Again, clients felt emotionally abandoned and a lack of connection with their counsellors.

It appears that initial assessment sessions were frequently damaging to the clients involved. Insensitive questioning and note-taking suggests a task-oriented approach which neglects the vital process of building rapport. Initial sessions are critical in that they will have an impact on whether or not the client decides to commit to counselling with this particular counsellor. One must remember that women who were sexually abused were violated by people in positions of power, authority, or trust. They are now meeting a new authority figure for the first time and are discussing intimate sexual details with them. Understandably, they may be apprehensive and distrustful. The results of the study suggest that counsellors must not become so attached to the task of gathering information that they fail to attend to developing an understanding, trusting, and caring relationship with the survivor.

Education

This category was comprised of incidents in which counsellors provided their clients with information, connected themes, taught boundary-setting, taught self-nurturing

strategies, or offered a new perspective. The experience for the client was one of acquiring knowledge.

Three subcategories, Connection of Themes, Instruction in Self-Nurturing, and Instruction in Setting Boundaries, are consistent with findings in Draucker's (1992b) phenomenological study which explored incest survivors' experiences of the healing process. Women in that study reported that making the connection between their present distress and the incestuous abuse was an important element in the first phase of healing, that of deciding to "build" a new place for themselves in the world. The next phase of healing involved building a new relationship with oneself, which included developing self-care behaviours. Teaching survivors how to nurture themselves has also been discussed in the clinical literature (Courtois, 1988). Self-care strategies not only help clients deal with everyday stressful events, but they also serve to protect the client from becoming overwhelmed with pain during the more difficult phases of therapy. A subsequent phase of healing in Draucker's study was that of regulating boundaries with other people. The importance of working with survivors around setting appropriate sexual, physical, and emotional boundaries with others has been addressed frequently in the clinical literature (e.g., Courtois, 1988; Hall & Lloyd, 1989)

The other two subcategories, Information-Giving and New Perspective, receive support from the clinical literature. Briere (1989) claims that providing information regarding the

prevalence and impact of sexual abuse can help clients to be less fearful of their symptoms. Participants in the present study were grateful for information about sexual abuse. They also wanted information about the counselling process. What would be done in counselling? What was the counsellor's orientation? What might the client expect to happen as she entered into the depths of her memories and experiences? Answers to these questions helped them to feel prepared and more in control.

The subcategory, New Perspective, involved guiding the client towards a different way of looking at a situation. The incidents can be described as the counsellor offering "food for thought," primarily resulting in the client modifying her thoughts and beliefs. Many of the incidents involved the counsellor inviting the client to move away from "all or nothing" thinking and consider that negative events, people, and feelings may also have the potential to result in something positive. This subcategory is related to what other authors have written regarding the necessity of working with survivors' belief patterns (e.g., Brooks, 1987; Drauker, 1992a; Hall & Lloyd, 1989). A cognitive restructuring treatment plan focused on changing negative, self-defeating beliefs into more positive and healthy ones has been designed for sexual abuse survivors and applied with some success (Jehu, Klassen, & Gazan, 1985).

Organization of Structure of Counselling to Meet Client Needs

This category was concerned with how the counsellor was perceived in organizing time and resources for the client. To this author's knowledge, there has not been any prior research which examines sexual abuse survivors' perceptions of these issues. The majority of incidents in this category were hindering ones (62%). The two largest subcategories were Availability, and Approach to Endings. Participants complained mostly of not having enough access to their counsellors (e.g., 1/2 hour appointments, weeks between sessions), or of not been given enough closure at the end of the session before the counsellor rushed off to another appointment. Two themes weave across these subcategories. One is the sense many survivors had of the system of care letting them down. There was an intense frustration surrounding the difficulty in getting adequate help. The women were clear that their work needed to be deep and intense, and they were committed to this work. However, affordable counselling which provided long-term and intensive therapy was extremely difficult to find. Although some women met counsellors whom they liked at community agencies or employee assistant programs, often these organizations offered only a brief number of sessions or did not have the mandate to engage in counselling for childhood sexual abuse. Many women were without the financial resources to pay a counsellor in private practice and therefore believed their only

treatment choice was to see a psychiatrist. However, it seemed that psychiatrists' schedules were the most backlogged and busy. At the time of the research, some women still had not found anyone with whom to engage in long-term psychotherapy and were feeling much hopelessness and despair. A second theme is the women's suspiciousness about counsellors' motives for their work. Counsellors who did not make enough time for their clients were often viewed as "being in this job for the money." This reinforced the women's beliefs that they were merely a means to an end, were not important in and of themselves, and that society did not believe that they deserved to be helped.

Counsellor's Self-Expression

Two subcategories, Reaction to Disclosure of Sexual Abuse, and Counsellor's Display of Emotion, are consistent with other research findings. Participants in other studies (Armsworth, 1989; Drauker, 1992b; Josephson & Fong-Beyette, 1987) have identified counsellor's expression of shock, discomfort, or disgust to be very unhelpful responses. Professional helpers in the Frenken and Van Stolk (1990) study believed that their performance was impaired by their own aversion to the accounts of sexual abuse. Similarly, Ganzarain and Buchele (1986) reported that as group therapists they noted their own revulsion and disbelief towards their clients' reports of incest. An interesting finding in the

present study is that an open and honest expression of shock led to clients feeling a need to "take care" of their counsellors. It is possible, however, that shock and disgust can be hidden and then manifested in indirect ways. For example, Courtois (1988) comments that therapist horror and discomfort may lead to defensive behaviour, such as the therapist changing the subject, subtly minimizing the abuse, or encouraging the client to forget the abuse and get on with her life. Indeed, Minimization/Dismissal of Sexual Abuse was the third largest hindering subcategory in the study, perceived by the clients as being an invalidation response. Perhaps counsellors who used minimization or dismissed the client's concerns were in fact experiencing discomfort, shock, or disgust at the idea of children being sexually abused.

The other subcategory which has emerged in the research literature is Counsellor's Display of Emotion. These incidents involved counsellors expressing to their clients their own sadness or their anger towards the abuser. Josephson & Fong-Beyette (1987) report that some participants in their study identified counsellor's anger towards the abuser to be a negative reaction. Two studies comment on the counsellor's anger from the counsellor's point of view. In one study, 58% of helping professionals said that their anger towards the offender put them "out of balance" (Frenken & Van Stolk, 1990). They wondered whether or not they should express this anger to the clients. Similarly, Ganzarain &

Buchele (1986) noted their own anger towards the offender. Neither of these studies state whether or not the counsellors did share their anger and what the result was for the client. In the present study, counsellor sadness and anger received mixed reviews from clients. Some clients felt the counsellor's expression of sadness or anger was beneficial in that it helped them feel entitled to their own feelings. Other clients, however, felt they needed to "take care" of their counsellors and so they quickly withdrew and changed the subject. Perhaps the answer to this puzzle lies in knowing our clients well, knowing ourselves well, and paying close attention to appropriate timing. In deciding whether to be immediate with these feelings, some questions to guide us might be: Is the sharing of sadness or anger meant to be beneficial for the client, or is it merely the counsellor's own need to cathart? In what way might it be beneficial or detrimental to this particular client at this particular time? Is the client ready to hear that someone else has angry or sad feelings about her experience? Are the client's emotional boundaries solid enough that she will not put her own needs aside and rush in to take care of the counsellor? And finally, if the counsellor does choose to share her own feelings, it would seem advisable to explore with the client how she feels in response to hearing that her counsellor also has feelings about what she went through. Also, it would seem

wise to process any intense rage or sadness outside of therapy within a supervision context.

An interesting finding was that Self-Disclosure was much more often viewed as hindering than helpful. Self-disclosure is a basic skill taught in counsellor training programs. These findings suggest, however, that this counsellor response may be frequently misused. Perhaps counsellors respond in such a fashion because (a) they have a sincere desire to build a rapport by seeming to "connect" with the client's experience, but are not aware of the type or amount of disclosure which is appropriate, or (b) they are attempting to meet some needs of their own rather than meet the needs of their clients. In any event, participants in the study resented counsellors who went on inappropriately about their own life experiences. One question which arises in clinical settings is whether or not a counsellor should disclose his or her own sexual abuse experiences. Hall and Lloyd (1989) caution readers about inappropriately disclosing a history of sexual abuse, stating that the counsellor's disclosure can seem to overshadow and minimize the client's issues. This did occur in the present study. Some participants remarked that they believed the counsellor's own victimization experiences impeded counselling. Other clients, however, were pleased that they had counsellors who had also suffered abuse experiences, anticipating that these counsellors would have more empathy than counsellors who had not been abused. For

the most part, counsellor's disclosure of sexual abuse was only seen as detrimental if the client perceived it was an attempt to "dump" the counsellor's problems onto the client or to minimize the client's concerns.

Arrangement of Environment was a subcategory that was small in terms of numbers of incidents but significant in terms of relevance. The counsellor's office space provided the client with her first impressions of the counsellor. Two themes emerged. One was that the office was either viewed as warm and inviting or as cold. The office was therefore seen as a clue to how nurturing the counsellor might be. The other theme was that some offices were viewed as hierarchically arranged with a desk separating the counsellor from the client. This was believed to be a clue as to how the counsellor might approach power and control with the client. In this study, both nurturing and control were significant issues for sexual abuse survivors. It may be, then, that some survivors are keen to notice counselling environments and may react strongly to those which seem to highlight the personality qualities they wish to either find in a counsellor or to avoid.

Application of Therapeutic Methods

The therapeutic methods which the women reported upon were generally consistent with methods which have been discussed in the clinical literature. Other authors have

discussed the merits of artwork (e.g., Courtois, 1988; Hall & Lloyd, 1989), writing (e.g., Briere, 1989; Courtois, 1988; Mennen, 1992), body awareness (Courtois, 1988), reading materials (e.g., Briere, 1989; Courtois, 1988; Joy, 1987); experiential exercises (e.g., Briere, 1989; Draucker, 1992a; Mennen, 1992), and hypnosis (Courtois, 1988).

Participants in the present study found that counsellors' suggestions to go on medication were unhelpful to them. This is consistent with the findings in the Armstrong (1989) study in which survivors rated the overprescription of medication to be one of the six hindering counsellor behaviours. Courtois (1988) reasons that some survivors are reluctant to take medication because they fear that the drug will cause them to lose control or signify that they are crazy. Some wish to avoid drugs because they have had previous problems with chemical addiction. For others, it reminds them of having been drugged when they were sexually abused. On the other hand, some survivors are eager to take medication to relieve anxiety. However, they may eventually develop a dependency on the drugs. In the current study, participants wished to avoid medication because they wanted to deal with their feelings rather than numb them, and because they worried about re-igniting a previous dependency on drugs. This is not to say that medication never has a place in therapy for women who have been sexually abused, but that it should be reserved for those people with whom symptoms of anxiety or depression

severely interfere with therapy and seriously impair their everyday functioning. When recommending medication, it is advisable for the counsellor to clearly articulate the rationale for the medication and to discuss its benefits and side-effects.

Upon examining the incidents in Application of Therapeutic Methods, one is struck with the power of metaphor and voice. Participants revealed a need to go beyond "talking about" the abuse to somehow expressing themselves in a creative and non-verbal way - through art, movement, or visualization, for example. The act of creating seemed to bring a transformation; feelings became magnified and more clear, and there was a movement towards dealing with the sexual abusive experience in a different way. Similarly, using one's voice, for example by confronting the abuser symbolically, was intensely empowering. This makes sense in light of the dynamics of abuse in which the child is often silenced through threats, force, bribes, or other means. In therapy, the woman uses her voice in a way which was not safe for her as a child.

Several women derived great benefit from getting in touch with what they called "the inner child." Using visualization, clients pictured themselves at certain ages and gained access to the feelings, thoughts, and meanings that they had experienced as children. In some cases this entailed "reliving" the abuse and then processing the experience with

a caring and understanding adult - the counsellor. Several authors (Courtois, 1988; Draucker, 1992a; Hall & Lloyd, 1989) have suggested that inner child work is a particularly helpful technique for adults who were abused as children.

Another interesting theme was that of the body "having knowledge" or "storing feelings." In particular, participants who had sketchy memories of the abuse found that working with the body brought memories to the surface. Women reported feelings that seemed to be "locked away" in the body, and then powerfully released when certain body exercises were performed. A common theme in their stories was the sense that "the body knows." And when the body revealed its hidden knowledge, the experience was often incredibly intense.

These findings suggest that creative therapies and bodywork techniques might have particular value when working with survivors of childhood sexual abuse. As with other types of trauma, clients who have been sexually abused often have incomplete memories, suppressed emotions, and a sense of feeling helpless or "stuck." Traditional counselling which depends solely on talking may not always be powerful enough to facilitate the recovery of memories, circumvent bonds to secrecy, express feelings fully, or provide opportunities for the transformation of the abuse experience.

Themes Across Categories

Three other themes emerged which transcended across categories. One was a noticeable suspicion towards helping professionals. Thirteen of the fifty participants (26%) spontaneously remarked upon the untrustworthiness of counsellors in general (without specifying any particular type of counsellor). Criticisms included beliefs that "counsellors are just in it for the money," that they are incompetent to work with survivors, and most of all, that they cannot be trusted. For some of the women, the hindering incidents which occurred in counselling gave birth to these beliefs; for other women the hindering incidents served to confirm their already-formed negative views of counsellors.

A second theme was a noticeable dissatisfaction with psychiatrists. Nine of the fifty women (18%) spontaneously commented upon the negative attributes of psychiatrists in particular. Typical complaints were that psychiatrists were too focused on a medical model and did not promote a "working through" of abuse issues, that they were "into power-tripping," that they were only interested in the money they gleaned from seeing clients and not interested in the clients themselves, and that they did not understand sexual abuse survivors and were incompetent to work with this clientele. Table 6 (see Results section) reveals that over two-thirds of incidents involving psychiatrists were identified as hindering ones.

A third theme was that some women seemed to attribute the hindering behaviours of counsellors, at least in part, to the fact that they were male counsellors. Ten of the fifty women (20%) spontaneously made reference to the negative attributes "of men." These perceived attributes, for the most part, were that male counsellors seemed domineering, aloof, insensitive, or sexually inappropriate. For example, a male counsellor who seemed insensitive and uncaring was "just like a man." One participant, in talking about her counsellor, said that "his male ego was on a pedestal." A counsellor who caressed his client was "just like any other man, an animal!" In addition, these participants revealed that the hindering incidents with their male counsellors made them distrust men in general. It is also interesting to note that participants in the study reported more hindering than helpful incidents with male counsellors, 53% and 47% respectively. This is in contrast to female counsellors who were involved in more than twice as many helpful as hindering incidents (67% and 33% respectively).

Implications of the Research Findings

This section will discuss implications of the results of the study for counsellors, counselling training programs, and research.

Counsellors

The results of the study suggest that a major focus in counselling women survivors of childhood sexual abuse needs to be that of providing a therapeutic climate which promotes the client's experience of empowerment. Empowerment was a dominant and consistent theme, particularly in the categories of Approach to Power and Control, Education, and Validation. The counsellor who approaches the client as an "equal" in the therapeutic relationship makes room for her to feel big instead of small, important instead of insignificant. Encouraging the client to take charge of her counselling process prompts her to make decisions, assert what she needs, own responsibility for her healing, and experience the authority that she has over herself. Educating the survivor, for example regarding boundaries and self-nurturing, provides her with some effective tools to use in her life outside of the therapy session. Validating the survivor encourages her to believe and trust her own experience, feelings, and inner resources. The counsellor who has empowerment as a focus will demonstrate this through his or her attitudes, words, and may also reveal this focus in the therapeutic methods which are chosen. In the present study, for example, methods which relied on the client actively using her own resources, such as visualizing or using her voice in a symbolic confrontation, often led to feeling "stronger" and "empowered."

It is also interesting to note that some women felt empowered by participating in the research itself. Most participants said that they wanted to participate in the study in order to help other survivors. They wanted to feel that they were doing something for the cause. Indeed, in Drauker's (1992b) phenomenological study of healing from incest, women reported that one of the stages of healing was that of "influencing one's community." This included reaching out to other survivors and becoming involved in activities which helped to prevent abuse and which were of assistance to people who had been abused. Interestingly, most of the participants in the present study identified themselves as in the middle or end stage of healing at the time of the research interview; only 10% of participants reported being in the early stage of healing from the sexual abuse. Possibly the willingness to "influence one's community" (e.g., through a research project or through some other means), is more likely to evolve after the woman has made some progress in the healing journey and is feeling stronger within herself. Supporting a client in her attempts to influence her community might be yet another way of guiding her towards an experience of empowerment.

The results of the study have inspired me to outline some general recommendations to follow when counselling women survivors of childhood sexual abuse. These recommendations are:

1. Focus on helping the survivor empower herself. This entails attending to the dynamics within the therapeutic relationship as well as to the relationships she has with other people and with herself. Foster in her a sense of autonomy, self-efficacy, and personal responsibility.

2. Diminish the hierarchy which is inherent in the counselling relationship as much as possible. Approach the client as an "equal" and as someone to "consult with," not as someone to tell what to do. An equal relationship can be demonstrated through one's words, behaviours, and also through the arrangement of the office setting, for example, by not talking to a client from behind a desk.

3. Let the client be in charge of her healing process. Let her set the pace, have input into method used, and ask her to make decisions regarding such things as content and homework. Do not push, manipulate, or cajole.

4. Be sensitive to issues of control. Be aware that autocratic behaviour may be perceived as controlling and may be experienced as a re-enactment of the abuse of power. Check out with the client frequently as to how she is interpreting your behaviour.

5. Be sensitive to boundary issues. For example, ask for permission to talk about the sexual abuse, or to touch. At the same time, encourage the client to set boundaries with you and with others.

6. Be sensitive to abandonment issues. For example, ending a session while she is still feeling emotionally raw, going on vacation, or terminating counselling may be experienced as an re-enactment of the abandonment she felt as a child.

7. Find ways to convey nurturing. This could include saying "I care about you," going overtime in the session when needed, being available for emergencies, accompanying her to court, or touching her (with her permission) in a nurturing way.

8. When possible, go beyond "talking about" the abuse to a more emotional expression of her experience. Nonverbal and/or creative methods such as art, bodywork, journalling, visualization, roleplay, and symbolic confrontation may be helpful.

9. Be sensitive to gender issues. Be aware of the biases you have about women, how you relate to women, and how you relate to women clients in particular. Also be alert to your client's gender issues.

10. Be aware of one's own problematic life issues and attitudes when counselling survivors. Explore how these may affect what is said or done in counselling and the nature of the counselling relationship.

11. Obtain supervision when working with survivors. This might involve supervision with peers or with a designated supervisor. The benefits of supervision will likely include

emotional support, practical suggestions, and an unveiling of any attitudes you may have which are damaging to the counselling relationship and of which you are unaware.

Counsellor-Training Programs

Counsellors are likely to encounter clients who were sexually abused as children regardless of the area of counselling in which they specialize. Counsellor-training programs, however, seem to have been slow in providing adequate training for abuse issues. In a recent study, Pope and Feldman-Summers (1992) found that psychologists in the United States rated their graduate programs poorly in terms of addressing childhood sexual abuse issues. On a scale of 1 to 5 with 1 indicating a program was of "very poor" quality (little or no attention devoted to the topic) and 5 indicating "excellent" quality, the average rating was 1.66 from male psychologists and 1.68 from female psychologists. There is no reason to believe that Canadian graduate programs would fare any better.

One of the ways in which training programs might address childhood sexual victimization issues is to provide courses which specifically discuss (a) risk-factors, dynamics, and effects of childhood sexual abuse; (b) treatment for child victims; and (c) treatment for adult survivors. A discussion of treatment issues should include the discussion of specific responses which are likely to be either helpful or hindering

to the client. In addition, there must be opportunity for students to safely explore and clarify their own beliefs and attitudes regarding sexual abuse and the counselling of survivors. The examination of gender issues in counselling would be an integral part of this discussion. Roleplay situations with "mock" clients might be videotaped and critiqued by study groups to provide peer feedback to the student regarding attitudes which he or she seems to display towards the client. Students could also practice and review roleplay situations which represent critical points in sexual abuse counselling, such as responding to the first disclosure of abuse, responding to criticism from the client, working with the client's intense emotions, dealing with the client's anger, and responding to hearing an account of abuse which sounds very unusual and bizarre.

In addition, students should be encouraged to examine their own histories. Pope and Feldman-Summers (1992) found that approximately 21% of their sample of female psychologists and 6% of male psychologists had been victims of incest, and about 16% of the women and 10% of the men had been sexually abused as children by persons outside of the family (not including abuse by physicians, teachers, and therapists). In the present study, some survivors believed that the counsellor's own abuse issues had become an obstacle in providing effective counselling. Other clients indicated that the counsellor's abuse history helped to quickly build

rapport. Graduate programs could provide opportunities for counsellors-in-training to explore ways in which their own abuse experiences might help or hinder their work with survivors.

Research

The present study examined sexual abuse survivors' perceptions of helpful and hindering counsellor behaviours. Another focus would be to explore the concerns of counsellors, themselves, regarding their competence and behaviour with sexually abused clients. What personal and professional concerns do counsellors experience when working with survivors? How are these issues manifested in the counselling relationship? Are there any differences between the concerns of counsellors who have themselves been sexually abused and those who have not? Such a study might also investigate whether these concerns differ with counsellor gender or with the gender of the client.

One finding which emerged in the present study was that survivors frequently did not voice their dissatisfaction when something hindering had occurred in the session. It is possible that a client might perceive the counsellor's behaviour as hindering, while the counsellor feels either positive or neutral about the counselling response. Future research might examine particular sessions and compare both the counsellor's and the abuse survivor's perceptions of

helpful or hindering counsellor behaviours. Also, male survivors' perceptions of helpful and hindering counsellor behaviour might be explored.

In the present study, a frequently cited helpful experience was one in which the client felt "empowered." Future research might examine the phenomenological experience of "empowerment" in sexual abuse survivors in an effort to provide an in-depth and comprehensive description of what this experience entails. This could lead to further recommendations of how to facilitate this experience in counselling.

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Appendix A

Consent Form

Thank you for agreeing to participate in this research study. This study is being conducted as a part of the researcher's doctoral program at the University of Victoria. The purpose of the study is to gather information from women survivors of child sexual abuse as to what they found helpful or hindering in counselling. As a participant in the study, you will be asked to discuss in an interview some of your experiences in counselling and to answer a brief questionnaire.

Participation in the study is voluntary. You may withdraw from the study at any time. In appreciation of your involvement, you will receive a \$15 gift certificate which can be used to purchase a book at a local bookstore. You will also receive a summary of the research findings after the study has been completed.

Names of participants will be kept strictly confidential. Only the researcher will have access to the names of the people participating in the study. Confidentiality can be assured except for the following circumstances:

1. The researcher must report any case in which she has reason to suspect that a child is currently at risk of being sexually or physically abused or neglected. The report is made to the Ministry of Social Services.

2. The researcher must report any case in which the participant is in danger of harming herself or others.

The researcher's role will be to acquire information regarding participants' experiences in counselling. The researcher will not be providing counselling to the participants. Participants who wish to pursue counselling will be given a list of agencies and private practitioners who provide counselling services.

Interviews will be tape-recorded in order that the material can later be analyzed by the researcher. You may turn off the tape recorder at any time you wish. Tape-recordings will be destroyed when the research is complete. The results of the study will be written in the form of a dissertation and will possibly be published at a future date.

I, (please print) _____,
agree to participate in the research study conducted by
Corinne Koehn. I understand that my participation is
voluntary and that I may withdraw from the study at any time.
I agree to the tape-recording of interviews. I understand the
nature and limits of confidentiality as described above.

Participant's Signature

Witness' Signature

Date

Appendix B

Semi-Structured Interview Guide

1. Think of a time when you were in a counselling session and you were discussing the sexual abuse, and the counsellor did or said something which you found to be especially helpful to you.

2. Try and visualize that particular memory in your mind. See you and the counsellor interacting together. Tell me in as much detail as you can as to what happened.

3. What had happened in the counselling session to lead up to that incident? What had you said or done immediately before the counsellor said or did whatever it was that you found helpful?

4. What exactly did the counsellor say or do that you found to be helpful?

5. How was ___ helpful to you?

6. When the counsellor said/did ___:

a. How did you feel?

b. Do you remember any specific thoughts that you had? What were they?

c. What do you remember then doing in reaction to what the counsellor said/did?

d. Do you think this incident affected your attitudes or beliefs at all? How?

7. Is there anything else you would like to add?

8. (Repeat questions for additional helpful incidents).

9. Think of a time when you were in a counselling session and you were discussing the sexual abuse, and the counsellor did or said something which you found to be especially hindering to you.

10. (Repeat questions with additional hindering incidents).

Appendix C

Critical Incident Data Sheet

CODE: _____
 HELPFUL: _____ HINDERING: _____
 INCIDENT NO. _____
 TAPE NO. _____

1. What year did this counselling session occur? _____
2. How old were you when this session occurred? _____
3. In which province did this counselling session occur? _____
4. Was the counsellor male or female? _____
5. Type of counsellor:
 - a) volunteer worker in a counselling role
 - b) counsellor in private practice
 - c) counsellor with a community agency
 - d) counsellor at a government agency (e.g., mental health, alcohol & drug clinic, etc.)
 - e) counsellor at a college or university
 - f) psychiatrist
 - g) psychologist
 - h) other (please specify): _____
6. Would you say that you were you at the ___ beginning, ___ middle, or ___ end of counselling with this particular counsellor when the situation occurred?
7. How many counselling sessions did you have with this particular counsellor before this session occurred? _____
8. How many counselling sessions did you have in all with this particular counsellor? _____
9. Generally, what were you seeking counselling for?

10. I want to ask you a question about your healing from sexual abuse. When I think of healing, I think of a person coming to a place in her life where the abuse is no longer affecting her in a heavy, negative way. So a person would no longer be preoccupied with thoughts about the abuse. She may still have some feelings about what happened but these feelings would no longer be seriously getting in the way of her enjoying life now, and she would be engaging in behaviour that was healthful rather than destructive behaviour that was brought on by the abuse. So when you think of healing in that context, would you say that you were more at the ___ beginning,

___middle, or ___end of your healing from the abuse when this incident in counselling occurred?

11. And do you think you are more at the ___beginning, ____, middle, or ___end of your healing now?

Appendix D

Demographic Information

CODE: _____

Please complete the following:

1. Current age: _____
 2. Highest educational level completed:
 - a) grade school
 - b) grade 12
 - c) some college or university
 - d) college diploma
 - e) university undergraduate degree
 - f) university graduate degree
 - g) other (please specify): _____
 3. Marital status:
 - a) married
 - b) separated
 - c) divorced
 - d) living as married
 - e) never married
 - f) widowed
 4. Are you or have you ever been a parent? ___yes ___no
 5. What is your ethnic origin (eg. Caucasian, Asian, Aboriginal, etc.)? _____
 6. Current employment status:
 - a) employed full-time
 - b) employed part-time
 - c) employed seasonally
 - d) unemployed
 - e) permanently out of labour force due to illness/disability
 - f) out of labour force due to decision to be a homemaker
 - g) student
 - h) other (please specify): _____
 7. Type of occupation: (please specify, e.g., teacher, salesclerk, manager, carpenter, artist, computer programmer, secretary, etc.)
-

VITA

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Given Names: Corinne

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Koehn, C. V. (1986). Meaninglessness, death, and
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and overt modelling on the communication of empathy.
Canadian Journal of Counselling, 23, 372-381.

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Title of Dissertation:

Sexual Abuse Survivors' Perceptions of Helpful and Hindering
Counsellor Behaviours

Author

Corinne Koehn
March 13, 1995