

A Study of Incest Survivors' Experiences in  
Recovering Memories of Childhood Sexual Abuse

by

Jenna M. Smith  
B.A., St. Francis Xavier University, 1985

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

MASTERS OF ARTS

in the Department of  
Psychological Foundations in Education

ACCEPTED  
CULTY OF GRADUATE STUDIES



1990-06-14 DEAN

We accept this thesis as conforming  
to the required standard



Dr. R. V. Peavy, Supervisor (Department of Psychological Foundations in Education)



Dr. R.A. Carr, Departmental Member (Department of Psychological Foundations in



Professor Barbara Whittington, M.S.W., Outside Member (School of Social Work)



Dr. Marcia Hills, External Examiner (School of Nursing)

© JENNA MAUREEN SMITH, 1990

University of Victoria

All rights reserved. Thesis may not be reproduced in whole or in part, by  
mimeograph or other means, without the permission of the author.

Supervisor: Dr. R. V. Peavy

### ABSTRACT

This study investigated, from a phenomenological perspective, the experience of recovering memories of childhood sexual abuse. As the review of literature indicates, the experience of remembering childhood sexual abuse in adulthood is a highly traumatic but essential process of healing from abuse. Of equal importance is the counsellor's ability to respond effectively to the client either about to enter, or already in, the process of recovering repressed memories. In spite of this, research examining the experience of remembering memories of childhood sexual abuse has been very limited. This study sought to educate counsellors about incest survivor's experiences of remembering their abuse. No other studies have explored this experience of remembering from a phenomenological perspective.

Previous researchers have suggested that adult survivors suffer from a Post-traumatic Stress Disorder, a result of wishing to avoid the trauma of the past. When this phase breaks down adult survivors may experience flashbacks or nightmares that are often an exact replica of the event. Casual observation of incest support groups suggests that there may be stages which adult survivors go through in processing their memories. Anecdotal interviews with women who were sexually abused as children also suggest that this process of remembering is both complex and traumatic.

The experimental methods used in these previous studies may have precluded the examination of how incest survivors experience this process. Similarly, casual observation and anecdotal interviews, while offering a greater potential for experiential content, lack the necessary structure for obtaining specific information about the subjective experience of remembering. The present study adopted a phenomenological approach in order to explore and describe the meaning and significance of the experience of remembering childhood sexual abuse from the perspective of the adult survivors themselves.

Survivors' experiences of remembering were assumed, for the purposes of this study, to include the following aspects: what triggered the memories, form(s) of memory recall, subjective experience of memory recall, and reactions/effects of remembering childhood sexual abuse. Six women who identified themselves as incest survivors were interviewed. The interviews were transcribed and analyzed in relation to the four areas under study, for each participant individually and the group as a whole.

The results indicated that the process of recovering memories was a gradual one, often occurring over a number of years. Participants identified individual life circumstances, dreams, and kinesthetic sensations as the most common memory triggers. Visual flashbacks, kinesthetic sensations, verbal, audio and feeling/knowing memories were experienced with feelings of terror, anxiety, shock, a fear of "going crazy" and being out of control. Recovering memories of childhood abuse had profound effects on the women in this study. Major issues they dealt with included denial, effects on their present and biological families, sexual issues, concerns with their daughters being abused, and feeling consumed with their memories. They attributed both positive and negative effects to their experience of recovering memories.

In the concluding chapter of this study relationships among the present findings and those of previous researchers were discussed, applications of the present findings to training of counsellors were offered, and recommendations for future research were suggested.

Examiners:



-----  
Dr. R.V. Peavy, Supervisor (Department of Psychological Foundations in Education)



-----  
Dr. R.A. Carr, Departmental Member (Department of Psychological Foundations in Education)



-----  
Professor Barbara Whittington, M.S.W., Outside Member (School of Social Work)



-----  
Dr. Marcia Hills, External Examiner (School of Nursing)

## TABLE OF CONTENTS

Abstract.....	ii
Table of Contents .....	v
List of Figures .....	vii
Acknowledgements .....	viii
Dedication .....	ix
Chapter 1 .....	1
Introduction .....	1
Impetus for the Study .....	1
Statement of the Problem .....	2
Purpose of the Study .....	3
Contributions of the Study .....	5
Chapter 2 .....	6
Related Research and Theory .....	6
Scope .....	6
The Effects of Childhood Sexual Abuse .....	6
Research on Experience of Remembering Childhood Sexual Abuse .....	7
Implications for Present Study.....	13
Chapter 3 .....	15
Method .....	15
Theoretical Assumptions of a Phenomenological Approach .....	15
Procedure.....	17

Participant Selection.....	17
Questions, Personal Involvement, and Assumptions.....	19
Analysis of the Data.....	22
Chapter 4 .....	24
Research Findings .....	24
Explication of the Data .....	24
Rebecca .....	24
Sarah .....	34
Nancy .....	47
Jody .....	56
Joann .....	68
Donna .....	76
The General Structure of Experiences in Recovering Memories of Childhood Sexual Abuse .....	92
Chapter 5 .....	106
Discussions and Implications .....	106
Findings Related to Assumptions and Expectations .....	106
Relationship of Results to Previous Research .....	107
Significance and Implications of Results for Counsellors.....	113
Implications for Research .....	114
References.....	117
Appendix .....	119

## LIST OF FIGURES

No. 1: Figure 1:Map of General Structure of Experience in Remembering Childhood Sexual Abuse for Rebecca .....	33
No. 2: Figure 2:Map of General Structure of Experience in Remembering Childhood Sexual Abuse for Sarah .....	46
No. 3: Figure 3:Map of General Structure of Experience in Remembering Childhood Sexual Abuse for Nancy .....	55
No. 4: Figure 4:Map of General Structure of Experience in Remembering Childhood Sexual Abuse for Jody .....	67
No. 5: Figure 5: Map of General Structure of Experience in Remembering Childhood Sexual Abuse for Joann .....	75
No. 6: Figure 6: Map of General Structure of Experience in Remembering Childhood Sexual Abuse for Donna .....	91
No. 7: Figure 7: Map of General Structure of Incest Survivors' Experiences in Remembering Childhood Sexual Abuse .....	101
No. 8: Figure 8:Specific Memory Triggers for Participants Recalling Childhood Sexual Abuse .....	102
No. 9: Figure 9:Form of Memory Recall for Participants Recalling Childhood Sexual Abuse .....	103
No. 10:Figure 10: Participant's Experiences During Memory Recall of Childhood Sexual Abuse .....	104
No. 11: Figure 11: Participant's Reactions/Effects of Recalling Childhood Sexual Abuse .....	105

## ACKNOWLEDGMENTS

I wish to give my sincere thanks to Dr. Vance Peavy for his guidance and sense of humor; Dr. Rey Carr and Barb Whittington for their constructive feedback and support; Allan McCray for his patience, hard work and special "Macfriend"; Luanne McCray for her encouragement and creative support; Dawn Schell for her indispensable editorial skills, my family for their financial support; Denise Hamersley, Shirley Burkett and Rowena Hunnisett for being there; Erin Burley for her playfulness; Marian Pelletier for our holiday; Munchkin and Spike for their furry support and the occasional stroll across the computer keyboard; Meredith Knox for her acceptance, passionate support and belief in me; and the six women who graciously shared their stories.

**DEDICATION**

**To the women and men who are breaking silence  
and the cycle of abuse**

## CHAPTER 1

### INTRODUCTION

#### Impetus for the Study

The impetus for the proposed study arose from the researcher's experience while working with women who were in the process of dealing with childhood sexual abuse at a Women's Sexual Assault Center. As a counsellor I frequently felt overwhelmed, frightened, and helpless as I tried to help them work through the shock and emotional pain of remembering their abuse. As they struggled to incorporate these new memories into their lives, many were disbelieved, blamed, and ostracized by their family, friends, and helping professionals. These reactions only served to intensify the pain of their experience.

When I tried to find out more about helping them through their experiences I uncovered research literature on etiology and long-term effects but nothing about what the experience of remembering was like. I wanted to feel able to at least assure the women that what they were experiencing was normal and that they weren't going crazy, as they believed. This research raised some important questions. How are counsellors to help someone work through the experience of recovering memories without some knowledge of what this experience is like? What techniques are effective in helping someone recover memories and work through them? What are the issues that clients deal with as they try to incorporate this new information into their lives and into the lives of those with whom they are in relationship?

### Statement of the Problem

Within the last ten years many areas of sexual abuse, such as treatment, etiology and long term effects, have been investigated. Greater social awareness of sexual abuse has led to an increase in the number of clients entering therapy who are attempting to put the trauma of childhood sexual abuse into perspective. Although most survivors have few memories of the actual incest (Johnson, 1987), the experience of remembering the abuse is a profoundly important part of the healing process. (Bass and Davis, 1988) How they experience this period of remembering is important both for the survivors themselves and for those who counsel them.

An extensive search of the literature yielded no indication that the issue of how sexually abused clients experience remembering their abuse was being addressed in any systematic way. There are a number of possible reasons for the lack of literature addressing adult survivors' experiences of remembering sexual abuse. Firstly, awareness of sexual abuse as a serious problem within mainstream counsellor education programs is a fairly recent phenomenon. The focus until now has been on researching the etiology, long-term effects, and, since 1985, recognizing and treating the symptoms within the context of a Post-traumatic Stress Disorder (PTSD).

Lack of awareness of this aspect of the healing process inhibits the ability of counsellors and other helping professionals to facilitate the survivor's recall of the abuse and subsequent recovery. Counsellors lacking an understanding of the process of remembering childhood sexual abuse are ill-equipped to counsel clients with this issue. The purpose of this study is to gain a clearer understanding of the experience of remembering childhood sexual abuse. More specifically, this study will provide counsellors with a framework from which to draw upon when supporting survivors.

Another possible reason for the gap in the literature stems from the limitations of experimental methods in counselling research. These methods often are concerned with isolating and manipulating the quantifiable aspects of counselling rather than understanding the perceptions and meaning of experience. To isolate, manipulate, and simulate the process of remembering sexual abuse in an experimental manner seems highly questionable, if not impossible.

The nature and requirements of an effective counselling relationship may also contribute to methodological problems in the study of the experience of recovering memories of childhood sexual abuse. This interaction is often unpredictable and complex in that it is difficult to isolate variables as being independent of one another.

To address these deficiencies a methodology is needed which allows for a richness and depth of information and detail, and more flexibility in the response given by the participant. Researchers must be aware of both verbal and nonverbal behaviors in this dialogical interaction. Rather than assuming the role of expert, the researcher must listen carefully to understand the meaning participants place upon their experience. Rather than predicting, controlling and showing quantitative relationships, a method is required which acknowledges, describes, and explores the significance of phenomena (Samson, 1984). As the goal of this research is to ensure that the results of this study reflect the participants' experience, the phenomenological method clearly seems most suitable.

#### Purpose of the Study

The purpose of this study was to examine, from a phenomenological perspective, adult incest survivors' experiences of recovering memories of childhood sexual abuse. It focuses on the meaning of this experience in their process of healing and the issues that were raised as a result of remembering the abuse. To focus on the content of their memory recall without the meaning of this experience in their lives, would be to take the experience

out of its context. The phenomenological perspective, which requires that the researcher understand the event of remembering in relation to the meaning she places upon it in her life, provides a clearer understanding of each participant's experience and the impact this event had on her life.

It was assumed that the experience of remembering childhood sexual abuse would include the following aspects: 1) what triggered the memory recall, 2) the sensory form of the memory (visual, auditory, kinesthetic), 3) a subjective (inner) experience that includes feelings, thoughts, impulses, and 4) overt or external responses.

The research questions parallel these aspects and were generated by the focus of the study, through personal observation, and from informal discussions with counsellors. These questions were answered based on in-depth interviews with female adults who were sexually abused as children and had recovered memories of abuse within the last two years. The actual interview questions, based on the research questions, appear in the index. They are as follows:

1. Were there any specific events occurring in her life at the time of her initial memory recall, and if so, what were they?
2. What form did the memories take and what were their subjective experiences of these memories?
3. Where, how, and from whom did she seek support, if at all, and what was her experience with that support?
4. What were her experiences with her family and friends in relation to her memory recall? From her perspective, were her interpersonal relationships affected, and if so, how?
5. What meaning does the label "incest survivor" have for her?

6. Has the experience of remembering the sexual abuse affected her feelings toward herself, and if so, how?

#### Significance of Study

An extensive review of the literature yielded no indication that the issue of how sexually abused clients experience recovering memories of their abuse was being addressed in any systematic way. Lack of awareness of this aspect of the healing process inhibits the ability of counsellors and other helping professionals to facilitate the survivor's recall of the abuse and subsequent recovery. Counsellors lacking an understanding of the process of remembering childhood sexual abuse are ill-equipped to counsel clients with this issue. The purpose of this study is to gain a clearer understanding of the experience of recovering memories of childhood sexual abuse. More specifically, this study provides counsellors with a framework from which to draw upon when supporting survivors.

#### Contributions of the Study

The present study will contribute to the growing foundation of knowledge of the profound impact of childhood sexual abuse. It will sensitize counsellors and counsellor educators to the issues related to working with clients who have been sexually abused, particularly those who are in the process of remembering their abuse. It will hopefully influence counsellors to educate themselves in ways in which they can respond effectively to clients in this process.

This study may influence practicing counsellors and counsellor trainees to examine their attitudes and beliefs about the impact of childhood sexual abuse and alert them to recognizing the indicators of someone entering and working through this painful process. It may lead counsellors to give thought to the manner in which they react to clients experiencing visual, kinesthetic, or auditory sensations.

As this study has not adopted the traditional experimental manner of conducting research, it may be viewed to be limited in its application to adult survivors due to the small number of participants. The phenomenological method, however, provides a framework from which certain truths emerge even within the natural variation of its individual participants. This framework is not unlike the framework within which counsellors and researchers come to understand the experience of their clients or participants. Thus, this study will illuminate certain truths through the diversities and commonalities of the experience of remembering sexual abuse, and may suggest to researchers of counselling the value of attaining these truths from the phenomenological perspective.

## CHAPTER 2

### RELATED RESEARCH AND THEORY

#### Scope

The review of the literature that follows will place the present study within the context of previous counselling theory and research in the following ways. Firstly, it will do so by summarizing recent studies of the impact of childhood sexual abuse, highlighting long-term effects on adults. Secondly, it will review recent studies that have examined the experience of remembering sexual abuse.

#### The Effects of Childhood Sexual Abuse

Research into the effects of childhood sexual abuse is still in its infancy. However, it is now being recognized as a serious problem of childhood, not only for the immediate pain and confusion, but for the severe trauma that ensues far past childhood. A great many emotional and behavioral problems have been related to a history of sexual abuse. These include anxiety, recurring nightmares and/or intrusive daytime imagery, insomnia, depression, anger, guilt, mistrust, substance abuse, feelings of worthlessness, suicide or suicide attempts, isolation, emotional numbing, withdrawal from sexual and intimate relationships, negative self-image, low self-esteem, feeling different, and a victim lifestyle (Ellenson, 1985; Lange, 1987; Herman, Russell, and Trocki, 1986; Briere, 1984; Browne and Finklehor, 1984; and Butler, 1978).

The child involved in the trauma of incest feels overwhelmed, terrified, and anxious (Courtois, 1988). The fact that the perpetrator is usually a trusted adult makes children ambivalent and confused about their own feelings, and they begin to doubt their own

reality. Children use guilt, self-destructive behavior, self-disgust, anger and withdrawal to cope with the incest experience (Blake-White and Kline, 1985).

The family that supports the incest is rampant with double messages, disorganized, and isolated from the rest of society. The child in this pathological system is required to behave in a way that does not disrupt the family for fear of physical or verbal abuse or family disintegration (Lindberg and Dustad, 1985).

This literature review has so far illustrated that much has been studied about the devastating effects of sexual abuse, which continue long into adulthood. The present study, however, is not so concerned with these effects as it is with how incest survivors experience the process of remembering. The focus of this review will now turn to examining research on remembering.

#### Research on the Experience of Remembering Childhood Sexual Abuse

Much of the research has been focused on incest survivors who have sought support from the helping profession. The reasons why adult incest survivors often seek out therapy many years after the abuse puzzles researchers. Initially, this was attributed to guilt and shame. However, it has been realized that the reasons were more complex (Blake-White and Kline, 1985), which feelings of guilt and shame alone could not explain.

Some researchers are beginning to suggest that adult survivors of incest suffer from Post-traumatic Stress Disorder (PTSD) and assert that therapists need to recognize and treat the symptoms within the context of the total syndrome of the incest survivor. (Blake-White and Kline, 1985; Lindberg and Dustad, 1985) PTSD has been added to the Diagnostic and Statistical Manual of Mental Disorders (DSM III-R) to describe the increasing number of veterans identified as displaying a specific pattern of symptoms after the Vietnam War. Post-traumatic Stress Disorder (PTSD) is defined by the Diagnostic and Statistical Manual (DSM III-R, 1987) as:

A. The person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, e.g., serious threat or harm to one's life or physical integrity; serious threat or harm to one's children, spouse, or other close relatives and friends; sudden destruction of one's home or community; or seeing another person who has recently been, or is being, seriously injured or killed as the result of an accident or physical violence.

B. The traumatic event is persistently reexperienced in at least one of the following ways:

- (1) recurrent and intrusive distressing recollections of the event (in young children, repetitive play in which themes or aspects of the trauma are expressed)
- (2) recurring distressing dreams of the event
- (3) sudden acting or feeling as if the traumatic event is recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative (feedback) episodes, even those that occur upon waking or when intoxicated)
- (4) intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event, including anniversaries of the trauma.

C. Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness (not present before the trauma) as indicated by at least three of the following:

- (1) efforts to avoid thoughts or feelings associated with the trauma
- (2) efforts to avoid activities or situations that arouse recollections of the trauma
- (3) inability to recall important aspects of the trauma (psychogenic amnesia)

- (4) markedly diminished interest in significant activities (in young children, loss of recently acquired developmental skills such as toilet training or language skills)
- (5) feeling of detachment or estrangement from others
- (6) restricted range of affect, e.g., unable to have loving feelings
- (7) sense of a foreshortened future, e.g., does not expect to have a career, marriage, or children, or a long life

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by at least two of the following:

- (1) difficulty falling or staying asleep
- (2) irritability or outbursts of anger
- (3) difficulty concentrating
- (4) hypervigilance
- (5) exaggerated startle response
- (6) physiologic reactivity upon exposure to events that symbolize or resemble an aspect of the traumatic event (e.g., a woman who was raped in an elevator breaks out in a sweat when entering an elevator)

E. Duration of the disturbance (symptoms in B,C, and D) of at least one month.

In drawing parallels among Vietnam veterans and incest survivors Blake-White and Kline (1985) suggest that "the soldier became a killer while the incest victim became a complier, in order to survive". (p.396) However, they point out that the Vietnam veteran has a distinct advantage over the incest survivor because, unlike the child who was sexually abused, most vets had experienced some sense of control over their environment;

The child incest victim, however, had no concept of control being possible; she had never known that things could be better. Her personality had barely begun to

form and she had no life experience from which to draw. As the incest continued, the stress became more intense, and in some cases, the only method of coping was to dissociate the painful events from reality. (Blake-White and Kline, 1985)

Children needed to find ways to cope with the confusion of experiencing the trauma of incest while also denying its existence. The most prevalent method used by children to keep the trauma out of their consciousness was by dissociating themselves from the act when it occurred. (Ewalt and Crawford, 1981; Blake-White and Kline, 1984, 1985)

Although the incest has been buried and supposedly forgotten, a delayed disorder is frequently seen. A study done by Lindberg and Distad (1985) in a clinical population of women who had experienced childhood or adolescent incest showed that 6 of 17 had dissociative reactions, such as amnesic episodes or numbing of body parts. Experiences of self as estranged from one's own past appear to be common among incest survivors. These symptoms are usually accompanied by an unusual amount of memory loss. (Ellenson, 1985; and Lange, 1987) Just as others who have had traumatic experiences in childhood want to avoid the anxiety of remembering, so does the adult incest survivor wish to forget the trauma and push it into the past. Total denial, abuse of alcohol, and excessive use of prescription drugs are some behaviors associated with "forgetting". (Blake-White and Kline, 1985)

This denial-numbing phase, also called the latency period, can last days or decades, then is followed by an intrusive-repetitive phase, in which symptoms such as nightmares occur. (Lindberg and Distad, 1985) The adult survivor may suddenly have vivid recollections, including the complete emotional context plus visual and tactile memories of the actual incest. (Lange, 1987; Blake-White and Kline, 1985) Van der Kolk et al (1984) reported that one of the remarkable facts about traumatic memories is that when they erupt

in flashbacks or nightmares they are often an exact replica of the event in sight, sound, feel or smell.

Lindberg and Distad (1985) suggest that remembering painful events is a difficult task because women continue to use repression and denial for emotional survival in everyday life. When denial begins to break down confusion and numbness occur. They state that the manner in which this is resolved varies for each incest survivor. Herman and Schatzow (1987) found that short-term therapy groups for incest survivors proved to be powerful stimuli for recovery of previously repressed traumatic memories. Blake-White and Kline (1985) have observed in their incest survivor groups that women seem to go through a number of stages in working through their experiences:

- 1) awareness of a problem
- 2) decision to seek help
- 3) anxiety and reevaluation of group participation
- 4) decision to continue
- 5) dealing with the memories
- 6) coming through the first memories
- 7) breaking down further blocks
- 8) integrating the memories with present adult behavior and
- 9) resolution.

Bass and Davis interviewed 75 female incest survivors for their self-help book, Courage to Heal (1988). The women were asked to describe their experiences as incest survivors, some of which centered on their experiences in remembering childhood sexual abuse.

They found that recovering "occluded" memories (those blocked from the surface) is not like remembering with the conscious mind. Memories can be vague and come in bits

and pieces or can be vivid, such as flashbacks. Women recovered memories from regressions or when triggered by particular touches, smells or sounds. Sometimes women recovered body memories without any visual pictures of the abuse. Memories came up under a variety of circumstances; ending or beginning a relationship, when sexually assaulted, talking with a friend, during nightmares, watching media coverage of sexual abuse, while making love, after breaking an addiction, becoming a mother, after a significant death, etc.

Most survivors did not feel that they had any control over their memories. Although they might be able to fight them off for a time, they eventually emerge. Many survivors recognized warning signs that indicated a memory was about to occur: tightening in the stomach, sleeping poorly, frightening dreams, etc. Women also discussed the rate of memory recall. When they had resolved one group of memories, another would come. Some women found that over time it became harder to recover memories, while others found it to be easier. Not all the interviewees had recovered specific memories. Some women just intuitively knew that they had been sexually abused and were struggling to trust their intuition.

The role of denial and the great lengths that survivors go to deny their memories was also addressed by the interviewees. Bass and Davis saw denial as a necessary stage, a survival skill, which enabled the women to deal with traumatic pain. Validation, feeling believed, was seen as essential for incest survivors struggling to reconcile their memories.

#### Implications for the Present Study

The group observations from Blake-White and Kline (1985) seem to suggest that there may exist some common pattern of processing past experiences of sexual abuse. The group experience, however, does not provide the detail and clarity of perception that can be attained through individual investigation. Anecdotal interviews by Bass and Davis (1988)

have provided a somewhat deeper insight into the experience of remembering, however, their interviewing style lacks the necessary structure to obtain specific information about the experience of recovering memories.

To date, no one has studied the experience of remembering sexual abuse from a phenomenological perspective. The phenomenological approach used in this study focuses on the subjective and individual experience of remembering childhood sexual abuse. By asking prearranged questions, as this researcher has, one can obtain specific information of what incest survivors experience when they recall memories of childhood abuse. This study can contribute to the broadening field of knowledge and understanding of the devastating effects of childhood sexual abuse both for counsellors, social scientists, and for incest survivors themselves.

## CHAPTER 3

### METHOD

#### Theoretical Assumptions of a Phenomenological Approach

This chapter provides a summary of the central concepts and assumptions laying the foundation for phenomenological method upon which this research is based.

The investigation of human experience is acceptable. As Colaizzi (1979) points out, experimental approaches to psychology have traditionally studied phenomena which lend themselves easily to being operationally defined. In so doing a large portion of human experience has been neglected. Existentialists have argued that it is solely our perceptions that allow us to experience and interpret phenomena. Therefore, the concept of phenomena without experiencing or interpreting is not sufficient in and of itself (Colaizzi, 1978). Recollected experiences of incest survivors who had recovered memories of childhood sexual abuse were investigated in this study.

For the purposes of the phenomenological method, "objectivity" is defined simply as "fidelity to phenomena" (Colaizzi, 1978). This concept has a dual meaning in that researchers must ensure they allow the phenomena to speak for themselves as much as possible without imposing assumptions, while also recognizing that researchers' experiences are always present and must not be denied. Objectivity requires that researchers affirm their experiences as well as the experiences of others, as no experience can be eliminated (Hunnisett, 1983, p. 59). In order to take into account the experience and acknowledge the researcher's influence, the researcher's assumptions, expectations, and personal experiences with the phenomena have been clearly stated (p. 20).

Phenomenology is a combination of methods. Different procedures are necessary for the researcher to evoke responses from the phenomena being studied. As such, the methodology applied by this researcher is specifically composed from the nature of the topic. The specifics are presented in greater detail further on in this chapter.

A dialogal relationship exists between researcher and participant. This relationship serves to continually promote an atmosphere in which the researcher is spontaneously both receptive and actively stimulating the recollection of the participant. Bearing in mind that the researcher's presence cannot be eliminated from the investigative process, the goal of this process is to describe the participant's experience as accurately as possible.

The participants and researcher are co-constituents in that they create the world within which this study is revealed. It is the experience of participants, not the participants themselves, that is the focus of this study. Stemming from the concept of two people continually in communication with each other lies the idea that the consciousness of both are intentional. Consciousness is always "of something": it is always focussed.

Experience is found within a context, is structured, and is both "pre-reflective" and "reflective" in phenomenological terms. No participant's experience of a phenomenon can be duplicated under the assumption that it is a unique experience and bound to a specific context. Although every experience is unique, there exists a common structure around which the threads of each participant's experiences are weaved. Pre-reflective experience refers to direct, immediate, noninterpreted experience of a phenomenon (Samson, 1984). In this study, however, reflective experience was described. Reflective experience differs from pre-reflective in that it is not possible to describe an experience exactly as it was experienced originally. Memory recall is selective, can occur only in a time and place other than the original experience, and is interpreted through the eyes of language and culture.

Finally, a concept central to the phenomenological method is that of explication of the data. Through a step-by-step process the researcher analyzes and attempts to clarify the meaning of the material derived from the interviews, matching as closely as possible the participant's subjective experiences.

### Procedure

As there is no one particular phenomenological method, a method that would employ the best elements of the methods used by others (Colaizzi, 1978; Hunnisett, 1983; and Samson, 1984) was created. This method was designed to be individually suited to the particular needs demanded by this study (Colaizzi, 1978).

Copies of the statement of the study, its purposes and methods, were made available at a Women's Sexual Assault Center. Counsellors who work with women who had been sexually abused as children, were contacted and asked to mention the study to any clients who they considered appropriate.

### Participant Selection

Participants for this study were six female adults over 20 years of age who identified themselves as incest survivors (by their own definition). The six participants included one Oriental and five Caucasian women who, by their own definition, had been sexually abused as children. Three of the women worked professionally outside of the home, two worked as homemakers, and one as a student. The age ranged from late 20's to late 50's. All of the participants were living in a small, west coast, Canadian city. It had been two years since four of the six women had begun remembering and six months for the other two. All the women had done some therapy on an individual basis and three had done group therapy for incest survivors.

Participants were chosen on the basis of the following criteria. Being over 20 years it was more likely that the women would have gone through a period in their lives where they did not "remember" their abuse. Considering the nature of the study women were excluded who had just recently remembered or appeared to be too fragile (due to the potential risks of interviewing someone in that state). This was done also as a precautionary measure to ensure that the study was not disruptive or destructive to the woman's healing process. The other restriction was that women must have remembered within the last two years so that the memory of their experiences were fairly fresh in their minds.

Once a potential participant had expressed interest she was interviewed either in her home or at a Women's Sexual Assault Center, wherever was most comfortable for her. At this time she was given a full description of the study and was encouraged to ask any questions. If she met the above criteria, a time and place was arranged for the next interview. Once she had decided to participate the consent form was read and signed. A description of the study and the consent form used can be found in the Appendix A. The first interview lasted between forty-five minutes and an hour, depending on the degree of comfort and trust established between the researcher and each participant. Although there had been some prior contact over the telephone, the subject matter dictated that each participant feel comfortable with the researcher's interpersonal style and in discussing their experiences with her.

The second interview, which was taped, lasted approximately two hours and took place either at a Women's Sexual Assault Center or their homes, whichever was most comfortable for them. After the tapes were carefully listened to and transcribed verbatim, each participant was asked to read over the interview carefully, making note of any distortions, omissions, or additions. The researcher then met briefly with each participant to ensure that she completely understood these changes. Finally, when the section for each

participant was written each participant was asked to read it in order to make final comments and adjustments.

### Questions, Personal Involvement, and Assumptions

#### Generating Questions

Questions were generated from consultation with fellow counsellors working in this area, from the research literature, and from personal experience. There were four central questions:

1. What do you feel triggered your memories?
2. In what form(s) did your memories occur (e.g. auditory, visual, kinesthetic)?
3. What feelings did you experience during memory recall?
4. What reactions/effects have you experienced in your relationships with others and with yourself as a result of remembering?

The interview questions above provided a framework from which a dialogal relationship developed. These questions were supplemented by more questions (see Appendix A) and by reflecting feelings, paraphrasing, gently probing for clarification and sensitive listening.

#### Personal Involvement in the Study

I wanted to do this study because I saw a large gap in the research literature on counselling adults who had been sexually abused. As a counsellor I wanted to contribute in a constructive way to the growing information on this area.

Another reason for doing this study was because I saw adult survivors being treated by counsellors solely in terms of the symptoms they presented, without recognizing the underlying cause of the symptoms. Many of the women I saw had disturbing experiences with other counsellors who frequently did not believe them or would change the topic when women brought up that they thought they might have been sexually abused.

Finally, I wanted to do this study for the women and men who feel isolated and alone in their experiences and deserve to know as much information as they to enable them to heal themselves. Many of my clients were frustrated with the lack of information available to them that would confirm their experiences as being painful, confusing, and very real, especially since most of them felt like they must certainly be growing crazy. I wanted to provide answers to questions such as: "Is it normal to feel this way?" and "Am I losing my mind?"

#### Personal Assumptions of the Researcher

Before interviewing the participants, I examined my personal assumptions about the experience of remembering childhood sexual abuse.

1. Childhood sexual abuse has an effect on an adult's emotional and psychosocial functioning and development. When children are abused by someone they trust, be it an adult or another child, they will experience feelings such as confusion, hurt, anger, isolation, and betrayal. Sexual abuse is an abuse of power over the child and because children are vulnerable and have little power in this society, they grow up feeling powerless. Children are sensitive to what is "okay" to talk about in their environment. When parents teach children that sex is "bad" and "dirty" and the children are sexually abused, they feel a sense of shame and that they are responsible for the abuse.

Children who experience sexual abuse need to receive support for their feelings. Often when a child tells someone, they are not believed. Because children's cognitive abilities are different than adults, they think they have told but the person they tell does not understand the significance of what has been said. When this happens children do not receive the necessary support and do not ever get to work through their feelings. They grow up doubting their perceptions, feeling ashamed and dirty, and unable to develop intimate relationships because they cannot trust others (see p. 8).

2. Often childhood sexual abuse is "forgotten" for some period of time. Often when women sought out the Sexual Assault Center, they had no memories of the abuse but came because they had been sexually assaulted as adults and were seeking help or because they had a feeling that something had happened to them as children, but they didn't know what it was. Many of these adults could remember very little about their childhood. When they did start having visual flashbacks, they were amazed by what they saw. Some of their visual images were so vivid and clear, with an abundance of detail, that they couldn't possibly have been rehearsed over time. With kinesthetic memories, the feelings and sensations in their bodies were experienced as if they were happening at that very moment. The same was true when women heard voices or remembered smells. The quality of these memories strongly suggests that the women had "forgotten" their original experiences.

3. The individual's experience of remembering may have significance for counsellors interested in working with adults who have been sexually abused. Based on the obvious gap in the literature and my clients' experiences with other helpers, counsellors are presently ill-equipped to offer support to people who are in the process, or have not yet remembered, past sexual abuse. In order to help their clients through this experience, they need to know what this experience might be like: how it might feel to suddenly remember their father, with whom they feel close, sexually abused them or what it might be like to have their entire family call them a liar and ostracize them.

These are just a few of the issues that people who experience remembering abuse have to deal with. Counsellors can only benefit from knowing what the issues are and learning from clients themselves, which techniques are effective and which only add to the trauma of their experiences. Techniques such as interviews and phenomenological analysis can get at the necessary information. Adults who have been sexually abused as children are human beings and their experiences are human experiences. Researching experiences such

as these may be done scientifically, but the gains of manipulating and quantifying their experiences are greatly overshadowed by the richness and depth of information that can be gained with the phenomenological method. Rather than assuming the role of expert, I chose to let the participants have that position, one which I think only they, who have been through the experience, could rightly occupy.

The researcher is able to develop a trusting relationship with participants such that they will be willing to discuss these private life events with her. My experience working at the Sexual Assault Center taught me that people who have been abused have a difficult time trusting others, especially those whom they see as authority figures. As such, I knew that I would have to be honest, sincere, and trustworthy in the interviews so that the women felt comfortable sharing their experiences. I made it clear that they did not have to discuss the ways in which they were abused. I was not interested in these details, nor were they the focus of the study.

#### Analysis of the Data

Significant themes were underlined and their meanings delimited by means of summary statements. Each statement was checked carefully against the participant's original meaning to ensure that it was as close a match as possible. These resulting "meaning units" were transposed onto individual index cards, which were sorted into topic, and then theme categories. As the phenomenological method prescribes, organizational themes and categories were allowed to emerge as much as possible without imposition of pre-determined categories (Colaizzi, 1978).

Maps were then created for each person, similar to the method used by Hunnisett (1983). The experience of remembering childhood sexual abuse was considered thematically in terms of events that triggered memories, form(s) of memory recall (e.g. visual, auditory), feelings about memory recall, and reactions/effects of remembering. Circles were drawn

on separate pieces of paper, labelling each circle with one of the above themes. All forms of memory recall were placed in one circle, all feelings experienced during the period of memory recall in another, and so on. Predominant themes were identified by frequency of response or its intensity and were underlined.

A full map containing all four categories of themes was then created for each participant as well as an overall map of group findings, combining all six individual maps. The individual maps were shown to each woman so that she could verify themes and modify if necessary.

Use of these maps enabled the researcher to see clearly what each woman experienced throughout her own process of remembering childhood sexual abuse. These maps also allowed the researcher to see, at a glance, emerging patterns of overall participants' concerns.

## CHAPTER 4

### RESEARCH FINDINGS

This chapter includes an explication of the data for each participant as well as an account of the general structure of the experience of remembering childhood sexual abuse, based on an analysis of themes, for the group as a whole.

Certain words have been underlined throughout each participant's account in this chapter. These underlined words are representative of themes which emerged as the participants told their stories. Maps containing these themes are located following each individual account (see Figures 1-6). An overall map of the general structure of participant's experiences is found at the end of this chapter.

#### Explication of the Data

##### Introduction to the Individual Accounts

For each participant, an account of what triggered her memories, the form(s) in which the memories came, her subjective experience during memory recall, and reactions/effects of remembering is included.

##### Rebecca

Introduction. Rebecca volunteered to take part in my study when she heard about it through a mutual friend. The first two interviews took place in her home while the third occurred at a Women's Sexual Assault Center. Rebecca is 30 years old, third generation Japanese-Canadian, has been married for nine years and has a one year old son. She works part-time at a local women's center. Due to her husband's job, Rebecca moves every three

or four years, something she finds both difficult and enjoyable, as every town brings new people and new experiences. It has been over three years since Rebecca's memories started coming back in the summer of 1987.

What triggered Rebecca's memories. Rebecca's life circumstances were difficult around the time of her first memory recall. She remembers constantly thinking "I'm not anything" and having an overwhelming feeling of needing to "do something, be somebody". She felt really pressured that she didn't have a career and resentful that her husband was finishing his Masters. She was supporting him but felt she wasn't anything. She continually fought with not liking herself, not liking what she was doing and feeling like she didn't have any control. In the back of her mind she knew there was something wrong that she "couldn't be happy". Although Rebecca knew something wasn't right and was getting closer to it, she still wasn't sure what it was.

She remembers little thoughts coming in along the way and then when watching "Oprah Winfrey" one day, something "twigged" her and she began thinking about sexual abuse as more than a social problem. One day shortly after that, while she and her husband were preparing to go shopping, she remembers turning to him and saying, "You know - I think I was abused as a child". She doesn't think she knew what she was saying. It just sort of "sprang out" and then she started talking about something else.

Then she had a dream, "like a flashback in a dream", and woke up "shaking and sobbing". At that moment there was no hesitation in her mind that her dream had actually happened. She just knew. "It was just like a light going on".

It was four or five months before any more memories were triggered. Rebecca knew she had to get professional help but because her partner was finishing his Masters and they were moving, she deliberately put everything on hold. She found it very difficult

to contain everything but she didn't want to overload her husband at that time, as he already felt overwhelmed.

Rebecca's memories were triggered in dreams, from which she would wake up exhausted. They were also triggered within the safety of a support group for female adult incest survivors, which she had sought out after being referred by her new doctor. She remembers feeling frustrated in the group when she was unable to recall details of a specific memory. A group facilitator helped her to remember by saying, "Well, what if it did happen, then what?" She recalls that this "freed" her enough to remember.

Form(s) of Rebecca's memory recall. Rebecca's memories came to her mostly through visual flashbacks, which were like "stills in a movie". She would suddenly see a specific scene in her mind, like a photograph being flashed before her. Sometimes they would occur when she was awake and other times while she was sleeping. Rebecca did experience a verbal memory when she off-handedly told her partner that she thought she had been sexually abused as a child, as well as one kinesthetic memory while being sexual with her partner.

Rebecca's subjective experience during memory recall. Rebecca experienced a number of emotions during memory recall. She remembers feeling confused because she didn't know what to do with the memories. She remembers thinking, "Oh god, what am I supposed to do with that?" She also felt overwhelmed because the memories came so suddenly and "out of the blue". Rebecca felt a complete lack of control during these times of memory recall because she'd be in the middle of eating a hamburger, and the next minute find that she couldn't function.

Rebecca's upper body would tense up and she had a "yucky", "ooky" feeling in her stomach, hands, and head. This anxiety was accompanied by feelings of terror and panic, often causing her to hyperventilate. Her logical head said there was no reason to panic

because it wasn't happening now and couldn't hurt her, but her feeling was sheer panic. It wasn't just "scared," it was terror. She "could hardly speak". She felt like she was right there at the moment of memory recall - like being transported back immediately to the moment when it happened. Suddenly, "you're the child going through that". Rebecca remembers telling herself "You're 30, in your own home, another province" but it didn't help much. This division between the "realness" of the memory and her logical mind in which she knew it couldn't be happening made her feel crazy. She remembers telling herself, "Okay, now you're really crazy".

Reaction/effects of remembering sexual abuse. Rebecca describes the period of recovering memories as a "foggy" time, in which she lacks a clear sense of what went on. It seemed like the boundary between present and past kept fluctuating. Time, for Rebecca, felt like it would never end. The days would "melt into each other," with no sense of months going by. Her sense of time was totally different. Rebecca describes it as "from one flashback to another". She kept going back twenty years and then would struggle to bring herself back to the present in order to make dinner. Even today she can remember her feelings but no events of that time.

Rebecca spoke of herself as feeling totally consumed with remembering her sexual abuse during that year long period. She was "constantly in crisis, constantly thinking about it". Due to her preoccupation, she was unable to function at a job as it was impossible to concentrate on anything. She knew that working through her sexual abuse WAS her job at that time. This complete absorption depleted her energy for anything else, and Rebecca found herself emotionally exhausted. There were days when she went "to the depths of hell" remembering childhood abuse, and would then be "totally wiped out" for another week.

The months of preoccupation and emotional exhaustion took their toll on Rebecca. She remembers thinking "When is it going to end?" She felt tired of working through her feelings and longed to be able to think about anything else. She wanted to leave this "job" just like any other. She felt impatient with her inability to detach herself from her thoughts and feelings. Rebecca wanted just to "lead a normal life" again, where she could take breaks from such intense pain.

This period has had effects on her family as well. Rebecca's relationship with her partner of eight years went through some difficulty. She had many fights with her partner because she was simply unable to remember day to day events. Even though her partner immediately believed her when Rebecca told him she had been abused and was as supportive as he could be, she sometimes felt frustrated with him because he didn't have an "understanding of the issues involved". There was only so much he could do as he lacked the skills that both Rebecca and he felt were needed to help her through her experience. She recalls that he would end up feeling frustrated because he didn't know what she wanted or how to give it to her, while she would feel frustrated because she "couldn't talk to him". She remembers asking herself, "What's wrong with him? Why can't I talk to him?" Rebecca didn't know what was wrong either;

I just knew I was in some sort of crisis and I needed some help. All he could do was stand by and watch me remember more and it seemed to him that I'd be in pain more. And I think that was hard. It just didn't feel like he was helpful at all. In hindsight Rebecca realizes that it would have helped if her partner had sought out support for himself. Not only as a support for her, but because he suddenly had to come to terms with the fact that someone he respected had hurt her so badly.

Rebecca also had to work through sexual issues with her partner. The "seriousness of it" hit her when her body froze while being sexual with her partner. She began to worry

that the abuse would affect their sexual intimacy, a part of their relationship she strongly valued. Rebecca remembers thinking, "Oh god, I can't believe this. This is really big". Overall, however, going through this experience with her partner made Rebecca realize what a good friend he is. He believed her totally, never once questioned her or said "Are you sure?"

Her relationship with members of her biological family did not fare so well, however, as she doesn't have much to do with them now. One of the family issues she has had to face is feeling abandoned by her mother as a child. Rebecca feels hurt and angry at her mother. She thinks her mother must have known that Rebecca was being sexually abused, even if she didn't know it on a conscious level. She describes her feeling of being unprotected as "being left to the wolves". Rebecca's father dying at the same age as when the abuse started only exacerbates her feeling of being abandoned.

After disclosing the abuse to her mother recently, she experienced much pain when her mother said she believed both Rebecca's and the offender's story. In Rebecca's words, "Tell me this guy hasn't won". Compounded with this pain of betrayal is the tremendous hurt she felt when her sister, who initially believed Rebecca's story, later changed her mind.

Rebecca always felt like an important member of her family. She felt valued, loved and close to them. They would always be there. Remembering her sexual abuse changed all that. She feels that they just left her in the cold. "Their hands went up and said 'sorry' and just walked away". At first she grieved. She "ached" and "longed" to be a part of a big, happy family. As time has gone on, Rebecca has come to realize that this was merely an illusion. They never were a big, happy family.

Her feelings of isolation and mourning lost relationships has not been limited to her biological family. As Rebecca slowly began to try telling her friends of her abuse, she discovered that while some were supportive, others were nonsupportive and she hasn't

heard from them since. With one friend she knew immediately after opening her mouth that she shouldn't have told her as "she couldn't take it".

Every so often Rebecca expressed that she would experience self-doubt, wondering if she wasn't "making this all up". Rebecca's method for dealing with this denial was to remind herself that she wouldn't be experiencing all the pain, confusion, terror, and other feelings if she hadn't been abused.

As Rebecca worked through the fear and confusion she initially felt when she remembered her abuse, she began to experience guilt and shame. She feels shame because she remembers needing and wanting a lot of attention at that time, and liking, at least, the attention she got from the offender. Rebecca has a deep feeling of guilt because, by liking the attention, she had somehow participated in her own abuse. She blames herself for not doing anything, not "pushing away his hands". She sometimes thinks that because she "sort of allowed it," maybe she "deserved it". Perhaps if she had "dressed differently", it might not have happened. Rebecca wonders what was wrong with her that she "let it happen".

As she has emerged herself deeper into her feelings Rebecca has experienced tremendous grief for the "child that could have been;" a sadness for "that little girl that didn't have anyone around".

This grief for her own "child within" also affected her feelings about her child-to-be when she became pregnant later that year. Rebecca knew that she didn't want to have a daughter. She was afraid her daughter would be abused and have a "miserable life".

A very important part of Rebecca's healing process has been the support she received in her incest survivor support group. For Rebecca, the group was powerful and really effective because she no longer felt like she "was the only one". When she thinks back on it she realizes that she didn't even ask any questions about the structure, rules, etc.

of the group, she just went. She trusted it because she "had nothing else". During the week when she was recovering new memories of abuse she would contain her emotions until she was enveloped within the "safety" of the group. It was here that she was able to "feel it completely" and then "let it go". Rebecca describes that period of her process simply as "How many more days till the next group?"

There were a number of key elements to Rebecca's feeling of safety and support within the group. Firstly, knowing that the other women in the group were all incest survivors was "really important" to Rebecca. Being given permission to talk about the incest and her feelings, even when she didn't feel sure that it happened, was really helpful. Each member of the group had a limited amount of time in which she received one-on-one support from one of the counsellors. Rebecca found this helpful because it "brought up lots of stuff" while also staggering the amount that she could bring up without feeling overwhelmed. Most important, however, was having someone say "I'm really sorry it happened to you". Sometimes that's all someone would have to say and she would be able to "discharge lots", while also providing safety because her "pattern was to fragment".

Some of the relationships she developed within the group provided support for her during the week. Rebecca recalls feeling anxious once when she remembered some abuse but was able to get through the experience by visualizing "putting it away" so she could sleep, as a group member had suggested. Being able to put the memory away was a very "empowering" feeling for Rebecca, representing her growing sense of valuing herself and her own needs.

As painful as the experience of remembering childhood sexual abuse has been for Rebecca, she also sees some positive effects from recovering these memories. She feels that she has some "control" in her life now and has gained more inner strength from realizing that she not only survived the abuse, but is working it through.

Now this cloud has a name and has been put in some frame of my life and it's not something I ever want to forget, or block out, or pretend it didn't happen but it's not part of my day to day functioning.

She feels happy that she remembered because now she can look back and see how the sexual abuse has affected her "functioning" and view of herself. By regaining these memories she knows so much more about herself and has also gained deeper insight into other people and their feelings. Rebecca feels that this experience has strengthened all the positive qualities she likes about herself and has "allowed myself to like myself". Rebecca describes her process of regaining memories as "bringing parts of myself together" and really values the time she took to work through her feelings. If she hadn't remembered she expresses doubt that she would have worked out why "feeling abandoned in life is a big issue" for her.

Rebecca expressed surprise during the third interview that she had not mentioned feeling anger at her family or the offender because she distinctly remembers feeling angry.

After eight months, Rebecca's memories of being sexually abused stopped and memories of emotional abuse began to emerge. Her identity as an "incest survivor" is no longer her "whole identity". She sees this letting go as a sign of healing. Rebecca really sees the need for her to keep working through her feelings and memories, not only for herself, but for her child and other generations so that they will know that they can say "no".



## Sarah

Introduction. Sarah heard about the study through a counsellor in the community whom she was seeing at the time. Sarah gave permission for the counsellor to give me her phone number so that I might contact her.

Sarah describes herself as having been extremely involved in the community since she was 13. Her interests include doing volunteer work, especially helping children, being involved in her own children's activities, and political activity. Sarah is very excited about starting university this coming fall and has been with her partner for 16 years.

What triggered Sarah's memories. Sarah's journey towards healing began three years before she even recovered her first memory. She describes these three years as a time of "craziness;" not knowing what was going on, "emotionally a wreck and in tears all the time". Sarah thought she was having a "midlife crisis" and was ready to walk out the door, "leaving my kids, my marriage, everything behind". She felt like she was "weird", something was wrong with her but she "didn't know what the hell it was". As Sarah expresses it, "things were starting to bubble, but I didn't know what was bubbling". Looking back on it, Sarah realizes that she kept herself so busy that she didn't have a chance to remember.

Kinesthetic sensations have always been a strong indicator of imminent memory recall for Sarah throughout her whole process of remembering. Sarah had been in the hospital every year of her life, since age five, until she started "dealing with it". Her health problems were overwhelming. Sarah remembers telling her doctor that she was "going crazy".

"My body was telling me" is how Sarah describes her incredible chest pains which caused numbness all the way down her arms. These symptoms progressively became so severe that she was in and out of the hospital for a year. During therapy she started to say "strange things" when talking about her husband and their sexual relationship that she hadn't said before. During sex she experienced chest pains so severe that she couldn't breathe and would have to stop being sexual. It felt like "a ton of elephants" was sitting on her chest. Sarah's chest pains continued even after she had regained some memories. Before she remembered her mother abusing her, Sarah said the chest pains were the worst she had ever experienced. Mostly the chest pains are on the left side, near her heart.

There were other life circumstances, however, that in Sarah's mind seemed to break the dam. When her memories first started coming back, being in group situations where people were expressing their emotions often triggered her own emotions.

An event that "kicked it off the most" was being a participant at a workshop with a group of women sharing their feelings. On her way to the workshop Sarah remembers being "scared shitless" as she "didn't know what would come up". When another woman was doing some bioenergetic work on anger, Sarah felt that she couldn't stay in the room.

I just freaked right out because her screaming and her pain that I was hearing was me on the inside. And that's sort of how it started. Getting these feelings. It really started stirring up the pain inside of me, but it was my inner voice saying, crying, just screaming to get away and stay away and leave me alone...

Sarah became aware that "there was sexual abuse in there" but another part of her kept saying "you don't want to hear this".

Another time when visiting a friend, their daughters were playing alone in the basement and Sarah became suspicious because things were too quiet. When she found her

daughter lying naked on the floor with her friend's finger in her vagina, Sarah says she completely "lost it" and was "ready to kill somebody".

A few days before she remembered her mother sexually abusing her, she recalls feeling very edgy, restless, and found herself forgetting where she was going while driving down the road. She remembers feeling crazy, like an "idiot". When a friend called to invite Sarah over for the day she went, thinking it might help. They spent the day talking and crying about sexual abuse. When Sarah was driving home on the highway a "video" of her mother abusing her suddenly "went off" in front of her eyes.

Memories, for Sarah, seemed to be "triggered randomly," although she often had a feeling that "something was going to happen". They came while she was in the bathtub but more often when she was writing or drawing. Sometimes she might be aware of feeling anxious or sad, would sit down, start doodling, and a picture of her abuse would appear on the paper. Or she would feel the need to pick up her journal and the next thing she knew a picture was in her mind. Sarah thinks that writing a book of her experiences helps to keep triggering her memories.

Form(s) of Sarah's memory recall. Sarah's memories came to her through her visual, audio and verbal senses. She recalls that words were coming into her head but she tried to "push them back down". Once she was talking with her therapist and, out of the blue, said "a man sexually abused me". Other verbal memories just came out of her mouth also, surprising Sarah as she "didn't know where they were coming from".

As mentioned previously, Sarah recovered many of her memories through her journal, in which she wrote whatever "came through the pen to paper". Sarah's feelings about her experience would often only come later. It wasn't till she reread her journal that the depth of what she had written would come to her and she'd think, "Oh my god!"

Visual images also appeared in the form of spontaneous drawings, which began as "doodlings and scratches". For Sarah, the writings and pictures seemed to connect but their order varied. Sometimes she'd draw a picture, then write about it in her journal, or vice versa. The more her memories came back, the more "childlike" the drawings became, to the point of where she drew a picture of a baby in a womb. For another memory, she has drawn the offender's body but he has no face.

I have drawn every part of his body, but he has no eyes, no mouth and nose, and for some reason I've blocked out his face. I've remembered all the actions, everything that goes along with it. I can see his nude body standing there, but he has no face.

Sometimes these visual memories come in the form of videos, in which entire scenes of her abuse would suddenly "go off" in her head. Sarah describes these videos as similar to "being in the middle of a movie". At first they were not clear, but now it is as though she can "reach out and touch the people" in the visualization. As Sarah expressed it, "Oh god they're clear". The video would often switch from one room of the apartment in which the abuse occurred, into the hallway and then into another room. Often, as with the memory Sarah recovered of the man whose face she can't recall, Sarah is looking at the memory from up on the ceiling, watching it happen below. Each time she gets the visualization of that memory, some new detail is added. These videos appear at random and are of an intrusive nature. After she had recovered the memory of her mother while driving down the highway, she lay down to rest but each time she closed her eyes the pictures started coming back again.

On occasions, Sarah would have audio memories in which she could hear the offender's voice speaking to her during the abuse, not just as a memory but like the person was right there, in the moment.

Sarah's subjective experience during memory recall. During memory recall, Sarah felt as if "everything inside was going a thousand miles a minute". Everything kept getting faster and faster. She experienced terror and felt a complete lack of control over her emotions. "It's pretty scary, pretty devastating. You can't explain the depth of what you're going through. It's just unbelievable."

She felt like she was about eight or nine. Her emotions weren't her own, as if they "didn't belong" to her. Sarah would curl into a fetal position, rocking, her hands over her head and ears, feeling tremendous anxiety, pain, and confusion. She didn't understand what was happening as her body shook, her legs went numb, and she sobbed. Sarah thought she was going mad and frequently found herself trying to make people understand why she was acting like "this crazy person". Feeling horror, "Oh my god, this man did things like that" and shock, "Oh my god, it's my mother" was associated with realizing who the offenders were and what they had done to her as a child.

Reactions/Effects of Remembering Sexual Abuse. The struggle for Sarah has not been just "getting through" having been abused, "it's all the effects of the abuse". Throughout her process of remembering Sarah often felt like a "basketcase". Her emotions were so volatile that she felt had no control over how she felt or reacted to people. "Always in tears" is descriptive of how Sarah experienced this period. Emotionally exhausted and barely able to deal with getting herself out of bed in the morning, Sarah had to take a period out of her life. The slightest demand felt totally overwhelming.

She was constantly in a state of terror, "scared to death," but not knowing why she was so afraid. Feeling that she was choking and couldn't get her breath was common to Sarah during these times of being "totally overwhelmed with fear". During a memory flashback she often tried to "stay rational" as a method of surviving her feelings of anxiety and panic. A part of her was trying to keep "rational" when the video of her mother

abusing her was triggered in the car. She kept thinking, "I've got kids at home. I've got to make it for my kids". She talked to herself in order to stay conscious of what was going on, and was able to temporarily stop the "video" until she reached a friend's home.

Feelings of guilt and shame intensified the difficulty of recovering such painful memories. Although Sarah needed to talk she felt silenced by the part of her that believed she must have "done something to cause" the offenders to abuse her. She was determined that no one would know but felt certain that it was written all over her face. Sarah's blaming of herself is exemplified when she said she must have had a sign on herself as a child that read "Come and get me...I'm yours".

Sarah felt disgust as she remembered the ways in which she had been abused. Once while laying in the tub, scenes from her abuse flashed before her. She started scrubbing, however, she couldn't get "clean enough". The "water wasn't hot enough" to sterilize her body, to wash away the abuse. For two days afterwards, Sarah's mouth and vulva hurt from the scrubbing.

Sarah often couldn't sleep at night, terrified of going to bed, of being sexual. When the memory of her mother abusing her came back, Sarah didn't want to be sexual at all. She didn't feel able to say "no" to her partner "even during this period," so she would stay up till 3 or 4 in the morning, writing in her journal or listening to relaxation tapes.

When Sarah first began to remember some of her abuse she experienced a considerable amount of denial. She often doubted her memories, wanting to believe that they weren't "that bad" and couldn't have happened to her because "people wouldn't do that". She tried to find reasons why it couldn't be true in order to "rationalize it away".

A part of her knew she had to remember even though she didn't want to. Sarah remembers writing in her journal, "I'll do anything not to remember. I don't want to remember". Going to therapy only intensified her fear of remembering and Sarah would

often try to "block" her feelings and memories. Even now she is still scared because she doesn't know "if there is more". However, the visualizations were "so vivid" and the feelings "so real" Sarah knew she had to believe her memories.

In the beginning Sarah succeeded in allowing herself to feel only "mildly devastated," not feeling the full force of her feelings. As more memories came, Sarah's need to deny them stemmed from other reasons. Although she "didn't want the pain anymore" because "it just hurt too much", she especially didn't want to remember that her own mother had also sexually abused her. When this memory first returned Sarah kept saying over and over to herself, "it can't be her". The pain Sarah experienced when she realized it was her mother was "so intense" that she spent "two solid months" crying; going to sleep crying, waking up crying. "It just hurt so damned much ...to realize your mother would do something like that." At the time of the second interview Sarah felt that she could almost put behind the abuse of the two men, but not of her mother. She "almost wishes" it had been her father.

Devastating pain was a predominant theme throughout the interviews with Sarah. When she first remembered, Sarah tried to pretend by putting on a "happy face" but, on the inside, "piece by piece I was dying". She kept saying to herself that nothing could be worse, that each memory was the most devastating, but "something worse" always happened. Sarah felt she was going to die from the pain. There was no way she could survive that amount of pain. She tried explaining the intensity of her pain to her partner by comparing it to losing one of their children. "It's a devastating thing to have happen and to remember. There are no words to describe it. There really aren't. Not at all."

Christmas holidays were really difficult for Sarah as they were family times and her emotions were "going crazy". Sarah expresses the incredible pain she felt during one of the hardest times;

It feels as though one day you're going to go to bed and not ever wake up. That you're going to die from pain, it just hurts that bad...you wouldn't be able to survive it. No way you could get through that amount of pain. It felt like the ground opened up and I just kept going deeper and deeper and deeper...

Sarah doesn't feel that the pain will ever go away totally. One way of coping with her pain was to try to understand it. Sarah frequently found herself asking, "Why me? What did I do?" Even if they didn't love her, "How could they do that to a child?"

Another coping strategy that Sarah learned well as a child was to dissociate from her feelings. Frequently in therapy, when it gets too overwhelming, she "leaves" often in the middle of a sentence. Sarah goes into a "different space" because she doesn't feel safe to be with her feelings anymore. During a particularly difficult session Sarah disassociated because there was "no way" she could allow herself to go "deeper and deeper into it".

This survival mechanism occurs in a variety of situations. Sometimes during a memory flashback she'd "jump" from room to room when she didn't want to see the abuse. During bioenergetic therapy, she would be screaming and hitting and the next second, she'd be "gone". She'd feel herself move from anger into a calm space, "floating in and out". Disassociation also occurred when she was in the middle of writing a "horrible" memory in her journal. She'd experience feelings of pain, anger and fear and would switch to wondering how her friend was doing, "Gee..."

Remembering childhood sexual abuse has had tremendous effects on her family. Sarah's husband has been "strange," being financially but not emotionally supportive. Sarah's experience scares "the shit out of him". In order to deal with his feelings, he tells her to "forget it, it happened so long ago". At first she didn't think her husband believed her because it is beyond what he thinks people could do to other people. She didn't feel that she could talk to him about her feelings. "He didn't want to hear...just turned right off". During

the process of remembering she didn't feel she could trust her husband, or anyone else, and considers herself lucky that her husband hasn't walked out.

Sarah's process was also really hard on her children as she had little patience for their needs. She distanced herself from them initially because "it scared the hell" out of her. Now, however, it has brought her and her daughter even closer.

Remembering her abuse has "affected every relationship" she has. Sarah discovered that people she thought were friends couldn't be there, couldn't handle hearing it in any shape or form. "You just don't see them anymore". A wedge was put in her relationship with a particular friend who said, "I hope this hasn't stopped sex between you and your husband". Sarah also hated it when people said "how bad was it?" However other people whom she thought couldn't be there were able to support her when she need them. The problem, Sarah believes, is that people who haven't been there can empathize but they "don't know what you're going through".

Sarah asserts that when sexual abuse hits people directly they are "more standoffish". When they don't want to feel that intensity of pain and try to keep conversations on the surface, the relationship gradually grows apart. Having lost friends over remembering really hurts.

Sarah has also had to deal with painful and difficult family issues with the members of her biological family. When she first recalled memories of her mother abusing her, Sarah was absolutely terrified that her parents would just show up on her doorstep. Sarah felt very confused and didn't know how to deal with the reality of her new-found memories. She remembers not knowing what to do because she had these parents that she "couldn't see". She was afraid of confronting her parents with her memories because her mother had made previous suicide attempts and Sarah didn't "need or want that guilt". When Sarah told her parents the first time that she had remembered being sexually

abused, she did not say who she knew had done it. She did realize at that meeting, however, that her mother knew that Sarah had remembered who the offender was. Although Sarah's mother was in total denial during the confrontation, her mother never once denied that she had sexually abused Sarah.

She was unsure about whether or not she should tell her sister but felt she had to "to protect" her sister's children. Sarah would feel responsible if she didn't tell her sister and her children were being abused. To Sarah's surprise, her sister believed her right away, although her sister didn't have any memories of her own.

A very important part of Sarah's healing throughout this process of remembering has been the support she has received from her therapist and the other women in her sexual abuse support group. She remembers how important it was for her to know that there were other people who had gone through the same thing. The other women in the support group understood the depth of Sarah's pain and fear. At the same time, hearing their experiences was "so validating". She had a real compassion for what the other women were going through.

Sarah doesn't think she could have survived without her therapist. For Sarah, her therapist was her "lifeline". It didn't matter how bad things got, her counsellor was always there. The longest times in this period were between her weekly therapy appointments ... "it was like months".

Sarah felt supported by her female therapist for many reasons. One of these was that her therapist believed her and empowered Sarah throughout by stressing that Sarah "go with her gut instinct". Physical contact was very important to Sarah in her healing process. When her therapist would hold her, she felt safe - "like a little kid". Sarah remembers that she desperately needed and wanted to be held, to be told that she's okay, and that there was nothing wrong with her. When she remembered her mother's abuse,

Sarah called her therapist. Sarah wished her therapist was there to hold her, put her arms around her and say that it was going to be okay. Nonetheless, hearing her voice, Sarah felt safe again. It wasn't the content of what her therapist said so much as the fact that she was "there" and was "supportive". Although contact and closeness have been really important, they also scare Sarah because, as with expressing feelings of anger, she is afraid that it will "turn into abuse".

Sarah has had to cope with other negative effects of remembering. Throughout the last two years of Sarah's process of recovering memories, she feels like she's been fighting so hard for everything - fighting for her sexuality, her self-esteem, her relationship with her husband, friends and her children. It seems like "one constant battle, never ending". She is fighting for every aspect of her life and for a new outlook on life.

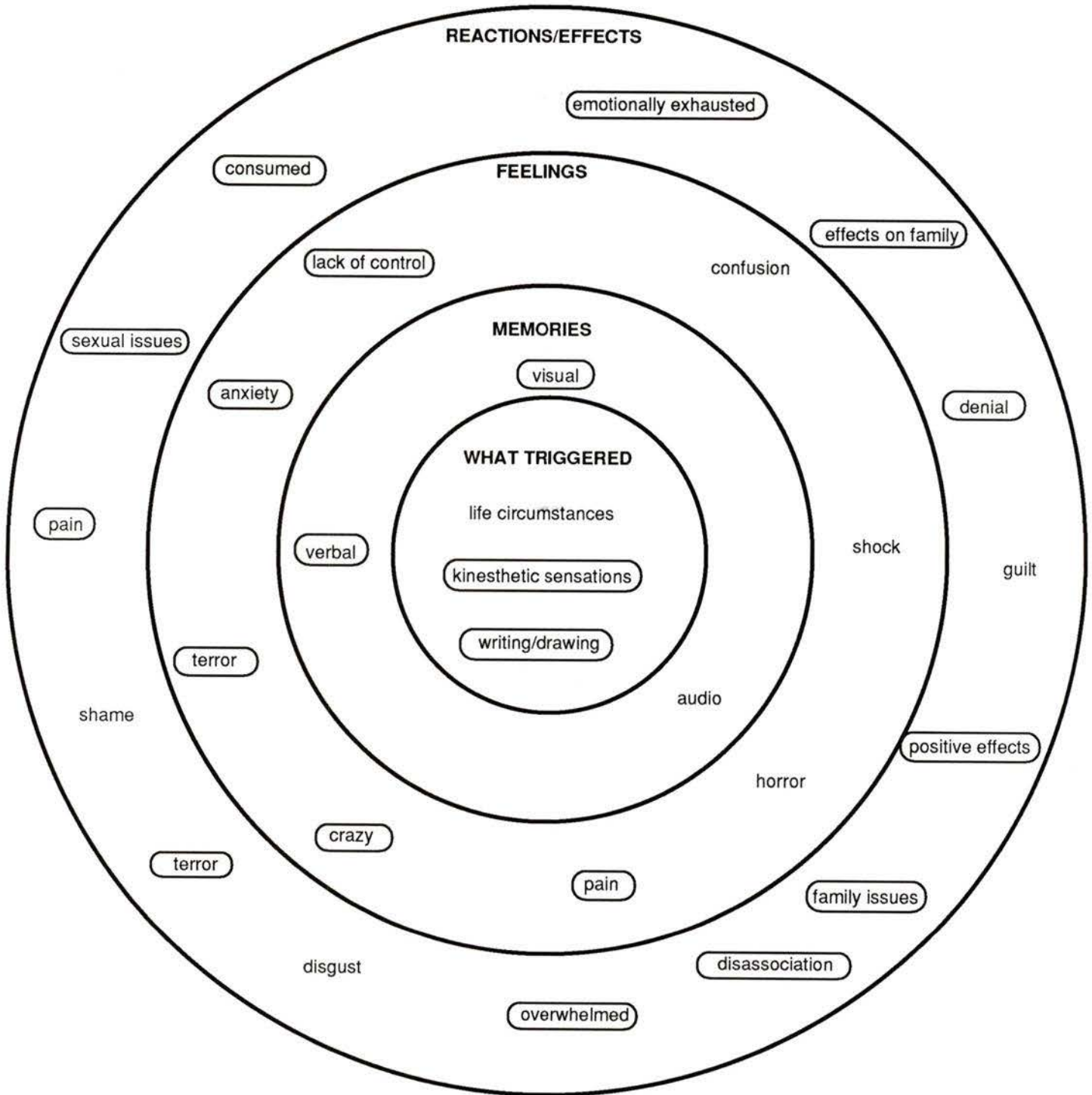
Having recovered her memories Sarah often feels like she should now be "climbing mountains, getting on with life," but she often feels frustrated because "it's just not like that". Sarah catches herself thinking "all these things should be behind me". Even at this point in her healing Sarah struggles with "dropping so low". When she drops, she "really drops". She gets caught up in her "old emotions," which still get touched off fairly easily. Although in some way, she'd love to forget what she remembered, she knows it is important that she doesn't. For Sarah, the hardest thing to do, and she still tries, is to try to understand how her parents could have treated her in such a way.

Sarah has experienced some positive effects from her process of remembering. It made her realize that the way she has been living life is not good enough and, as a result, she is doing much more work on her personal growth. She is growing and wants to continue growing. "I'm growing and I see things so much differently than I have ever before. I see a different depth...it's much deeper."

It has become extremely important for Sarah to share her feelings and learn how to communicate. She believes that part of her healing has come from starting to "talk". No longer are her tears silent. As a result, Sarah is able to "contain" her emotions. She can have them, feel them, deal with them and not become overwhelmed by them. Even now, Sarah struggles to integrate her memories with her feelings, without being overwhelmed by her emotions. Now the hard times are shorter and the good times are longer. She feels that she can handle anything now as nothing could be worse than what she has already remembered. She doesn't think that she would be able to deal with issues, such as her "inferiority complex", sexuality, and relationships, that she is presently working on if she hadn't remembered. Remembering her sexual abuse has also stirred her to look at the ways in which she was physically and emotionally abused as a child. Sarah now has a thirst to grow, to learn, to read, to find out anything she can that will help her "improve". She has been reading books on self-esteem, sexuality, and sexual abuse. The best book she read throughout this process was Courage to Heal.

Sarah feels "totally different" now, like she "grew up". Things will never be back to the way they were, and she doesn't want them back. She feels like she is coming alive again - feels the return of "that spark that was there before".

Since the time of our interviews Sarah confronted her mother as one of her offenders, with the help of her therapist. This was terrifying for Sarah but she was able to get through it. Once it was over and the full impact of what she had done hit her, Sarah experienced shock that she had actually confronted her mother. However, because of this she now feels able to start letting go of the pain of being sexually abused. What was once so consuming is now becoming easier to put behind.



..... Predominant Themes

Figure 2: Map of General Structure of Experience in Remembering Childhood Sexual Abuse for Sarah

## Nancy

Introduction. Nancy heard about the study through her contact with a Sexual Assault Center. At the time of the interviews she had recently become pregnant and was living with her partner. Nancy is an artist and began the process of remembering almost a year ago.

What triggered Nancy's memory recall. Nancy's memories were triggered by a variety of life circumstances. One of the things that Nancy sees as being responsible for stimulating memory recall was visiting with her father, whom she hadn't seen in three years. During his visit Nancy dealt with some childhood emotional abuse and within a month she had her first memory of sexual abuse. Nancy had also recently separated from an abusive relationship with her husband, who was eventually hospitalized for manic-depression.

Another precipitating factor was the resurgence of an eating disorder which she had as a teenager. She began to see a counsellor for her eating disorder. It was a "breakthrough" for Nancy to hear from her counsellor that she thought Nancy had been seriously abused as a child. Hearing this "broke the dam".

Shortly after, in her eating disorder group, Nancy was feeling "weird and messed up," tense, and hostile towards the group. She was unable to identify how she felt but thought she was "leaking" her emotions all over and knew that she didn't want to be there. When she finally spoke to the group some words "popped out" that she had discovered she had been sexually abused as a child. As soon as she realized what she had said, Nancy ran to the bathroom and vomited. That night Nancy started to recall "actual, concrete" visual memories.

Nancy thinks that the eating disorder was her psyche's way of making her remember and "forcing" her to deal with her feelings and memories. Whenever she refused to think or talk about the sexual abuse Nancy's eating disorder would "go crazy". She felt unable to put anything in her mouth at all. As her partner knew she had to keep eating, he would try to get her to eat but she would vomit everything long past the point of anything in her stomach.

During the first month following her initial memory, Nancy's recall occurred almost constantly, whenever she "allowed it to happen". Memories came very "thick and fast" at "inappropriate times" when she was doing a business deal or talking to someone with whom she needed to "be a certain way". Sometimes she'd be walking down the street and would be "hit with flashes" of her abuse.

Nancy at first denied the sexual abuse, willing to admit only that there was emotional and physical abuse. When she eventually accepted that there were "sexual realities" also, a whole new set of "weird" memories came shortly after.

Writing in her journal and becoming pregnant greatly increased her memory recall as well as dreams, often violent, which were "right on the tail of other dreams that were memories". Nancy recalls one dream which was so clearly symbolic of her abuse, it was just like a "light going on".

Sometimes the intimacy of sex, touch or bathing with her partner would help Nancy remember. Often Nancy and her partner would take turns reading through books for adults who were abused as children. Nancy would "freak out" and more memories would come. Sometimes when she was being supportive of her partner and the issues that he was working through, she would say something empathic to him that would trigger a memory for her. Nancy believes that she would never have said the same nurturing response to herself, but somehow saying the words "tricked" her mind's defenses.

Form(s) of Nancy's memory recall. Nancy's memories came to her in verbal, visual, and kinesthetic forms and, later, on a feeling/knowing level. As mentioned above, sometimes words would "pop out" of Nancy's mouth, surprising her, such as when she told the eating disorder group that her father had sodomized her.

Once Nancy recovered a memory that was both kinesthetic and visual. She had a quick flash of her body in a specific posture, before her viewpoint changed to watching the scene from the ceiling. When verbally comforting her boyfriend she was suddenly hit with a "wham feeling," and a video of abuse flashed before her. Nancy describes the video as similar to "watching a movie".

Nancy's visual memories were not limited to being awake. Her dreams were full of violence, with Nancy hurting the people who had abused her. She also had a dream of the offenders, her husband, and her present partner ejaculating into baby's underwear. These dreams were very distressing to Nancy but also helped her acknowledge her feelings about being abused and her fears of her unborn child being abused.

As mentioned above, Nancy gradually was able to simply know that what she was thinking about had actually occurred, without needing any visual or kinesthetic "proof".

Nancy's subjective experience during memory recall. Nancy felt a sense of panic and anxiety reactions during memory recall. Her heart would beat rapidly and she had difficulty catching her breath. Similar to other stressful times, Nancy experienced a "hole" in her chest and a great amount of pain in her lower abdomen. She describes this pain as a feeling of "physical assault". She experienced shock and confusion when a visual memory would suddenly flash before her, wondering "what the hell is this..is this real?" It was totally new but so real that although one part of her thought she was making it up, the other part was saying, "this is real".

Overall, Nancy felt a number of feelings simultaneously: disgusted, very angry, but mainly like being "small, fat, helpless, and humiliated. Depending on where she was when the memory returned, she sometimes "shut down" when she felt overwhelmed. Nancy would freeze, sometimes physically, but more often on the "inside".

#### Reactions/effects of remembering sexual abuse.

Throughout the period of remembering past sexual abuse Nancy experienced days when she thought she was going crazy to herself and the people around her, although she learned that this wasn't as apparent as she thought. She felt isolated and thought that no one would believe her. She felt shock and disgust when she thought of the ways her father had abused her. Being a "Man of God" made it even more "sickening" to Nancy.

She was exhausted most of the time and found the slightest chore, such as shopping two blocks away, to be an insurmountable task. She missed appointments because she felt overextended all the time. Nancy felt like she was living in a daze. Her concept of time was distorted, seemingly without any division of days. Some days went on forever, especially when she unplugged the phone and retreated to her bed reading children's books all day. At those times, "a day was like a year". "Time was like swimming in a past, present and future soup...I had no control over whether my mind was going to be in the past, present, or future...especially being pregnant."

Disassociating and becoming numb was a common survival mechanism for Nancy during this period. She would appear to be functioning but if she burned herself on the stove, she wouldn't feel anything until she noticed the smell. Nancy prided herself on "not being weak" and to allow herself to show how she felt inside would be a sign of weakness. Appearing functional seemed more "virtuous" because she still seemed to be functioning from outward appearances. She was unable to paint or write, only recently having regained

those outlets. Living in the past was the only thing that was real at that time. It was like "living under a glass dome". Nancy recalls that it was partly a powerful feeling because nothing could hurt her; "I don't feel anything". Sometimes when she became aware of being on "autopilot" she felt frightened that she might not be able to get back. She would try to break out of being numb by initiating sex, allowing herself to cry and "freaking out". Feeling anything would usually break the pattern.

Nancy felt distressed that she was so consumed with her feelings and memories. They were all she could think or talk about. Every time she was alone with her partner she would start "freaking out" about her memories. When Nancy saw her counsellor or talked to other people she felt very uncomfortable because she was afraid she might "lose it".

Nancy really wanted to deny her memories but, because of her eating disorder, she knew she "wasn't allowed to". She fought them frequently, especially in the beginning. She even tried to convince herself that what she had remembered was not abuse. Sometimes she'd throw herself into housework or do situps in order to keep her feelings down, saying to herself; "To hell with it, I refuse to deal with this...I'm not going to think or talk about it." Deep in her heart and with every fibre of her being Nancy believes that the abuse really happened. Still sometimes she says, "if these things really happened," because she "just can't say that".

The effects on her family were both positive and negative. When she was shut down it was very frightening for her partner not to be able to reach her at all. However, since they have both been working through their issues together, Nancy feels that sharing their experiences has drawn them even closer.

Although Nancy initially became sexual with her partner as a way of increasing intimacy and breaking through her numbness, sexual issues have become more

pronounced since our initial interviews. Now when she is being sexual she often has visual memories or feels a sudden, heavy repulsion and need to throw up.

In her relationships with friends it was sometimes "rough". She has had some friends, mostly males, express disbelief and she gets the distinct feeling that they don't want to hear what she has to say. With other friends it has brought them closer. She has had support and been able to talk about it with more people than she would have ever imagined. Nancy feels that in some ways it has balanced out friendships. She has become more straightforward about her own problems and is more able to set limits about what she can offer them. Still she finds herself testing people by telling them she was abused to see who "values" her enough to believe her; who she can trust to be intimate with in the future.

Becoming pregnant during this process has raised daughter issues for Nancy. Her dreams are symbolic of the fear that she feels about her own daughter being abused. She worries about having a daughter who will have to "go through so much shit" and there's only so much protection that Nancy can provide.

Family issues have been a really difficult part of working through her feelings about being abused. Nancy feels very torn about how to respond to her family now, having been the caretaker for so long. Nancy feels that they expect her to take care of them emotionally. She feels powerful yet confused and sad about distancing herself from her family. She doesn't want to hurt them but she is also unwilling to give anything to them either; "I don't know if it's appropriate to let people who have hurt me so much to be in my life...I had to go through all this shit that I went through a long time ago." With regards to her brother who was most involved in abusing her, she has decided for the most part to "write him off".

The most difficult part for Nancy is to figure out what to do about her parents. "I do feel really at a loss". At the time of our interviews she had recently spoken with her mother on the phone, the first time since she had regained memories. She felt "hopeless and helpless" after talking to her mother, whose health is fragile and who is "in love" with her husband. In the back of her mind while she was talking with her mother she was wondering, "How much were you aware of and why didn't you help me?" She doesn't know how she will feel about hearing her father's voice on the phone. A part of her "hates his guts now". Nancy summed up her feelings when she said, "I'm not done with my folks yet".

Remembering her sexual abuse has taken a heavy toll on Nancy's feelings towards herself. One of the negative effects that Nancy is dealing with is that everything in her past became open to scrutiny by her harshest judge; herself. Having always been someone who liked to know her own motivations and make conscious choices, she suddenly felt that she had been "living a lie". She began questioning all her past sexual behaviors to see if there was any connection with being sexually abused. She directed anger towards herself because she had always prided herself on being "contained". She had always "handled things so well" and now she felt that she was "leaking" all over the place and "bleeding" on people. I had always handled things so well, why wasn't I handling this well?

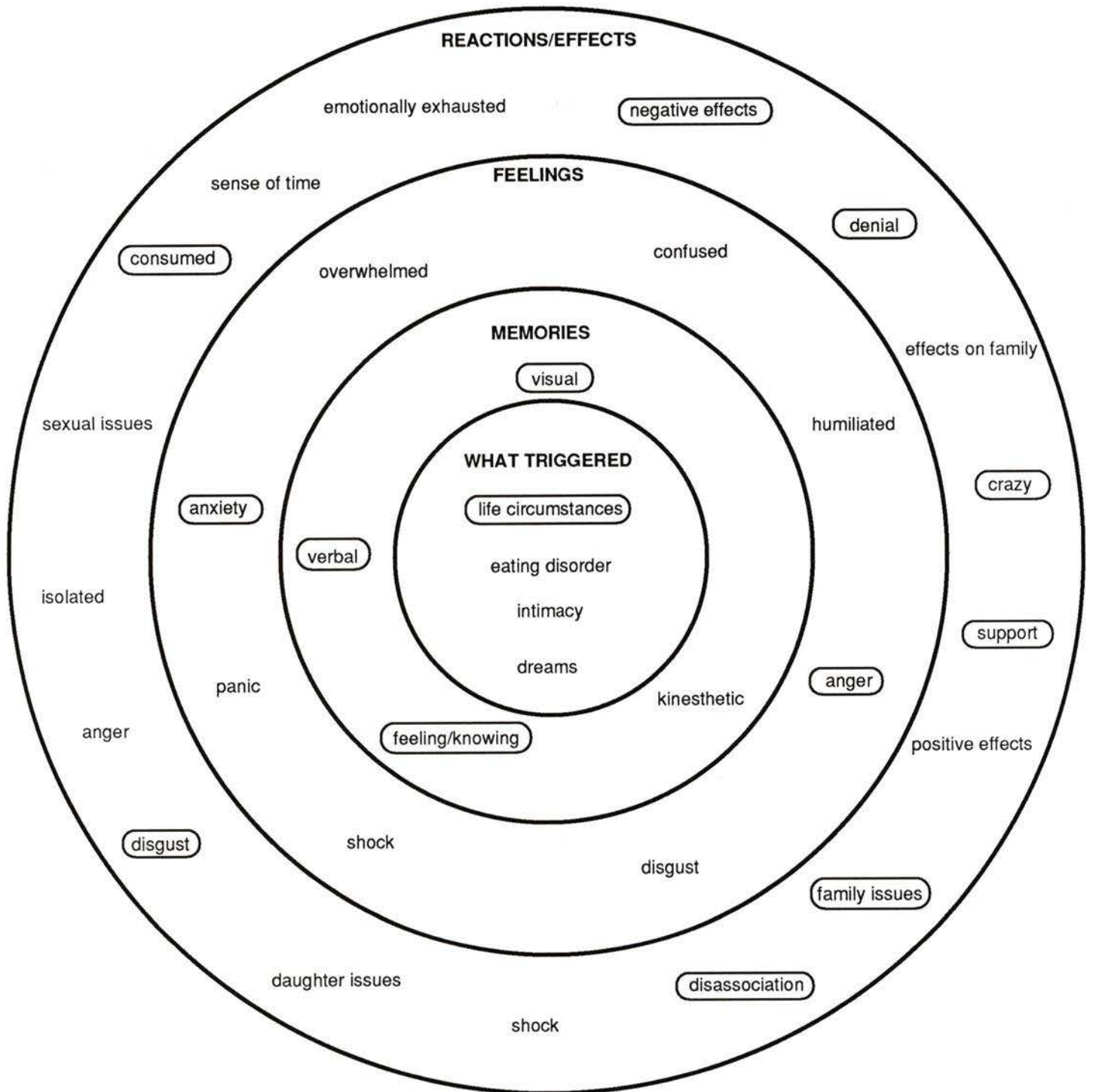
Getting memories back was really hard on her self-esteem. Nancy had been working through her feelings about her past relationship and had reached the point where "everything" wasn't her fault. Now everything was her fault again; "maybe I wanted to be treated like shit.." Nancy blamed herself for being abused. Something must have been wrong with her to have these terrible things happen to her. She experienced days of "really bad self-abrogation" where she "verbally assaulted" her partner by telling him she was a "piece of shit, garbage, and second-hand goods".

Nancy feels that remembering her abuse has also had positive effects on her life. She sees the process of remembering as a "pathway towards health". Questioning her own precepts has made her examine what she now sees as "inappropriate coping mechanisms". She is beginning to see that many of the problems in her life stem from the sexual abuse and the methods she needed to survive it.

She no longer feels that she has to "make everybody in the world feel alright". It is "okay" for her to have some of her own needs and to ask for them to be met. She is learning to say "no" to her friends and be assertive. She is questioning her belief that if you let people think that you need them, "you're shit". She realizes now that she hasn't always been good at handling things, she's only been good at "leaving town". Nancy says she still needs to figure out how to feel angry.

She feels frustrated with the amount of information that is available to her in her healing process. Although she was able to receive emotional assistance, she wishes there was more practical, concrete assistance. "I feel like I'm holding this bag of shit, what am I supposed to do with it?"

Nancy finds herself recoiling from the label "incest survivor" as the word upsets her stomach. She isn't sure whether she will ever be able to use that word for herself. She does know that she will not be "thrashing about" with the effects of sexual abuse ten years from now or have it running her life the way it does now. "If it has been, it's not going to anymore".



..... Predominant Themes

Figure 3: Map of General Structure of Experience in Remembering Childhood Sexual Abuse for Nancy

## Jody

Introduction. Jody heard about the study through her contact at a Women's Sexual Assault Center. Her process began about three years ago, although it took a year and a half before she entered therapy and began remembering. Jody works at home raising her children and lives with her partner of eight years.

What triggered Jody's memories. For three years, prior to recalling any memories, Jody had a feeling that something was wrong, but she didn't know what it was. After an incident where the offender had videotaped her daughter, making comments about her "provocativeness," Jody felt suspicious that he might be abusing her daughter. Following this incident, she "went into a depression".

Jody consulted her doctor, who knew she had been bulimic as a teenager. When Jody told her doctor that there was something wrong with her, her doctor suggested that Jody not be surprised to find out that she had been sexually abused, as 100% of her patients treated for bulimia had also been abused. Jody remembers that this "really triggered things" inside of her. She went to her husband's workplace in a state of anxiety and panic. Unable to see him, she tried to walk around, just to keep the tears back. She imagined pushing everything to the back part of her head until she had someone to help her deal with it. She thought about who might have abused her and when she said his name, she knew who the offender was but she still had no memories as proof.

She sought out help through the crisis line and then began individual counselling at the Sexual Assault Center. Shortly after this, her first series of memories came. Jody attributes her ability to recall these memories to being told by a counsellor that some people repress memories, and to the bioenergetic exercises that she did in therapy.

Sometimes dreams would trigger memories. Jody often remembered sexual abuse after she released pent up emotion. She recalls crying in her family room at night and having more memories come to her. Eight months after being at a workshop that addressed offenders murdering their victims, Jody had a body memory in which she remembered her offender trying to strangle her. Jody's need to deny that she was abused affected her ability to recall new memories. Sometimes she would shut down and it would be some time before more memories would come. Whenever her denial came in heavily she knew that memories were around the corner as she could feel a "big build up".

For Jody, the hardest memories, the most devastating, were triggered near the end of her process. She "really had to work at" retrieving them consciously. Although her memories are still coming, the time between them is greater. In retrospect, Jody thinks that she allowed herself to remember at that time in her life because her life circumstances were "safe and secure". She knew that she had enough money for therapy and for someone to care for her children in case she "fell apart".

Form(s) of Jody's memory recall. Jody's memories returned to her mostly in a visual form, however she also retrieved kinesthetic, the occasional feeling/knowing and audio memories. A week after she had begun therapy, she had a nightmare about her neighbor being shot. This memory was both visual and feeling/knowing as she "knew" that the neighbor she had shot was actually the offender. When the neighbor blotted the blood she "knew" it was the offender blotting the blood from her vagina after he had raped her. After this nightmare, the entire "rape memory," and others, came back in video form. At this point Jody "knew for sure" that she had been sexually abused by this man.

Jody saw visual images in her head of the abuse that were very detailed and clear. She wryly describes these videos as "full technicolor motion pictures" that usually came to her in one piece. However, one memory that was especially traumatic was seen only one

segment at a time over a long period. Occasionally Jody's visual memories were accompanied by audio. Mostly she heard the offender's voice, when he addressed someone else in the room.

She observed her visual memories from a dissociated place, usually the ceiling. There was usually a window where she was abused, out of which she could disassociate. When Jody viewed her memories, as an adult, there was always a part of her that remained connected to her adult reality. On two occasions, however, while describing a memory to another person and while expressing her feelings of abandonment to her "mother" during a therapy session, Jody's voice changed to a "little girl voice". It was as if she slipped back into the abuse as a child and it was happening right then. She felt unable to stay in her "adult reality".

Following our second interview Jody had a kinesthetic memory, as mentioned above, of being strangled by the offender. During the memory recall she collapsed on the floor, her hands around her neck, unable to breathe. She was tearing at her neck as if trying to pull someone's hands away from her throat.

Jody's subjective experience during memory recall. Jody "hated" getting memories back because she was suddenly whirled back in time to feeling incredibly helpless. She wanted to get out of the memory recall but knew she couldn't stop it. It was "horrible" to feel a complete lack of control, unable to stop what was happening in her body. Jody experienced terror and would curl up in a corner, shaking, in the shape of a ball. One memory that stands out as especially frightening to Jody was recalling an incident in which the offender put a bag over her head during the abuse. Without her defense mechanisms to block her feelings, Jody experienced absolute terror during this memory recall.

Feeling crazy was very common to Jody. When others would not agree with her that she was crazy, she remembers saying she was "some sort of crazy they haven't discovered yet". Curling up in a corner is how "crazy people act".

As each piece of memory came Jody was shocked and horrified by what she was seeing and would say to herself, "Oh my god...this can't be happening. What's this?" It was "too bizarre" to believe at times. She couldn't believe this happened to her. Jody expressed feeling pain, anger, emotionally exhausted, and always overwhelmed during these periods of memory recall. It was especially horrible when feeling memories came back without any visual memory.

Reactions/effects of remembering sexual abuse. Jody kept telling herself that each new memory was the last as she didn't want to remember anymore. Denial was a predominant reaction throughout Jody's process of recovering memories. Her need to deny what she remembered was immense, especially right after a flashback. When her memories were fresh they were "too painful" to remember.

Jody would try to discount her memories by saying that she was "crazy" and had "made it up". Jody thought she must have made her memories up because that "couldn't have happened" to her. She knew she wasn't consciously making them up but thought that there was something wrong with her subconscious. Jody knew her imagination "wasn't that sick," that she couldn't have made them up. They were just "beyond imagination". Jody recalls that her need to deny was so strong that she tried to convince her support group that she had a brain tumor that was creating these horrible visual images by pressing on a spot on her brain. She laughed when she told the story of reading the title of a book It Could Have Happened to Me, as It Couldn't Have Happened to Me.

When she first began remembering, Jody used alcohol at times to avoid thinking or feeling anything about what she had remembered. The "adult" Jody did not want to believe

these things had happened to her. Her denial "came in especially heavy" a short period before the most sadistic memories, the ones that were the hardest to believe. Even to this day there is a memory that Jody "can't" believe, even though her partner and therapist both believe it. She doesn't want to believe it and insists "I won't".

Being able to "prove" that these bizarre memories actually happened was the "biggest thing" to Jody. She felt that she could not accuse the offender without memories. Jody often called her mother to verify that the most intricate details of her memory were true, e.g. the color of a car, if a bed had a bedpost and what color it was, etc. Any dispute about the accuracy of her memory would send Jody deep into denial. If her mother said "no," Jody felt, "I'm crazy. Everybody else is right and I'm wrong". If her mother said "yes," she was both relieved and devastated that what she remembered had actually happened to her.

Jody felt like a "loser," "liar," and a "fraud" most of that time. Even though she hated having to prove it to others, she would still give people a barrage of details about the abuse so that they would believe her. Jody needed people, especially her partner, to tell her she wasn't crazy or making it up. When some of her cousins disclosed that the offender had also abused them, Jody felt incredibly validated. She no longer had to worry that others thought she was crazy.

In retrospect, Jody realizes that it was probably for herself that she needed to prove her memories were true. At that time she didn't feel strong enough to trust and believe herself. A part of Jody always knew that her imagination "wasn't that sick," that she couldn't have made it up. She would have retracted everything if she thought she could have. She knew that "it would keep coming back," forcing her to deal with it eventually.

Jody felt that this whole piece of her life was separate from anything else and it was a "nightmare". She had been depressed for a while before remembering, but during this

period she "really removed" herself from everything and everybody around her. Jody dealt with her memories and her feelings in the same way she learned to deal with the abuse as a child; being alone and "keeping it together". She shut down for a long time and spent entire afternoons crying in her bedroom. She felt that she wanted to die to escape her memories and feelings; "This voice inside me kept saying 'I want to die'. I knew it wasn't the adult who wanted to die - it was the child in me."

During this period Jody felt vulnerable, emotionally exhausted, shocked, and devastating pain. She blamed herself She felt angry at the offender and blamed herself when she remembered other people being abused with her because she made a deal with him that she would do whatever he wanted if he left everyone else alone. She remembers feeling humiliated when she regained a memory of being abused by the main offender and five other men; "The gang rape was hard to remember - the humiliation - you know, it was a big joke. They each paid \$1 to rape me...just the humiliation."

However, the thing that was most devastating to Jody was being turned down by Criminal Compensation, being told she should have dealt with it twenty years ago. She felt completely devastated. Jody felt like taking her life, like she was a "burden" to her family. For Jody, it was like Criminal Compensation was saying she wasn't worth it. "It was the shittiest thing they could do to a survivor".

Jody felt consumed by her memories which were constantly with her throughout the day. Remembering childhood sexual abuse had effects on her family. "It was so unfair" to her children because when they asked for a glass of milk, interrupting her thoughts, she felt very angry and impatient. It was very hard for her children because they received her anger at the offender, even though she tried to explain that it wasn't them with whom she was angry.

During the third interview, Jody expressed concern that she would put her daughter "in the same position" in which she might be abused. Her relationship with her partner went through "stress and strain". At one point he thought of leaving. Jody remembers feeling that she couldn't cope if he left and knew she couldn't take care of the children 24 hours a day. They eventually hired a nanny, something Jody feels every survivor going through this process should have. Jody has been aware of sexual issues since she remembered. She tried being the one who initiated being sexual but found that after a few days, she felt guilty and felt she had to "offer service". With her partner's support, Jody has worked at saying "no" and presently feels better about their sexual relationship.

Much of time Jody felt pressured to "get over it" by her husband's impatience. He would ask her "When's this going to be over with?" or "How much more money are you going to spend on therapy?" When Jody read The Courage to Heal he often said, "Oh, you're reading that book again". Jody felt a sense of relief when he was able to express his feelings of resentment about how he had been affected, in a police statement. He also feels very angry at her family for the way they have denied Jody's story. Jody finds it difficult having her partner mad at them because a part of her still wants to defend them, even though she thinks they don't deserve it.

Her partner wasn't the only one who wanted Jody to "get over it". She sensed that others thought she was "strange" for dealing with past abuse. Some friends asked her "How many more memories are you going to have?" When she told a girlfriend about her memories, Jody saw her shudder and she knew her friend wanted her to "shut up". During this period Jody let much of friends drop away, closing the relationships. Although some people want to block it out, most will hear. Jody just "grits her teeth" and tells people.

"Not wanting to hear" is descriptive of one of the family issues that Jody has faced since the beginning. Jody has felt very supported by her father, who knew something was

wrong. She knew she could tell him and he would be there for her. Jody didn't feel that she could tell her mother, who would "brush it off, tell me I was crazy, and reading too many dumb books". Although Jody eventually told her mother, she feels exasperated, angry, hurt, and resentful that her mother has had to minimize or deny everything; "she could never believe it". A "big issue" for Jody, since remembering, has been working through her feelings of anger and sense of abandonment at her mother for not "being there" to protect her as a child.

Remembering her abuse has caused strained with her siblings. They didn't like what she was "doing" to her parents, who were "devastated". They wanted to know why she had to "punish them" with it. Jody feels badly that her parents had been "ostracized by the family," but she also feels that her parents and family should know because she had to live through it both as a child and again as an adult. "There's this little girl in me saying 'what do you mean? I lived through it, went through it, and all you have to hear is what happened to me.'"

Jody has felt blamed by her family, as if she was the cause of all the family's problems. Although some of her siblings have also regained memories of being abused by the offender, they won't hear any more about Jody's abuse because they say they've "been through enough". When Jody told her older brother that she had remembered that the offender was successful in "getting him to offend" her also, he apologized. Jody told him that wasn't enough, she wanted him to remember. She felt blamed by her brother who also said, "Well, now you've really done it, because there's no way I can deal with this now...I feel so guilty. I feel like they're going to put me in jail."

Due to her parent and siblings reactions, Jody has come to understand how children can disclose and then "back off". Jody has had experiences with getting help that were both supportive and nonsupportive. She received support from both individual counselling and

the 24 hour crisis line at a Women's Sexual Assault Center, a support group for female incest survivors, and friends who had been abused.

The group helped Jody because she knew the other women in the group were experiencing similar feelings. In the beginning Jody didn't want to cry in front of anyone else, so she used the crisis line frequently after she had worked through memories on her own. Even when she was with supportive therapists who felt comfortable with her emotions, she still didn't like "looking like that". However, as time went on she found it increasingly difficult to "bring the memories" on her own. She now likes having someone there.

The most helpful thing anyone did was to believe her. Bioenergetic work was really effective in helping Jody release her physical tension, and emotions. Being told information about denial was also important. Jody expressed relief when she heard that "everybody does it," "it is normal and is there for protection," and "how bizarre and crazy your schemes are to deny everything". Jody felt supported by therapists and others who said, "You didn't deserve what happened to you," and "It should never have happened and I'm sorry".

Jody also felt supported by having a nanny take care of her and her children for six months. She felt like she had some breathing space and could go back and be a child again, something she felt she really missed. Jody strongly feels that any incest survivor in the process of remembering needs a full time caretaker, someone to nurture her.

She believes that she "did get hurt" by some therapists. She experienced difficulty finding a good, trustworthy, knowledgeable therapist. One psychiatrist told her that "if a woman is tampered with, she never forgets it". Another therapist, who ran a group Jody was a member of for a brief period, insisted that the women assume responsibility for the abuse, that it was their fault. Although she didn't feel comfortable with his approach, Jody's

confusion and vulnerability kept her from saying "no" to him. Fortunately, Jody listened to her father who insisted that she not return.

Other psychiatrists were equally ill-informed. Jody knew very quickly, when she asked her psychiatrist about the relationship between bulimia and sexual abuse, that he was not going to be able to help. She remembers feeling angry at another psychiatrist who told her that children "oozed" sexuality, and that he "would never come on to her" but he "loved her". She felt defensive and resentful when he "put down" her father for not being at home when she was a child. She recognizes now that at the time she "couldn't see the inappropriateness" of certain therapists, that her father could.

Jody feels other negative effects from her experience of remembering. It has been "very bizarre" for her to realize that she didn't have "the perfect little life" that she thought she had; "I thought I came from a perfect family, had the perfect life...we got our degrees from university and were considered a successful family." Jody still struggles with her feelings about herself. Although she is able to see other survivors as being courageous and strong, she is sometimes unable to accept these strengths within herself. Now that she has become aware of her ability to disassociate, Jody worries that she is never "really here".

Jody also feels nervous that the happiness she feels more frequently now is "just a phase" and she will soon be "hit with reality". Mostly, Jody feels that she is finished with the major work. Time and distance have helped Jody in letting go of some of the emotional pain and accept her memories as having truly happened. Giving the police her statement was also helpful in enabling her to let go, as she knew the information was on file somewhere if she needed it.

Jody sees her increased happiness these days as one of the positive effects of recovering her memories. Jody felt so much lighter after recovering each memory. Even though she needed to deny it afterwards, it "still felt good" to have released the tension.

She doesn't have to hold on or go through the pain anymore. Her self-esteem has been raised in some ways. She can look at herself sometimes and know that she went through hell and survived it. She lived through times when she wanted to die. Jody understands more about why her life "wasn't working" before. Jody feels that she doesn't have to do anything to avoid life now. She is living life now. She likes herself more now, something she never could have said before. She sees herself as "being together" now and believes that her life has just begun. Sometimes she feels "weird" because; "I go around the house feeling light and happy and thinking, 'Oh, is this what life's about? Does life feel this good? It's so wonderful."

Remembering was both "painful and long". Sometimes it seemed like it would never end and she wanted to give up hope. But now Jody can look back and feel empowered by how far she has come. Now that she's "99.9% through it" she feels that it was worth every effort, every penny spent. It was something she had to go through in order to "be over it". Jody feels that being abused as a child took her life from her. She wasn't living. Although she still feels "crippled," recovering her memories has enabled her to foresee a day when the scars will no longer affect her life.

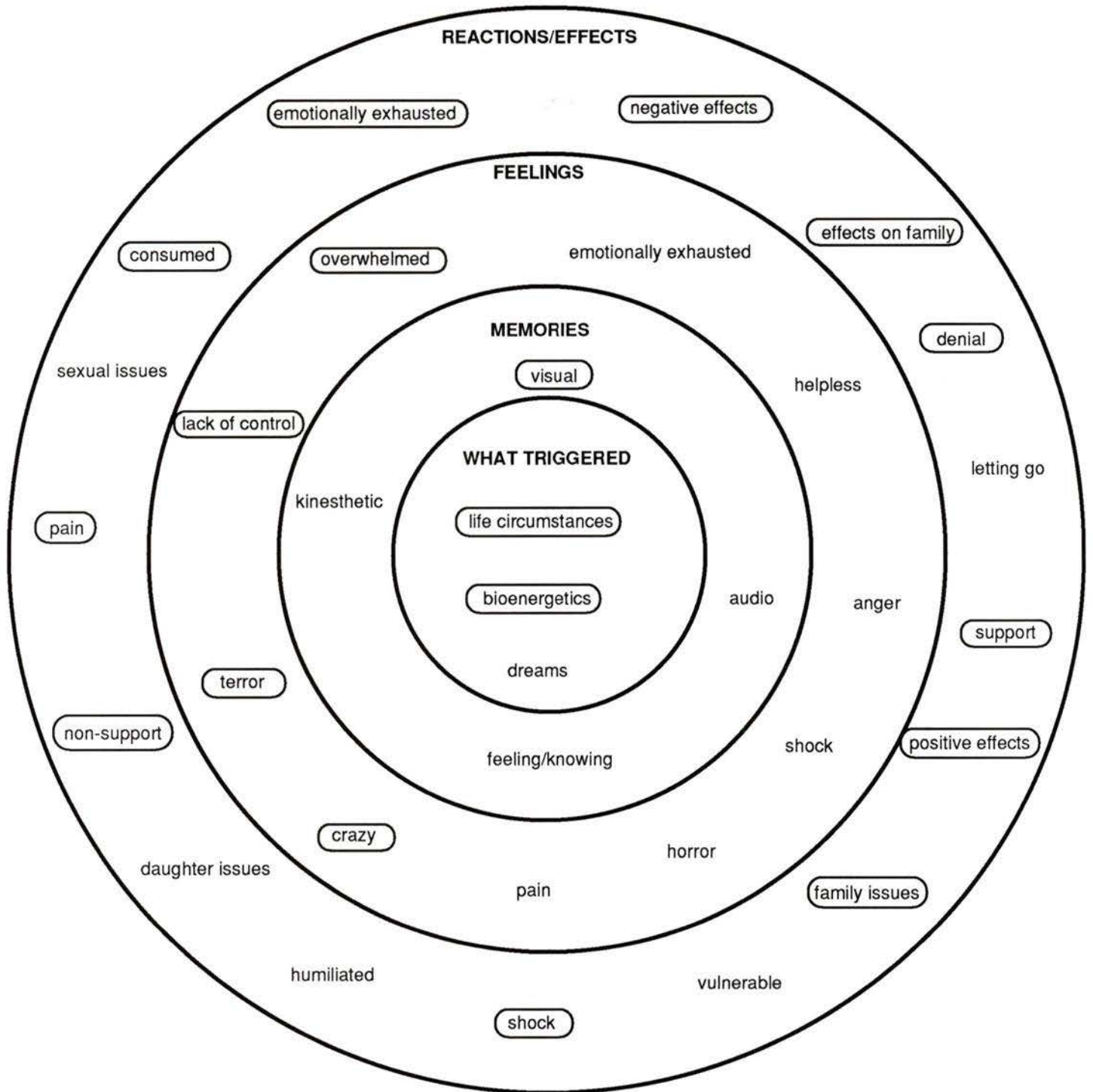


Figure 4: Map of General Structure of Experience in Remembering Childhood Sexual Abuse for Jody

## Joann

Introduction. A counsellor, whom Joann was seeing, told her about the study. Joann has a private practice in therapy and is deeply involved as a peace/environmentalist. She is very proud of having raised four independent children and of their own children. Joann's process of recovering memories began six months ago.

What triggered Joann's memories. Joann has been involved with "primal therapy" for a number of years. During these primals Joann often screamed in "absolute terror," believing that her fear stemmed from the trauma of her birth experience. Although some therapists had suggested she might have been sexually abused, Joann would always "shy away and deny it". She remembers asserting, "I was a virgin when I got married". In retrospect, Joann thinks that she wasn't ready at that time to connect the primal screaming with her abuse.

A life circumstance which precipitated Joann's memory recall was her partner "putting pressure" on her to spend more time with him. Joann's reaction was that of fear, which grew increasingly stronger. Her partner's pressure "called up" feelings of entrapment, which she had experienced in her relationship with her father.

Around the same time, Joann experienced kinesthetic sensations in her anus. The pain was so severe that Joann was afraid she had a tumor. Her entire body ached all day. Throughout this process, Joann's memories have often been triggered by her drawings. Joann first realized there was "something very much unresolved" in her, when she drew extremely disturbing pictures in art therapy class. Joann also has dreams which trigger memories of past sexual abuse. Her suspicions of being abused by her father are validated by the content of these dreams.

Joann thinks she allowed herself to retrieve her memories at that time in her life because she had a good support network of friends, as well as effective coping skills such

as exercises working with her "parent" and "child". Looking back on it, Joann thinks she was feeling "pretty solid" in many ways at that time and could thus risk knowing about the part of herself she had so thoroughly repressed for so many years.

Form(s) of Joann's memory recall. As mentioned above, Joann's memories came to her in the form of kinesthetic memories, visual dreams and drawings, and feeling/knowing sensations. These sensations were experienced both individually and in combination with one another.

Around the time of her first kinesthetic memory, the incredible pain in her anus, Joann sought out support. While sitting on the floor at her therapist's, Joann asked herself what the worst thing was that her partner could do to her. Suddenly "bodily symptoms" surged forward and she began tremendous, deep crying. She "knew" that the worst had already happened, that it wasn't her partner, but her father who had probably done it. She began screaming and yelling, "No, it can't be..." Joann realized that she wouldn't have repressed her memories so much if it wasn't her father who had abused her. She was finally able to tell her therapist that she thought her father had "bum-fucked" her.

Often Joann's memories emerged from clues in her drawings. One of the first signs of abuse came from a picture of her father holding her with huge arms, encasing a "chaotic, abstract person" which she immediately recognized as herself. Another was a drawing of what she imagined the abuse might have been like; "I drew my bum, I drew my back, and I was looking back, and I drew big hands on my bum - that was extremely painful...I was crying very quietly when I did that."

Joann discovered how old she was when she was abused from a clue she gave herself while dating her drawings, something she routinely does. Although it was the 30th of November, she noticed that she had mistakenly dated each picture drawn in class Nov. 9th. One of the pictures was a drawing of a big penis between two big hands with green

bugs all over both of them. She had also drawn a very small picture of her back, with the same bugs on her rear end. She had drawn her rear end because she remembered that she had impetigo as a child. Suddenly she realized that her father was the only one who had caught impetigo after she had it. Because he had a full blown case of impetigo on his face, he had grown a beard. Joann remembered that after he had shaved the beard off he had left a moustache. When she checked photographs of him with a moustache, she saw that she had dated the pictures "1941," when she was 9 years old.

Joann's dreams are also clues from which her memories emerge. In one dream a large bulldog bit her on the side of her neck so badly that she could taste the blood on the left side of her throat. After the dog had finished biting her it was "weighting down" on her left shoulder, while she lay on her back. It's face was totally docile. On the other side was her own dog, looking at her with compassion. She looked at the dog and asked it why it hadn't helped her, then extricated herself from both dogs and went to tell her mother. Her mother totally dismissed it and wouldn't listen. She went to the bathroom and saw blood on her underpants. After waking from this dream she had a bowel movement in the bathroom but, in her mind's eye, saw blood mixed in with the feces. This was a real validation to Joann that her father had abused her with anal intercourse. She also has a recurring dream of taking care of a little girl that isn't hers;

In this dream I put it to my chest to nurse it, not to nurse it but to warm it, and when I took it out it turned into a black, almost phallic-like, black plastic doll, totally dead with a television-like screen for its face. And it's like that is what that bite had formed my baby into. This hard veneer, black, unfeeling, plastic child.

Feeling memories usually emerge following Joann's drawings and dreams. She takes the drawings or dreams to her therapist and then allows herself to "sink into" the memory of

her feelings. During her first feeling memory, Joann's emotions "were just pouring out like vomit that doesn't stop".

Joann's subjective experience during memory recall. Joann does not usually allow herself to experience her feelings about the sexual abuse unless she is in the safety of her therapist. She frequently disassociates from her emotions by talking about her drawings in terms of "interesting details," to avoid feeling "trapped" by her emotions. However, once she allows herself to sink into her feelings, Joann experiences panic. Her mind races back and forth, trying to deny what she knows is true;

Oh this is hysteria, this is something I...this is a hysterical fad...oh no, I'm not one of those...my mind was saying all these things. And I just kept thinking - my grandmother's gardener, my uncle, anybody, anybody but my Dad.

Although at first she just "couldn't believe" what she was remembering, her emotions were so strong she could not deny her feelings.

It is very important to Joann that she allow herself to feel panic-stricken and to "go through" the panic. During the panic she demands that her therapist "just be there," without interfering with her expression. She reassures herself that it is "okay" to feel her emotions because the worst is over. She lived through it once and can live through it again. "It can't kill me now". Joann also tells herself that she won't know anything more than she can bear to know. If she does, her therapist will stick by her until she can "be normal" again.

Experiencing the memory of her emotions is very painful for Joann. She feels that she is going to "die from the pain". It is more than she can bear;

The thing is it can't be my dad. He's the one who I loved. He was the one who let me touch him. My mother was a shadow. My mother was a nonfunctional person and my dad was my ticket to sanity because he let me crawl into his lap.

She feels totally "devastated" and "absolutely put away by it," and expresses her pain during therapy sessions by screaming, crying, and yelling. At this point in her process, Joann seems to be becoming closer to just remembering and "softly crying", when outside of the safety of the therapist's office.

Reactions/effects of remembering childhood abuse. Joann still fluctuates between doubting herself, being sure that the sexual abuse happened and amazed that it happened. Nonetheless, remembering has had effects on her family, both with her partner and her daughter. Joann avoided telling her partner what she was remembering for quite some time as she was sure he wouldn't believe her. Later, after she realized that she was projecting her fears about her mother onto her partner, she told him. When she wants to talk with him about her experience, however, she often feels isolated, believing that he "doesn't want to hear about it". In her sexual relationship with her partner she seldom wants to sleep with him these days as she increasingly feels "panicky" and "trapped". Her interest in men has greatly decreased. In fact, she "could care less" about men as they are "a big bother".

Joann's relationship with her daughter had also been through turmoil. Remembering her own abuse has increased Joann's awareness of having put her own daughter at risk for sexual abuse by a past partner. Joann still struggles to reconcile her feelings of guilt and deal with her daughter's anger and resentment.

A number of family issues have also been raised from having remembered. She is very angry at her father, who is now deceased. Joann's "repugnance" for him is evident when she described him as a "roach". She hopes to work through her feelings of anger and hurt about her father so that she can see men for who they are, both "good and bad". Joann wants to be able to trust men with whom she is in relationship and give more of herself. She would like especially to "tolerate" her partner more. Joann's awareness has greatly

increased since remembering. She has become acutely aware of feeling "trapped" when her partner wants to have sex with her or spend more time with her.

Possibly the "most hurting thing" that Joann is facing is that her mother could have known that her daughter was being abused, but "did not choose to know".

Joann has sought support to help her work through her memories. She is very clear about what she needs and doesn't need from her therapist when she allows herself to sink into her feelings; "She doesn't need to touch me. It's better that she doesn't because then I'd focus on her touch instead of on what I am recovering." Joann feels a sense of safety with her therapist who encourages Joann to stay with her feelings and who, Joann knows, will be there when she needs her.

Her experience with other therapists has left a bitter taste in her mouth. Joann feels angry that they suggested she had been sexually abused before she was ready to remember. She wishes they had kept their "goddamn mouths shut". Joann thinks that she might have recovered her memories much earlier if she didn't have to take such a strong stance of insisting it hadn't happened.

Joann wants to become involved in a support group for other women who have been abused. She supports herself through this process by doing the "nicest thing" that she can do for herself at this time; stay home with a fire, her dog, some television and a book to read.

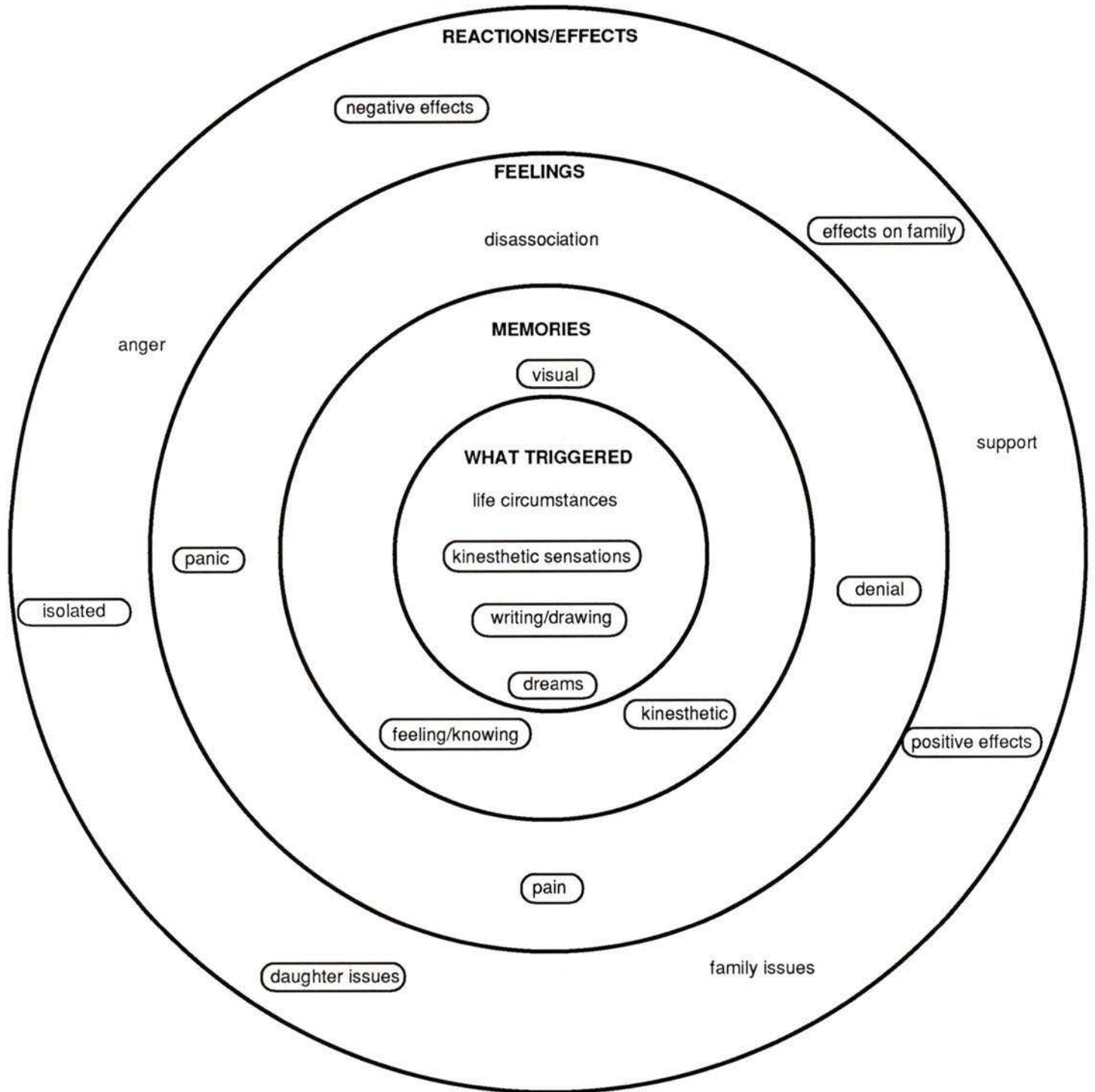
Remembering has had negative effects on Joann's sense of security within herself. Since remembering she is "back to feeling insecure" around other women, something she has spent plenty of energy working on. She feels isolated from other people and less "functional" in the world now. Joann has become very forgetful and self-absorbed, because now something much more important is demanding her attention. One of the most difficult

issues Joann deals with is finding out even more terrible information about her "nice middle-class family".

Remembering has intensified Joann's awareness of sexual abuse in our society. She sees sexual abuse everywhere now. When she sees a mother with her child she wonders, "Does she really know that child?" The words "sexual assault" are quite loaded for her now. She expressed astonishment at the name "Women's Sexual Assault Center". She wonders, "How can they have that name out in public?" Joann is really saddened by the way she sees society dealing with sexual abuse; Society is so sickening in how it puts the onus on the kid...people are blind."

As a result of remembering her past abuse, however, Joann has also experienced a number of positive effects in her life. She expressed an incredible sense of joy at finding out because it explains so many of her "dysfunctional" elements; her feelings of insecurity, guilt, worthlessness, and her inability to forgive herself. Joann feels more complete as a person now. The "two parts" of her are coming closer together and she is less disassociated from that part of herself that was so badly hurt as a child. If she had not allowed herself to go into that panic and find out what was behind it, she would be back at "square one," never having found herself.

A sign of her healing is evident in her drawings which are becoming less abstract. When she draws herself now, she has "all her parts...not just scribbles". Joann shares herself by talking about her drawings in art therapy more frequently because she doesn't feel that she has as much to hide. She also sees that it is worth the risk and that others in the group are also starting to open up. Joann knows that she has to talk about her experiences even though some people may label her "hysterical". Remembering is something that is very painful that she has avoided for a long time but Joann welcomes this process because she is healing.



..... Predominant Themes

Figure 4: Map of General Structure of Experience in Remembering Childhood Sexual Abuse for Joann

## Donna

Introduction. Donna heard about the study from a friend, another one of the participants. It has been two years since the beginning of Donna's process. She is presently working on her M.A. degree and lives with her daughter and partner.

What triggered Donna's memories. There were a variety of circumstances in Donna's life which, she believes, led up to remembering her childhood sexual abuse. A few years back, Donna sat on a jury trial where a man was accused of sexually abusing his daughter. Although Donna believed the man was guilty, she gave in to the pressure of the rest of the jury members and found him "not guilty". Following this trial Donna felt "incredibly anxious" and guilty that she had "abandoned this girl". She remembers feeling shaken up because she had always thought that she would stand up for what she believed in.

Before any memories returned, Donna remembers feeling uncomfortable in her relationship with her own daughter. Her daughter had also recently disclosed that she was being sexually abused by someone at her day-care Center. Donna recalls feeling very worried that her daughter was being abused before her own process of remembering, but had no idea who the offender might be.

Another life circumstance which precipitated her memory recall was that Donna felt that her life wasn't going well at this time. She noticed that it was becoming increasingly difficult for her to "hold it together". It was harder and harder to be "the perfect person". Donna began to worry that her beliefs didn't match her actions.

An injury to Donna's back also kept getting worse. It became obvious to her that the kinesthetic sensations in her back were more than just physical so she sought help at a "Stress and Pain Center". As part of an initial interview Donna was hooked up to a biofeedback machine and it became "very obvious" to Donna what was causing stress in

her life. Donna began doing some therapy there as she found someone who "would actually listen".

Shortly after that, Donna recalled ways in which she had been physically traumatized as a child. Consumed with thoughts and memories of this abuse, unable to eat or sleep, Donna found that she didn't know where she was while riding the bus home from school one day. The next day, her daughter's birthday party, Donna knew that she was falling apart. It was very difficult for her to "keep it together" during the party and her husband thought she was "going mad". A week before she regained her first memory of sexual abuse, the phrase "dissolution of the monasteries" was racing around in her mind. Donna felt like she had been a monastery that the state no longer needed and it was going to dissolve her. "I was going to be torn down".

When she saw her therapist Donna talked about feeling "really alienated" as a child. She was working through some memories of physical and emotional trauma by neighborhood girls who had hung her over a bridge when she was a child. When her therapist said, "Well you're off the bridge now and you're fine" Donna remembers saying, "No, I'm not. There's something much more".

Another incident that stands out in her mind when Donna thinks about what triggered her memories was seeing the movie "Nuts" with Barbara Streisand. Donna began shaking uncontrollably when Barbara's character remembered her own abuse. Donna knew then that this had happened to her.

She began working diligently, especially with her body, to try to remember. Through acupuncture, swimming, art therapy, Tai Chi, groups and individual therapy Donna began to regain physical sensations and other memories of the abuse. Through acupuncture Donna uncovered more feeling/knowing and kinesthetic memories of abuse.

Acupuncture "brought all this stuff pouring out" which Donna didn't know was there. Out of the blue she would just say something about her abuse.

Before she recalled having given birth to a stillborn child when she was fourteen, presumably a result of sexual abuse, Donna made a clay image of a child. She remembers telling her group, "this is a child and it is dead ".The work she did with her therapist was also a powerful source of triggering memories. A few days before therapy she would try to "push down" her feelings but, around therapy time, the memories would emerge. Once her therapist mentioned that another client had been abused by an object and, within a week, Donna remembered her father abusing her with an object. Her therapist also helped Donna remember by asking her to do exercises in which she imagined herself back in childhood.

Outside of therapy, Donna's memories were also triggered by dreams. These memories did not necessarily occur immediately after her dream however. She recalls having a dream about an abuse scene and then regaining the actual memory three months later.

Form(s) of Donna's memory recall. Donna remembered her abuse through visual, verbal, kinesthetic, and feeling/knowing sensations. At the beginning of her process, when she first sought out support, Donna had a verbal memory in which she told her therapist that what she remembers most about her childhood is "always having stuff pushed down her throat". At the time she "didn't really know" what she was talking about, it just "slipped out".

Before Donna actually regained memories, visual images began appearing in her mind's eye. Whenever she tried to relax she saw "all these terrible faces" approaching her with gun barrels coming out of their eyes, as if saying "Don't come in here, this is dangerous". The memories that Donna eventually recovered visually were only "brief pictures," occasional flashes of abuse. She attributes this difficulty in regaining visual

images to "leaving the room" when she was a child. She doesn't think that she was really there watching. In some of her longer memories she is aware of what is happening as she is being abused but will suddenly switch to seeing the hall outside her bedroom or walking down the street that she lived on as a child.

Donna does remember one "fleeting" visual memory of her brother being abused by her father and a flash of the second child that she remembered giving birth to during this process. Donna also recalls seeing her father's knees from under a bed, being dragged out but nothing after that. What Donna recalls most about that flash is her feeling of fear when she saw his knees. Remembering the emotions she experienced is rare for Donna. During the interview Donna commented that the feelings of anxiety that she experienced while remembering were the first feelings that she is aware of having in her life. Mostly she remembers feeling forced to "do this thing" and knowing it was her father.

Before the actual memory was regained Donna often experienced pain in her back, an inability to swallow food, or cold symptoms: lots of mucous, sore throat and congested chest. These bodily symptoms would often disappear dramatically after she had worked through a memory in therapy. When Donna first sought out help the therapist did some body work with her. While the therapist was touching and moving her Donna began to giggle because it felt like someone was sexually stimulating her. During a kinesthetic memory her body would shake uncontrollably without any other physical sensations. On other occasions she experienced sensations of something in her vagina, rectum, or felt the texture of semen in her mouth. Only once did Donna actually ever taste the semen.

Her counsellor once did a relaxation exercise with Donna in which she asked her to go back to what it was like when she was five years old. Donna experienced heaviness in her head and hands, which felt "really big". She remembers feeling someone doing something between her legs but she "couldn't give it any attention because she had to

concentrate on her head". On another occasion a therapist hypnotized her, not deeply, but deep enough to have an actual body memory of going through labour, something she had repressed until her memories of abuse began.

Most frequently Donna would think of some abuse and would "just know" that it had happened to her. She explains this knowing as "an internal recognition that something is true". This knowing memory could be triggered by something that actually happens around her. She recalls thinking that she might have abused her sister, but this didn't feel "right". The "knowing" only comes when she gets the feeling that it is true. Sometimes Donna would have a knowing memory where she would think "I know this happened" and then later on a memory of her emotion would come. She has had memories where she senses being abused preverbally as a child, but nothing to verify this sense of knowing.

Donna's subjective experience during memory recall. Throughout her process of remembering Donna now recognizes that she felt anxiety and fear. As feeling anything at all was "completely new" to her, she was only aware of a "terrible feeling". As each memory approached this feeling of anxiety would start building up, sometimes accompanied by physical sensations in her vagina or rectum. In the beginning this feeling of anxiousness would "pop up" at anytime. As time went on and she became busier, Donna felt it only at night when she was thinking or writing in her journal. Donna pointed out, however, that she would either be anxious and afraid or have cold symptoms. They never occurred simultaneously.

When Donna first regained her memories, she denied that these incidents had actually occurred. She attributed these sensations to be the result of her therapist's suggestion that they might be symbolic of abuse. Either she was making it up or she was going crazy; "I was making these models of reality which had nothing to do with reality...it was all in my mind". Donna felt torn because although there was no concrete evidence,

there was so much emotion "tied up with it" and it fit in with a sense she had always had of her childhood but could never place.

In retrospection Donna realizes that she kept getting lost while riding home on the bus because she felt shocked about what was happening to her. It was overwhelming for Donna to feel anxious all the time. She felt a lack of control, unable to stop her memories from coming. Because they just came "when they wanted to" Donna tried to control her feelings by "stuffing them down." "I couldn't stop thinking about it but I was trying not to...if I didn't control it it would just all rise up and take me over somehow". No matter how hard she tried to keep her emotions and memories at bay, they would come "bursting out" in therapy. Donna did experience "little bits" of anger while remembering, she recalls that this feeling was terrifying.

Although she remembers crying frequently she doesn't recall feeling sad. When she remembered her father having oral sex with her she experienced only a thought that her father hadn't loved her. "He was meeting his own needs...a terrible thing that he could have done that, wasn't doing anything for me...it's difficult to say what those feelings were". However, when hypnotized by her therapist, Donna experienced an enormous discharge of emotion. For two weeks after she remembered giving birth to a stillborn child Donna mourned as if she had "just lost a child".

Reactions/effects of remembering sexual abuse. Being consumed with her thoughts and memories about sexual abuse is a predominant theme throughout Donna's interviews. Unable to "stop thinking" about it, Donna made working through her memories her "job" for that period of her life. This thirst for knowledge was not just "curiosity". She refers to this period as a "complete breakdown" in which felt driven to find out whatever details she could about what had happened to her. For Donna, remembering was like; "being totally lost but just having to continue along this path because there is no other way to go".

Throughout this process Donna went in and out of denial. Having always been dependent on "concrete stuff," she was suddenly presented with something that was obviously having a great effect on her, but which she couldn't prove. "It wasn't logical but it felt real". Without memories and validation from others, Donna experienced great difficulty fighting off the voices in her head that were saying she was making it all up. She didn't want to believe the fact that it was she to whom all these horrendous events had happened.

Donna frequently compared herself to the other members of her support group who had more detailed memories. The "scrappiness" of her memories made it even harder to "prove" to herself that it wasn't her imagination gone wild. When the memory of having a baby "kept coming up" Donna repeatedly told herself "no" in an attempt to suppress it. Even now when Donna has a memory that seems "incredible," she thinks, "Oh my parents would never do that...they'd never put me in a position like that".

Remembering childhood sexual abuse has had strong effects on her family. When Donna first remembered she tried to keep what she had remembered separate from home; "Okay, I've remembered this but I won't tell anybody else about it". However the strain affected her relationships with her daughter and her partner in many ways. Donna felt much more short-tempered with her daughter during this period than she had ever before. Sometimes Donna just had to tell her daughter she needed to be away from her, which was difficult for her young daughter to understand. Being around her daughter when she was "acting a certain way" was anxiety provoking for Donna as she was often afraid that someone would come along and "clobber" her daughter. To a certain extent, however, remembering her own abuse has improved the quality of her relationship with her daughter. Although it was initially difficult Donna sees herself as becoming "more real"

with her. Donna used to be "more structured" and now takes her daughter's feelings more into account.

In her relationship with her partner, Donna found remembering very difficult because, firstly, he thought she was going mad. When he realized she hadn't gone mad but was going through a difficult period, he felt resentful of the stress it put on him and the financial cost of Donna's therapy. Donna felt financially, but not emotionally, supported by her partner initially. Gradually he became more supportive, however. Donna attributes his change in attitude as a reaction to his parents being completely nonsupportive. They totally dismissed Donna when she told them that her back pain was connected to the sexual abuse and that she was only pretending to be sick to have something to do.

The intimacy in her relationship with her therapist drove home for Donna how much was missing from her relationship with her partner. This issue is an ongoing struggle for Donna, as her husband didn't agree that a lot was missing and was not willing to make any changes; "He was terrified of what would happen, having seen me go to therapy and develop into this basketcase". Another concern in her relationship with her husband is Donna's fear of him abusing their daughter. Although she's "not really concerned," Donna still needs to check up on him by deliberately walking in on him unexpectedly when he was diapering or is bathing their daughter.

During this process of remembering Donna's sexual relationship with her partner became, not just unenjoyable, but "an awful experience". She reached the stage of not wanting to ever be sexual again. She is now able to recognize that she is not "being invaded" by her father. Her husband "holds back" now because he doesn't want to put her through anything difficult and Donna only occasionally initiates sex. During the interview Donna realized that although she knows it is her husband, she avoids talking or thinking

about sex with her husband. Although the issue "definitely needs to be addressed, Donna feels "hopeless" about their sexual relationship. She doesn't think it will get any better.

Donna has had to struggle with extremely difficult family issues, involving her parents and brother. In an effort to make her relationship with her parents "more real," Donna began writing to her mother, telling her that she was struggling with childhood memories. When she revealed to her mother that she had remembered giving birth to two children, her mother told her that it couldn't be true as she was "such an exemplary child". Her mother asked Donna how she could have become pregnant anyway. When Donna told her that she had recovered memories of being abused by her father, Donna's mother said, "I knew you were going to say that, but it isn't true". At this point Donna told her mother that she was going to visit her parents to confront her father before he died. To Donna's surprise, all her friends received telephone calls and letters from her mother telling them it wasn't true. Her mother also told Donna that not to tell her father as it "would kill him". but went ahead and told her husband herself. When Donna confronted her father about the abuse he denied it.

After she left her parents' home Donna realized that she was still terrified of her father and didn't want to have a relationship with him after all. She would feel quite happy in a way if her father died tomorrow. At least he would be "out of the way".

Donna is quite concerned about any other children who might have been abused by her father and is unsure of what to do about these other possible victims. This concern is not limited to her father. When Donna remembered the abuse she told her brother who said, "Well that's not true, but I thought that's what you were going to say". He didn't want her to tell them as it would "kill them". She hasn't yet told her brother that she also remembers being abused by him. "If he's ready to remember it he will". Donna is

concerned, however, about her brother's children being at risk for sexual abuse by her brother.

She has also remembered her mother abusing her as a child. Although her father's abuse was "violent and sadistic," she rationalizes her mother's, who "needed some kind of love and didn't get it from him". Donna "almost can't blame her for that" and is unsure about what kind of relationship she wants with her mother. She feels a lot of guilt because her mother had a stroke three weeks after Donna left from her visit. Donna recognizes that she still has a strong need to see them as the "perfect parents". She hasn't yet expressed the anger she feels towards them, but knows "it is in there". Another issue that haunts Donna is what to do about the one child that she bore, whom she thinks is alive. As no child has been registered Donna will likely remain unresolved with this issue for some time.

Donna's experiences with seeking help during this period were both supportive and nonsupportive. Donna has had a number of different therapists, a psychiatrist, and group therapy. Sometimes therapy has helped Donna as it "almost gave permission" for her to remember. From her experience Donna feels that the most important thing anyone wanting to help can do is to "believe you and let you have control". Receiving physical touch has been "incredibly important" to her in therapy. She would have found it difficult to have gone through her memories without the person touching her at the end. It would have been like she was "dirty".

With the therapist she has been seeing on a regular basis, they have really gone through some ups and downs. Nevertheless, Donna feels very tied to her. She attributes this to the fact that if Donna needs a hug or someone to hold her, her therapist will be there. Donna values her therapist as she knows "a lot of therapists wouldn't do that". When Donna saw another therapist, he was the first in a long line of therapists who pointed out that she was taking care of her father and denying herself. Something else he said that

stood out in her mind is "If I don't believe something a therapist is telling me, I don't have to sit there and take it". Being empowered in this way was very powerful for Donna.

Donna has also experienced therapists who were extremely nonsupportive in her search to get help. Donna feels a lot of anger at a psychiatrist that she saw who supposedly specialized in treating incest survivors. The psychiatrist told her that she needed intense therapy but was only able to see her every three weeks and did not want her to see anyone else. Furthermore, on two occasions when she told him about a very violent and horrifying memory she had just recovered, he suggested that she reduce the frequency of her visits to him. In the final incident before he terminated their relationship, Donna recalls that after not seeing him for several weeks, she was finally given a thirty minute session. When she told him something she had remembered, he stood up, told her that he wouldn't treat her anymore, and sat on the edge of his chair and asked her if there was anything else she wanted to say. Donna is amazed at how devastated she felt when he did that, even though she didn't particularly like him.

She was also angered when he would "lay down" how he had analyzed her thoughts, but would not take into account how she might feel about it. Donna felt like he had taken away "all control" from her; "What pissed me off about the psychiatrist was that here was a man who claims to treat incest survivors and yet the way he treated me, he was probably doing more harm than good".

As mentioned above, Donna has experienced ups and downs with her current therapist. Going to see this therapist in the midst of remembering was terrifying for Donna. She used to bring water, a bowl to throw up in, and would feel the urge to sit in the corner for safety as "they can't get you from behind". Donna realized during the interview that she never explained any of this to her therapist as she "felt stupid". Donna's therapist didn't

have any experience with incest survivors prior to taking on Donna as a client. This has created problems for Donna as her therapist is "good...but she does have blinders".

One such problem that arose is that her therapist didn't understand Donna's need to remember. She suggested that Donna's urge to remember was a "curiosity" and "just to make herself feel special". She also intimated that "maybe it didn't happen". This comment was devastating for Donna, as it felt like she was being abandoned by the one person who was supporting her. Donna felt unable to talk to her therapist after she had made these suggestions; "If you don't have anyone to believe you then you can't talk about it".

Sometimes her therapist has suggested that these memories stem from past life experiences. For Donna this is just another way of denying it and fuels her own denial. Donna stressed that "it is really important that therapists don't fuel the denial of their clients". Working out her abandonment issues with her therapist has also been very difficult for Donna as her therapist has had to go away frequently in the past year.

Donna recalls that while working through some physical abuse, she "freaked out". Part of her discomfort with this type of work is that she feels like an abuser when she hits pillows and pounds things. Donna has been quite anxious for awhile that she might hurt her therapist during therapy but it is only recently that her therapist has started to take Donna seriously on this issue. Donna feels that she could have worked through her fears earlier if her therapist had recognized before.

An issue that Donna still struggles with in therapy is "sitting there and taking it" when she doesn't agree with her therapist. Donna feels really angry and frustrated with herself when she does this. She doesn't think that therapists, on the whole, realize that her compliance stems from feeling powerless in her abuse. "I think it is something they should be addressing". Donna wishes that therapists would educate themselves as to what

their clients are going through; "If incest happens to be one of them, they should educate themselves to that".

The process of remembering childhood sexual abuse has had some positive effects on Donna. It has forced her to work through conflicts with people, whereas she might have just walked away previously. Since recovering memories she is more in touch with her feelings. She isn't "the perfect machine doing all these things," but has become more real with herself and others. Donna's self understanding has also increased as she realizes now that she is not always able to stand up for what she believes because she had to "bow with the wind" in childhood.

Since recovering her memories Donna no longer experiences the sensation of her "head feeling really big...the size of the bed" whenever she lays down to sleep at night. In a way Donna is proud that she survived the abuse because she knows that a lot of people don't survive psychologically or physically.

Donna really struggles with the negative effects that have surfaced as a result of remembering. After two years in therapy she is handling some things better and is, generally, more assertive. However, some things are harder to deal with. It has been "an awful period". It has changed her whole perception of herself. She felt that her whole self was dissolving. "You are sort of falling down an abyss".

The most difficult thing is feeling that she doesn't know who she is anymore. She can't trust any of her old memories. She wonders if the person she is now is really her, or just built on a false sense of who she thought she was. "Am I totally false? I'm a totally different person than I thought I was. I thought I was a virgin until 25...maybe it wasn't just my family that I had sex with. Maybe I was having sex with all my boyfriends".

In any situation where she doesn't remember, such as driving in a car and being unaware of where she has been, Donna worries that she might still be disassociating. If she can't trust herself then she can't trust anything else either.

Remembering her abuse has made her realize how worthless she really feels. A lot of the time Donna ignores these feelings, "lives on the surface," feels confident, and pretends she is as she was before. Sometimes, however, she just allows herself to feel worthless. Suddenly all the work that she had done since leaving her parents' home to raise her self-esteem "just didn't count anymore". Donna describes a vision she has had of herself while working through her memories; "Being a bit of spit that somebody coughed up on the pavement and people would avoid it and it was just obscene". At times she has felt like she is invisible. People can't see her and if they could, they would hate her, avoid her, and see she was "sort of deformed". Intellectually Donna knows that she is not "nothing" but emotionally, that is how she feels.

When dealing with the issue of abandonment Donna felt really worthless. It was one of the worst times. She remembers thinking that she could either "disappear into madness" or annihilate herself physically. At least four or five times per day she wanted to do something lethal to finish herself off. She didn't really want to commit suicide, but kept thinking "Well, I think I will drive into that tree or stick my fingers in that socket".

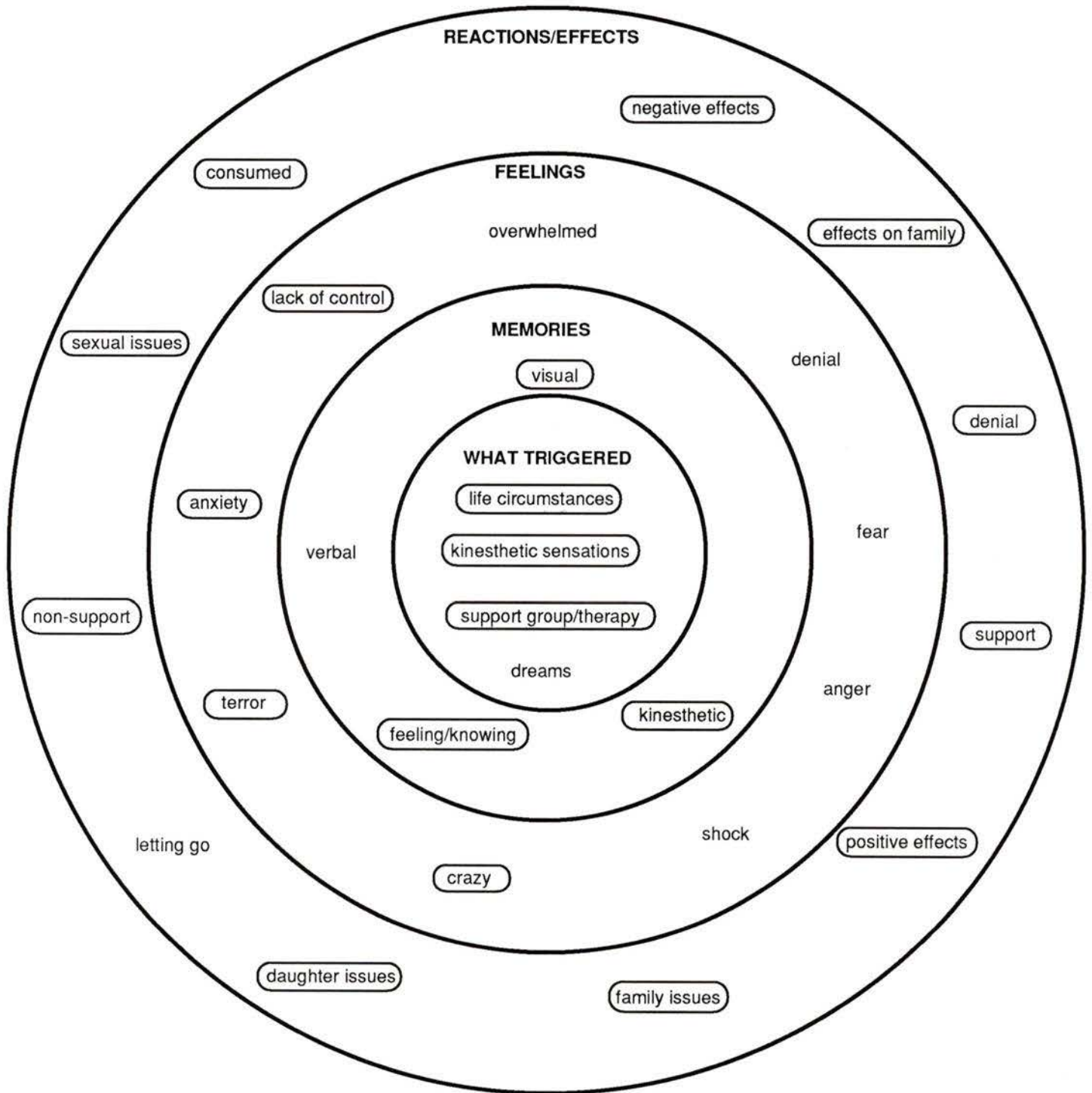
She has always had an underlying suicidal urge but since remembering this compulsion "reaches waves" when something is coming up that she has to deal with. During these times she feels a compulsion that she constantly has to fight to avoid sticking knives in her throat. Donna is very conscious of knives during this times and always puts them back where she can't see them. Donna also fights a desire to rip her arms. She recalls that this compulsion arose once while at her dentist's office about two months after her first memory. She was sitting in the chair and feeling very tense when she suddenly imagined

herself ripping her arms with the dentist's instruments. Donna realizes that she felt like she was putting herself back into a situation of being abused.

It has been two years since Donna's memories started and they are still coming, although they have slowed down alot. When they first began to slow down Donna was worried that she wouldn't remember any more. Donna attributes this letting go to her increased focus on school. She doesn't have time to deal with them to the same extent. They still come up but she pushes them down more now.

Donna has been fairly open with telling people about the abuse that she has remembered, partly to bring it home to herself. Although it has been two years since she first started remembering, it is only the last four or five months that she has been able to integrate that this actually happened to her. She has also felt throughout this process that it is important for her to break the secret because secrecy is "the bad thing". Donna feels angry about the way that society deals with sexual abuse. Society wants to close its eyes because people don't want to confront the issue of sexual abuse. She feels that the majority of people don't take a stand on abuse because they "might be embarrassed" or because they think it "destroys the rights of parents" if sexual abuse is investigated.

Donna thinks that people don't care about sexual abuse because they don't realize what it is like to be abused. To them, sexual abuse is "just somebody twiddling with his daughter". They don't even know the physical things that offenders can do to their victims; "Most of the stuff that's done is not sex, it's power, it's humiliation and degradation. That has an impact on you for the rest of your life".



..... Predominant Themes

Figure 6: Map of General Structure of Experience in Remembering Childhood Sexual Abuse for Donna

## The General Structure of Experiences in Recovering Memories of Childhood Sexual Abuse

The following section will examine the participant's experiences, as a group, to each of the four main questions of the study.

### 1. What triggered participants' memories

Each participant was able to identify a number of events and circumstances which gradually led to the recovery of their first memory. Although these events and circumstances varied, a predominant theme throughout each woman's descriptions was that she knew there was something wrong in her life. A number of women cited that they were depressed and could no longer "keep it together" for a period before the onset of memories. Frequently the suggestion by someone (e.g., doctor, therapist) that they might have been abused or hearing about sexual abuse (e.g., Oprah Winfrey, sexual abuse trial) stirred up thoughts or feelings about the possibility of their own abuse.

Kinesthetic sensations were experienced by a large proportion of the women before they became aware of any actual concrete memory. The location of the body symptoms varied from back to chest/heart to genital/anal regions. Even if there was no specific area of pain, the participants experienced symptoms of an anxiety attack. It was felt that their bodies were telling them that something was wrong and they were forced to deal with it (e.g., Sarah's chest pains and the return of Nancy's bulimia). Often being in a group of women, either in support groups or at workshops, would trigger memories. Some participants attributed this to a sense of safety they felt in the group. Within groups there was an increased chance for the participants to hear other women share similar feelings.

Although issues with their daughters was a theme throughout their processes, a number of women felt their memories were triggered by events that occurred to their own daughters. Sarah, Donna and Jody all had strong reactions (e.g., "freaking out,"

depression) to situations where they suspected that their daughters might have been sexually abused. The onset of thoughts about having to kill her daughter when she turned five years old was highly indicative of feelings being stirred up for Donna. Becoming pregnant for Rebacca and Nancy also triggered an increase in thoughts and memories of abuse.

Memories were triggered in situations where the participants were working with their bodies, especially in bioenergetic work and acupuncture. Other outlets for memory recall were through dreams, drawings, and writing in journals. A number of women expressed surprise when, having scribbled or doodled in their journals, they suddenly realized they had drawn a scene from their abuse. Allowing their thoughts to flow freely on paper also was highly effective in triggering memories for Sarah, Nancy, Joann and Donna.

Finally, a predominant theme in the interviews when women reflected on what triggered their memories was an overwhelming sense that the time was right for their memories to come. They felt financially and/or emotionally secure enough in their lives to be able to fall apart and take time out of their lives to do this work.

## 2. Form(s) of Memory Recall.

A predominant theme throughout the women's experiences was that words just slipped out of their mouths, suggesting that they had been sexually abused. Participants told their partners, support groups but, more frequently, their therapists before they realized what had come out of their mouths. The phrase "out of the blue" was often used when the women described how these statements occurred.

The most common form of memory recall was experienced visually. A flash of abuse would suddenly appear before their eyes, either in the form of a drawing, still-life photograph, or a video. The visual images that appeared in a video form ranged from

sketchy to crystal clear and were usually viewed from the ceiling. A number of women cited that the scenes sometimes switched from room to room during a flashback, as if there were cameras located in each room. It was felt that the visual imagery appeared randomly, but was sometimes preceded by the release of emotional and/or physical tension (e.g., after Jody, Joann and Donna did some form of bodywork.)

Frequently a memory of abuse came in the form of a dream, from which the women woke up knowing that what they dreamt had actually occurred to them. It was felt that the clarity and vividness of these dreams made them seem more like visual flashbacks than regular dreams. This sense of just knowing was repeatedly addressed when talking about memories for which they had no "concrete" (e.g., visual, audio etc.) sensation. Frequently these feeling/knowing memories occurred further on in each woman's process of remembering (e.g., Donna, Joann and Nancy) and gave information to the women about who the offenders were and what specific acts they had performed.

As mentioned previously, kinesthetic sensations were experienced by a majority of the participants. These sensations were so strong and painful that it felt as if the abuse was happening at that very moment. A predominant theme throughout the participants' experiences was that these sensations were not usually mutually exclusive, but often occurred simultaneously. Sometimes a memory would be initially be triggered kinesthetically and would then be experienced as a visual or feeling/knowing memory or would begin as a visual image and then also experienced as an audio memory. Although there were a number of commonalities, each woman experienced her memories in a way that was unique, but perhaps also symbolic of the overall way in which she experiences the world through her own senses.

### 3. Subjective experience during memory recall.

Participants overwhelmingly experienced a state of anxiety, terror, panic and a feeling of being crazy and out of control during memory recall. Many of the women (e.g., Nancy, Sarah and Jody) were horrified and disgusted by the content of their memories, although sometimes the feeling of shock delayed these reactions until some time had elapsed (Joann and Donna).

As memories usually occurred randomly, with little warning, participants frequently experienced confusion and denial when a memory was suddenly triggered. To be instantaneously taken from their adult realities to childhood feelings of helplessness and terror was an overwhelming, emotionally exhausting experience for all the women. Some participants (e.g., Sarah and Jody) reacted to this transformation by curling up in a fetal position where they would shake uncontrollably. Feelings of nausea and a need to vomit sometimes accompanied Sarah and Donna's memory recall while others released the physical and emotional tension by yelling, screaming and crying (e.g., Jody and Joann). A predominant theme throughout the participants' memory recall was the intensity of the emotions, whether they experienced pain, fear or craziness. The vividness of their memories and strength of their emotions suggested that these feelings had not been rehearsed over the years, but had remained stored within their bodies from the moment of the abuse.

### 4. Reactions/effects of remembering

Remembering childhood sexual abuse has had profound effects on the women in this study. It was felt by all participants that the intensity of this process was so overwhelming that they had to take a period out of their lives in order to work through their feelings and memories. They were so consumed by these thoughts, feelings and memories that they were unable to function in their normal day to day lives. The slightest

demand by their children or partners was simply overwhelming as they were emotionally exhausted.

The participants felt that they didn't have a choice about whether or not they would work through their memories. They didn't feel able to stop their memories from coming once they had started, even though most tried to block them in some way (e.g., Jody drinking or Nancy shutting down and choosing not to eat). For a number of women (Rebecca and Nancy) their concept of time was distorted in this period. Days seemed foggy and blurred into one another. They can't remember any specific events during the months of recall, only how they felt.

The need to deny what they had remembered was very strong for each participant, especially immediately after having recovered the memory. A number of women (Jody, Sarah, and Donna) saw this as a way of coping with the intensity of the pain they felt. It was also attributed to the fact that the content of their memories was so bizarre, horrifying and disgusting that it was difficult for them to really believe what the offenders had done to them. The identity of the offender also increased the need for denial, as with Joann, who didn't want to believe that her father had abused her as he was the one who had also really loved her.

A predominant reaction to remembering sexual abuse was a feeling of shame and guilt about the abuse. It was very common for the participants to blame themselves for some part of the abuse, the reasons varying from the clothing they had worn as children to "not being enough" for the offender to leave their siblings alone.

Grieving for the child that had to endure that abuse as well as the loss of a real childhood was addressed by many of the participants. Many women (e.g., Rebecca, Nancy, and Jody) grieved the loss of the illusion of a "nice happy family". Grieving the

large portion of their lives that they now realize they missed due to the "dysfunctional" way they had learned to live as children was also an important issue for many participants.

Concerns about the amount that they still disassociate in their daily lives was mentioned by all the participants. As a result of remembering they had become increasingly aware of how easy it is for them to disassociate. Jody, for example, wonders if she is ever "really here".

A predominant theme throughout each woman's story was the incredible pain that she felt about being abandoned, both physically and emotionally, by her mother. Rebecca, for example, described this feeling as "being left to the wolves". Most women wondered aloud about how much their mothers really knew and are still struggling to deal with the fact that their mothers didn't do anything to stop the abuse. This feeling of being abandoned was not limited to the women who were abused by their fathers. Those who were abused by cousins, brother-in-laws and mothers themselves all felt anguish over having not been protected by their mothers.

This feeling of abandonment was often compounded by the way that their mothers reacted when, as adults, the women told them that they had been abused. Four women had told their mothers that they remembered being abused. The mothers' reactions ranged from outright denial to fluctuating back and forth between wanting to hear about it and denial to believing "both the offender and her daughter's story". Another participant doesn't feel able to tell her mother as she is "so in love with her husband". Each woman who told her mother had to really fight to be believed and since has had to learn how to let go of needing her mother believe and protect her now.

Fears about their own daughters being, or having been, abused was also an issue for every participant. A number of women (e.g., Sarah, Jody, Donna and Joann) had already been forced to deal with their daughters possibly being abused while Rebecca and

Nancy were concerned that they would have daughters whom they couldn't protect from being abused. Each woman, who already has had to deal with her daughter being abused, went through a period of strain in her relationship with her daughter. For participants with young daughters, the relationship has improved since remembering. For Joann, whose daughter is older, there is still a lot of work to be done to heal the relationship as her daughter is very angry at Joann for not protecting her as a child.

Remembering sexual abuse put relationships with their families, partners and children, through a period of strain and change. Many women (Sarah, Jody and Donna) felt that their process was "unfair" to their children, for whom they were unable to be there. The participants described themselves as being short-tempered with their children and needing to have someone else, such as a nanny, take care of them while the participants "fell apart". Relationships with their partners were also greatly affected. Most women felt themselves both needing to pull away emotionally and sexually while also needing support from their partners. Two women felt that they received some emotional support from their partners, although it wasn't always what they needed. The other participants felt dissatisfied, confused and hurt by the lack of emotional support they felt from their partners. Although they received some financial support for therapy, often given resentfully, they felt emotionally isolated from those partners who didn't want to hear about it.

Rebecca, and others, thought this period would have been easier if her partner had received some emotional support for himself. A number of participants feel closer to their partners as a result of "going through this together" but others realize how much emotional intimacy is missing and know that a lot of work has to be done to make them into what they now need from their relationships.

Relationships with friends have also undergone changes. The process of remembering past abuse has weeded out those friends who can be there and those who can't, creating both new friendships and losing past relationships.

Issues with biological families were predominant for women in this study. A large proportion of the participants encountered some form of denial, rejection, anger and alienation from their parents and siblings. The women were told that they were lying, causing their parents grief and/or physical harm and shaming the family by talking about their abuse. The women in this study felt an overwhelming pressure by family members to remain silent and were blamed for their families' reactions to the secret being exposed. Most of the siblings were unable to remember much abuse of their own to confirm the women's stories, even if they did believe their siblings. Joann, whose parents are deceased and brother is an alcoholic, is left to work through her anger and grief at her parents on her own.

Experiences with therapists, psychologists and psychiatrists left the participants feeling both supported and damaged, but with a lot of feedback to give other helping professionals who want to help clients work through these issues. Although each participant received some form of support that was beneficial, most really struggled to find someone who was informed. It was believed that most helping professionals that they encountered were unaware of how compliant incest survivors can be as clients, due to feeling powerless from the abuse.

Women were told that they were making it up, should forget about it, would remember if they had been "tampered with," silenced and dismissed. Some women remained with a therapist who allowed them to express their emotions, even though the therapists made inappropriate comments due to their lack of information about childhood sexual abuse. Although some women made complaints to authorities about unethical and

inappropriate behavior, most just moved on with the hope of finding someone more informed.

Women felt most helped when the therapists gave them a sense of power, told them it wasn't their fault, gave physical comfort and helped them to release the emotional and physical trauma through some form of bodywork.

Each participant attributed remembering their sexual abuse with both positive and negative effects on their feelings about themselves and their lives. Some of the positive effects are: increased self-awareness, improved relationships, increased sense of inner strength from surviving the abuse both as an adult and as a child, increased understanding of why they had been so unhappy, a sense that their lives had just begun, feeling lighter and free of a secret, etc.

Each participant also sees how they have been negatively affected by remembering their childhood abuse; unable to trust themselves, their memories, or others, feelings of worthlessness, loss of confidence, alienation, loss of family and friends, loss of "self-concept," feelings of wanting to hurt themselves, loss of life as they knew it, etc.

Letting go of their process was also an issue for the participants. Some women (Sarah and Rebecca) felt that they could get on with their lives after having confronted their families. Jody felt that doing a police report and having her cousins disclose that they were also abused by the offender has enabled her to move on with her life. Going back to school has helped Donna let go of this process while Joann and Nancy, who remembered after the other participants, are still struggling with new memories.

Most of the participants feel that although remembering was a painful process, they are thankful for having recovered their memories as they now have a second chance at life. They realize the importance of working through their own memories both so that they can live fuller lives and so that their children don't have to go through the same ordeal.

# Overall Themes

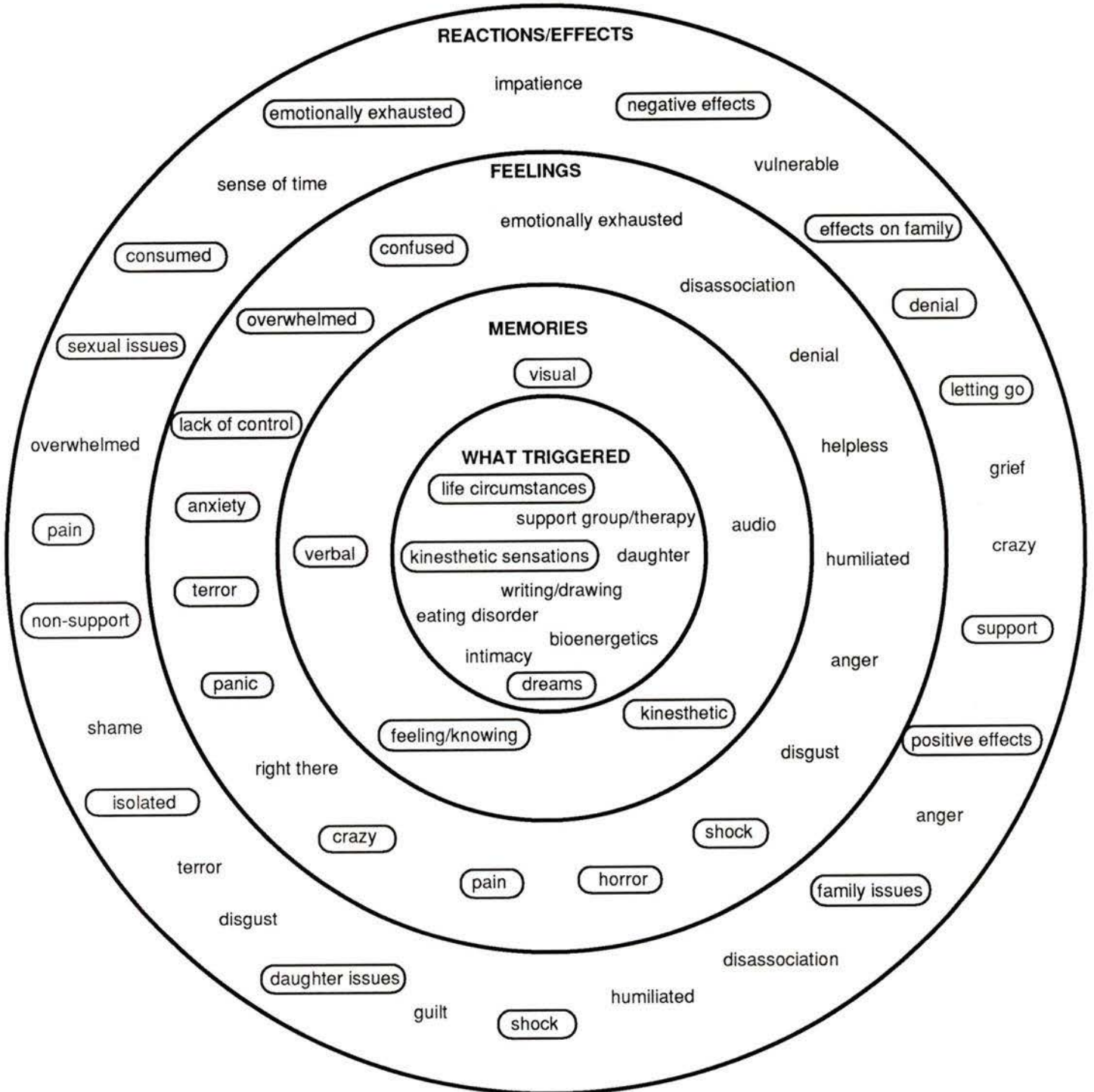


Figure 7: Map of General Structure of Incest Survivors' Experiences in Remembering Childhood Sexual Abuse

## Specific Memory Triggers for Participants Recalling Childhood Sexual Abuse

life circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dreams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
daughters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
kinesthetic sensations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
writing/drawing	<input type="checkbox"/>	<input type="checkbox"/>				
eating disorder	<input type="checkbox"/>					
intimacy	<input type="checkbox"/>					
bioenergetics	<input type="checkbox"/>	<input type="checkbox"/>				
support group/therapy	<input type="checkbox"/>	<input type="checkbox"/>				

Figure 8: Specific Memory Triggers for Participants Recalling Childhood Sexual Abuse

### Form of Memory Recall for Participants Recalling Childhood Sexual Abuse

visual	♀	♀	♀	♀	♀	♀
audio	♀	♀				
verbal	♀	♀	♀	♀		
kinesthetic	♀	♀	♀	♀	♀	
feeling/knowing	♀	♀	♀	♀		

Figure 9: Form of Memory Recall for Participants Recalling Childhood Sexual Abuse

# Participant's Subjective Experiences During Memory Recall of Childhood Sexual Abuse

confused	♀	♀	♀		
overwhelmed	♀	♀	♀	♀	
lack of control	♀	♀	♀	♀	
anxiety	♀	♀	♀	♀	
terror	♀	♀	♀	♀	♀
panic	♀	♀	♀		
right there	♀				
crazy	♀	♀	♀	♀	
pain	♀	♀	♀		
horror	♀	♀	♀		
shock	♀	♀	♀	♀	
disgust	♀				
anger	♀	♀			
humiliated	♀				
helpless	♀				
emotional exhaustion	♀				
disassociation	♀				
denial	♀	♀			

Figure 10: Participant's Subjective Experiences During Memory Recall of Childhood Sexual Abuse

## Participant's Reactions/Effects of Recalling Childhood Sexual Abuse

sense of time	<input type="radio"/>					
consumed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
emotionally exhausted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
impatience	<input type="radio"/>					
effects on family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sexual issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
family issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
non-support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
denial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
shame	<input type="radio"/>	<input type="radio"/>				
guilt	<input type="radio"/>	<input type="radio"/>				
letting go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
grief	<input type="radio"/>	<input type="radio"/>				
daughter issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
positive effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anger	<input type="radio"/>	<input type="radio"/>				
overwhelmed	<input type="radio"/>					
terror	<input type="radio"/>					
disgust	<input type="radio"/>	<input type="radio"/>				
disassociation	<input type="radio"/>	<input type="radio"/>				
isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
shock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
negative effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
vulnerable	<input type="radio"/>					
humiliated	<input type="radio"/>					
crazy	<input type="radio"/>	<input type="radio"/>				

Figure 11: Participant's Reactions/Effects of Recalling Childhood Sexual Abuse

## CHAPTER 5

### DISCUSSIONS AND IMPLICATIONS

This chapter discusses the limitations in generalizing from these results; how well the assumptions and expectations stated in Chapter 3 were met; it discusses the relationship of this research to previous research, the implications for counsellors, and implications for future research.

#### Generalizations

The participants who were involved in this study were five Caucasian women and one Oriental woman, who by their own definition, had been sexually abused as children. Three of the women worked professionally outside of the home, two worked as homemakers, and one as a student. The age ranged from late 20's to late 50's.

All of the participants were living in a small, west coast, Canadian city. It had been two years since four of the six had begun remembering and six months for the other two. All the participants had done some therapy on an individual basis and three had done group therapy for incest survivors.

Given that the experiences, beliefs, attitudes and insights represented in this study are a reflection of these particular six women, readers should not assume that all incest survivors who have remembered childhood sexual abuse have similar feelings or experiences. Readers should be cautious in applying the findings of this research to other incest survivors.

#### Findings Related to Assumptions and Expectations

Certain assumptions and expectations were stated in Chapter 3. The assumption that childhood sexual abuse has an effect on an adult's emotional and psychosocial

functioning and development was met. All participants described how the experience of being abused had affected who they were at this time in their lives. They were able to make direct connections between ineffective, "dysfunctional" ways of relating to themselves and others as stemming from survival mechanisms learned as children to cope with the abuse.

"Forgetting" the sexual abuse for some period of time was also part of every participant's experience. Although most had an idea that there was something "wrong," they were each surprised, to say the least, when they remembered that they had been sexually abused. The assumption that an individual's experience of remembering might have significance for counsellors interested in working with adult incest survivors was also met. Most participants had experienced some encounter with the helping profession that was "damaging". They had consistently struggled with counsellors who lacked information about sexual abuse, particularly with regards to the process of remembering.

The interview technique was most effective in eliciting specific information that pertained to the participant's experience of remembering. Phenomenological analysis enabled this researcher to delve deeply into the participant's experiences, while also allowing themes to emerge naturally. Although each participant was initially nervous, this researcher was successful in developing a trusting relationship with the participants such that they were willing to share very personal life events with her. Most participants talked openly and did not seem uncomfortable sharing their experiences.

#### Relationship of Results to Previous Research

The focus of the present study differed in a number of important ways from the experimental research and anecdotal observations described in the review of the literature. The present study examined qualitatively remembering childhood sexual abuse as experienced by women who had recently recovered memories. In contrast, some of the studies reviewed in the second chapter examined quantitative issues such as the effects of

disassociation on remembering, variables that trigger memories, and the similarities between a post-traumatic stress disorder displayed by Vietnam vets and incest survivors. Other studies made informal observations of incest survivors in support groups and suggested that there might be stages of working through remembering. Finally, anecdotal interviews were conducted with incest survivors as the basis of information for a self-help book on healing from incest. In light of these differences, any conclusions drawn about the relationship between the present study and past ones must be tentative and, for the most part, speculative.

Lindberg and Distad (1985) found that within a clinical population of 17 women, 6 had dissociative reactions such as amnesic episodes, numbing of body parts, experience of self as estranged from one's own past and an unusual amount of memory loss. In the present study it was found that all participants had experienced or were presently experiencing, to some extent, these same dissociative reactions.

It could be suggested that participants in this study did use denial as a method of "forgetting," however none discussed excessive use of prescription drugs and only one admitted using alcohol to help her "forget" in the initial stages of remembering. It should be noted that as methods used for forgetting was not the focus of this study, participants were not encouraged to talk about these past behaviors. It remains unknown whether the women in the present study did use such methods as described by Blake-White and Kline (1985).

Lindberg and Distad (1985) found that incest survivors experienced a denial-numbing phase that lasted days or decades. This is followed by an intrusive-repetitive phase in which symptoms such as nightmares occur. In the present study participants had all experienced a period of time, varying from 20-50 years, in which they had not recalled any memories of abuse. Similarly memories were often described as appearing "out of the

blue" and intruding into participant's lives at any time, frequently in the form of nightmares.

Both Blake-White and Kline (1985) and Lindberg and Distad (1985) have suggested that the symptoms exhibited by incest survivors be seen within the context of an overall post-traumatic stress disorder (PTSD). As with Vietnam veterans, incest survivors suffering from PTSD experience a number of the following: nightmares, intrusive recollections of traumatic events, acting as if or feeling that the traumatic event is recurring in response to situational cues, memory lapses, anxiety, problems with relationships and feelings of detachment from others. These findings are consistent with the present study in which each participant experienced many, if not all, of these symptoms at varying times through her process of remembering.

Vivid recollections, including the complete emotional context plus visual and tactile memories of the actual incest, were experienced by women in studies by Lange (1987) and Blake-White and Kline (1985). In the present study it was found that while some participants experienced vivid recollections others only had a vague sense that something had happened. There was also some variation in the form that each memory was experienced. Some women experienced complete emotional, kinesthetic, visual memories while others were unable to recall visual memories but had plenty of "feeling/knowing" memories in which their gut sense told them what had happened. Thus memories in this study varied both in terms of their form and clarity.

However, as Van der Kolk et al (1984) reported, participants often experienced exact replicas of the abuse in sight, sound, feel or smell when memories erupted in flashbacks, drawing or nightmares. Participants were able to recall specific positions, words, rooms, emotions and physical sensations in exact details, as if the abuse was occurring at that very moment before their eyes.

Lindberg and Distad (1985) also found that remembering as adults is difficult because incest survivors continue to use repression and denial for emotional survival in everyday life. It was found that participants in this study did use various mechanisms (e.g., shutting down emotionally, denial, disassociation, alcohol etc.) in order to survive in their everyday lives. A number of women discussed "pushing it down" and "living under a dome" so as to function, be available to their children or not feel the pain of their memories. Many participants found it very easy to disassociate at a moment's notice, having become quite proficient at it as a child.

When denial began to break down many women felt like they were going crazy, thought they were having a midlife crisis, became depressed, felt confused, or became lost on a familiar route somewhere. These symptoms, as well as the individual variation among participants, are consistent with the study by Hays (1985).

Herman and Schatzow (1987), reported that short-term therapy groups are powerful stimuli for recovery of memories. Although not all participants were members of a support group, a number of them mentioned having memories triggered by other women in their groups. Others who did not explicitly state this still found their support groups to be a highly beneficial and supportive investment. Those women who had only done individual therapy, however, also found that memories were frequently triggered prior to, and during, therapy.

Blake-White and Kline (1985) observed in their incest survivor support groups that members seemed to go through a set of stages when working through their abuse. Although this study did not involve an in-depth discussion of participant's group experiences, some parallels can be drawn to this study. Firstly, while some women were already seeking help for other issues, all participants initially became aware of a problem and sought out support for themselves. Often the first set of memories came after they had

begun dealing with other issues. Although each memory was difficult, there were specific issues that arose from the first ones. In order to work through other memories participants had to break down blocks, such as denial and disassociation. Furthermore, participants did experience a slow integration of their new memories with their self-concept. There was some variation in how far along participants were in this stage. A number of women who had recovered memories two or three years ago were just beginning to experience some sense of integration while others who had remembered a year ago seemed more fully integrated. It might be speculated that this variation is a result of the severity of the initial abuse, however, it is beyond the scope of the present study.

Finally, Blake-White and Kline observed a resolution stage for the women in their groups. Three of the six participants seemed to feel resolved with their processes, however, this fluctuated over the period of interviewing. One participant who felt finished with her abuse remembered a whole new set of memories after the second interview. Another who was not so resolved during the second interview felt quite resolved with her memories during the third interview, after she had confronted her mother as the abuser. None of the women felt completely resolved, nor did they feel that they would ever be completely over it. There was, however, a gradual lessening of intensity as time went on and healing occurred.

With regards to the anecdotal information for incest survivors compiled by Bass and Davis in Courage to Heal (1988), there were a number of consistencies with the experiences of the women they interviewed. Recovering "occluded" memories for the participants in this study was different than recovering memories from the conscious mind. The women's memories were both vivid, as with "video" flashbacks, and vague, coming in bits and pieces. Although some participants were aware of what triggered their memories, most did not feel that their memories were recovered when stimulated by particular

touches, smells or sounds. Apart from being triggered by sexual activity, most described their memories as coming "out of the blue" at no particular time. One participant did experience a memory when triggered in a regression, as Bass and Davis had written. Another parallel to their study is that a number of participants did experience body, or kinesthetic, memories without any visual cues. Consistent with Bass and Davis, memories came up under a variety of circumstances: ending/beginning relationships, talking with friends, nightmares, hearing media coverage of sexual abuse, while making love etc. There was never solely one way in which memories came up for all the participants in this study. Participants felt a similar lack of control over their memories as the women interviewed by Bass and Davis. Each participant fought off their memories for a period of time but were unable to completely stop this process. It did become easier, however, as time went on and women felt more externally oriented in their lives.

Each participant's awareness of warning signs grew as she went deeper into their process and became familiar with her personal symptoms of imminent memory recall. For some participants their warning signs were butterflies in their stomachs or poor sleep, while others experienced cold symptoms or pain in their backs or genitals. This finding is also consistent with the experiences described in Courage to Heal.

Parallels were also found regarding participant's rate of memory recall. Frequently, when the women felt some sense of resolve with a set of memories, fresh memories would come along. Occasionally, however, some participants experienced new memories before they felt finished with the ones they were working through. In this case participants "pushed" the new ones back or "asked" the memories to wait until they felt able to deal with them. One participant felt especially empowered and respectful of herself by her ability to take care of herself in this manner.

Participants also varied in the perceived difficulty of retrieving memories as time went on. While some women found it easier to recall new memories, others found they really had to work at it in order to remember. As with the experiences of the women in Courage To Heal, not all participants recovered specific memories in this study. Although each woman had experienced the sense of "just knowing" something had happened or who the offender was, four participants consistently felt a gut sense of knowing about their abuse.

It was found in this study that participants went to great lengths to deny their memories, surprising even themselves with bizarre explanations for what they had remembered (e.g., a tumor pressing on the participant's brain that was creating visual images). As with Bass and Davis, participants in this study knew that their denial was important to help them survive the trauma of their memories. Finally, the women in this study consistently expressed very strong views about the necessity for validation from partners, friends, families, and particularly therapists. Bass and Davis also stressed validation as being a primary vehicle for helping incest survivors begin to heal themselves.

#### Significance and Implications of Results for Counsellors

While these results almost consistently replicate those of past studies, their importance is exacerbated by the process in which they were achieved. The phenomenological method used in this study enables the researcher and other readers to delve deeply into the thoughts and feelings of the participants; describing, illuminating and sensitizing others, in qualitative terms, to their lived meaning. This method has presented experience in much the same manner as it is presented to us as counsellors; abstract, colored with interpretation, piece by piece and as just one part of the whole picture of our clients. Although there is some variation in history and experience among participants, this

study has provided the reader with a framework from which to approach adults recovering memories of childhood sexual abuse.

The goal of the present study was not to generalize to all incest survivors, but to sensitize counsellors who are working, or will work, with clients who present these issues. Reflection on and increased information about the experience of remembering sexual abuse may lead counsellors to become increasingly aware of how their own beliefs and lack of information affect their clients ability to heal themselves from sexual abuse. Counsellors will have the possibility of an increased understanding of the literature about adult survivors of sexual abuse. They would gain from finding out more about the experience of remembering as increased social awareness is leading greater numbers of clients into therapy.

By reflecting on the findings of the present study, as well as those of previous researchers, counsellor educators would gain an increased awareness of the importance of addressing the issue of how to help clients who have already recovered memories or intuitively know that they are survivors. This would, hopefully, lead to the teaching of skills and techniques geared specifically towards clients with this issue. It would, moreover, facilitate counsellors' in training self-exploration and evaluation of their own attitudes, fears and assumptions about the impact of childhood sexual abuse.

#### Implications for Research

This investigation has endeavored to show that the systematic study of the experience of remembering childhood sexual abuse can provide insights into a relatively unexplored aspect of the counselling experience. The method used in this study could be used to learn more about the experience of recovering memories for survivors of trauma other than sexual abuse. This study has also revealed clients' experiences with counsellors who are ill-informed about issues for incest survivors. Both of these parameters are worthy

of further investigation. In particular, given that awareness and public acknowledgement of sexual abuse, as well as survivor's experiences of recovering memories, is a relatively new phenomenon, further studies in this direction are needed.

A number of research alternatives that future researchers might follow to build on the foundations of this study are suggested below:

- \* to study the experience of remembering abuse through the eyes of the supporters (e.g., partners, families, friends and counsellors);

- \* to expand on the present study by exploring the relationship between the counsellor's personal history with sexual abuse and perceived effectiveness by their clients.

- \* to study the creation and maintenance of support groups for both child and adult incest survivors.

- \* to compare the experience of healing from sexual abuse between those survivors who have recovered memories and those who have not.

- \* To compare the survivor's experience of remembering and healing between families who deny the abuse and those who acknowledge and believe them.

In general further research is necessary for survivors and counsellors to better understand the experience of remembering childhood sexual abuse.

#### Phenomenology of the Experience of Remembering Childhood Sexual Abuse

This study has indicated that the adult survivor's experiences of remembering sexual abuse, although similar in a variety of ways, are unique to each individual. Previous experimental research and anecdotal literature has suggested that the recovery of sexual abuse is a difficult and complex process. The use of a phenomenological method in this study has allowed the investigation of this experience, one that is very difficult to research experimentally, without imposing expectations on the participants. It has allowed the

experience of remembering childhood sexual abuse to be explored from the point of view of the adult survivor as she experiences it in her own process. Use of this phenomenological method has allowed the variations and differences, as well as the common threads, of this experience to emerge.

### References

- Bass, E. and Davis, L. (1988). The Courage to Heal. New York: Harper and Row.
- Blake-White, J. and Kline, C.M. (1985). Treating the dissociative process in adult victims of childhood incest. The Journal of Contemporary Social Work, 42, 394-402.
- Briere, J. (1984). The Effects of Childhood Sexual Abuse on Later Psychological Functioning: Defining a Post-Sexual-Abuse Syndrome. Paper presented at the Third National Conference on Sexual Victimization of Children, Children's Hospital National Medical Center, Washington, D.C.
- Browne, A. and Finkelhor, D. (1985). The Impact of Child Sexual Abuse: A Review of the Research. University of New Hampshire, New Hampshire.
- Butler, S. (1978). Conspiracy of Silence: The Trauma of Incest. San Francisco: Volcano Press.
- Colaizzi, P.F. (1978). Psychological Research as the Phenomenologist views it. In R.S. Valle and M. King (Eds.), Existential-phenomenological alternatives for psychology, (p. 48-71). New York: Oxford Press.
- Courtois, C.A. (1980). Studying and counselling women with past incest experience. Victimology, 5 (2-4), 322-334.
- Ellenson, G.S. (1985). Detecting a history of incest: a predictive syndrome. The Journal of Contemporary Social Work, 42, 525-532.
- Ewalt, J.R. and Crawford, D. (1981). Post-traumatic stress syndrome. Current Psychiatric Therapies, 20, 145-153.
- Herman, J., Russell, D., and Trocki, K. (1984). Long-term effects of incestuous abuse in childhood. American Journal of Psychiatry, 143, 1293-1296.
- Herman, J.L. and Schatzow, E. (1987). Recovery and verification of memories of childhood sexual abuse. Psychoanalytic-Psychology, Win Vol 4(1), 1-14.
- Hunnisett, R.J. (1983). A phenomenological study of crisis experience in a lesbian community: implications for counsellors. Unpublished master's thesis, University of Victoria, Victoria, B.C.
- Johnson, D.R. (1987). The role of the creative art therapies in the diagnosis and treatment of psychological trauma. The Arts in Psychotherapy, 14, 7-13.

Lange, L. (1987). Long Term Consequences of Childhood Sexual Abuse. Unpublished article from Victoria of Mental Health Center, Victoria, B.C.

Lindberg, F.H. and Distad, L.J. (1985). Post-traumatic stress disorders in women who experienced childhood incest. Child Abuse and Neglect, 9, 329-334.

Samson, A. J. (1984). A phenomenological study of counsellors' subjective experiences of client crying. Unpublished master's thesis, University of Victoria, Victoria, B.C.

## APPENDIX

Research StudyStatement of Study, Purposes and Methods

by

Jenna M. Smith

(Candidate for MA in Counselling, Faculty of Education,

University of Victoria)

Title of Study**A Study of Incest Survivors' Experiences in Remembering  
Childhood Sexual Abuse.**

I am doing my thesis at the University of Victoria and am planning to do a study of what incest survivors experience in their lives when they recall childhood sexual abuse.

This study does not involve any deception or manipulation. The study will be done through interviews between the researcher, that is myself, and the participant.

I intend to interview women who, as adults, have recalled memories of being sexually abused as children.

If you are at all interested in helping me with this study by becoming a participant, please read on and then if you are still interested contact me. My number is 381-3172. You can also write to my home address: #202-1021 Cook St., Victoria, B.C., V8V 3Z6, or to me, c/o Faculty of Education, General Office, University of Victoria.

Anyone who contacts me about this study will be guaranteed confidentiality.

### Purpose of the Study

To find out how women subjectively experience the process of recovering memories of childhood sexual abuse that they were previously unaware of, how their interpersonal lives are affected, and how they feel about themselves as a result of recovering these memories.

I am interested in developing some accurate statements that reflect survivors' experience of the process of recovering memories of childhood sexual abuse.

### Value of the Study

The main reason people go to a counsellor is because they are going through some experience or feelings that they cannot in some way resolve themselves. The experience of remembering childhood sexual abuse would likely evoke strong feelings. To date no one has studied this experience in the lives of child sexual abuse survivors from a phenomenological perspective. Phenomenology is a method of doing research. It requires that the researcher ask questions that will get at a deeper understanding of how people experience themselves in relation to the world.

The value of this study will be in offering survivors of childhood sexual abuse, counsellors, social workers and other interested people a fuller, deeper understanding of the process of recovering memories of sexual abuse as it is experienced by the survivors themselves. To date I have found only one study which looks at some of the feelings and experiences survivors have within a group setting. I have not found a study which explores the process that survivors experience when they recover memories of childhood sexual abuse, from a phenomenological perspective. So this type of research as well as the information in it will be breaking new ground for counsellors doing research or working with adult survivors of sexual abuse.

### Method

I propose to spend a preliminary hour in early November talking generally with the participant about her feelings about her life as a child and as an adult. This will be a time for us to get to know each other and build some trust so that she feels comfortable telling me her experiences. I will make notes on this interview, which the participant will be asked to read and comment on prior to the second interview.

We will then tape an interview in mid November which will not exceed two hours. This tape, in addition to notes from the first interview, will become the data for the study itself. It is the interviewee's right during these interviews to refuse to answer questions or to explore certain themes further. The setting for the interviews will either be the interviewee's home or the Sexual Assault Center, depending on which would be best for both parties concerned.

In early January I will come back to the participant to have her read over the material that I will have developed from the interviews. In this third interview she would tell me if she found that the material reflected her described experience, or whether it deviated from that experience. Adjustments would then be made to rectify distortions or to make additions where necessary.

This material would form the basis of my final statements of how adult incest survivors experience remembering sexual abuse. I expect the total time commitment for a participant will be a maximum of six to seven hours beginning in early November, 1989 and ending early January, 1990.

### Confidentiality

All the names, whether the participant's or anyone else's, that appear in the study will be changed in the text of the thesis. The name of the participant or any person mentioned by her and of any place, such as a place of employment, that could identify her

will not appear in the text. All tapes will be heard by the researcher and one individual who will be transcribing the tapes. She will know only the altered name of each subject and will maintain complete confidentiality. Each tape, once transcribed, will be erased. All alterations to information will be made at the time of transcription. Consent forms will be stored separately from the material for the thesis.

The participant will have to decide how much additional information must be changed in order to protect her identity. Such changes will be made without altering the meaning of the experience described. I undertake to not discuss the participant's identity with anyone with whom I work (such as a supervisor) or with any outsider.

#### Risk

There is no risk involved in this study that may occur as a result of the interviewing method. It is possible, however, that in discussing her own personal experiences and feelings in the interview the participant may wish to explore further and may want help with this. Should this be the case, the researcher undertakes to support the participant in finding the support or counselling she needs.

#### Participants

There will be a maximum of six women interviewed for this study. This may not mean that everyone who wants to participate may do so. I will then be in the position of having to decide who would be the most appropriate.

The criteria for participating in the study are:

1. You consider yourself an adult survivor of childhood sexual abuse.
2. Within the last two years you have recovered memories of childhood sexual abuse that you previously were not aware of.
3. You are willing to discuss your feelings and thoughts about the experience of recovering memories of childhood sexual abuse with the researcher.

Questions

Please don't hesitate to ask any questions.

Consent Form

I \_\_\_\_\_ consent to being part of  
the study:

A Study of Incest Survivor's Experience in Remembering  
Childhood Sexual Abuse.

I understand there will be complete confidentiality regarding my name, the names of any associates of mine, my place of employment or any other circumstances that would identify me. The latter will also not be discussed with anyone. I understand that any other information that I wish to have protected will not be used.

I am aware that my participation in this study is completely voluntary, and that I am under no obligation to participate. I also understand that I may withdraw from this study at any time I wish.

I understand that anything I share about my personal life with the researcher is my decision to share. If I want further support or counselling after the interviews as a result of sharing information about myself, the researcher has undertaken to help me find the support or counselling that I need.

I have read and understand the statement regarding the study, its purposes and methods. I understand what my role in the study will be. I also understand the role and the responsibilities of the researcher.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Researcher \_\_\_\_\_ Date \_\_\_\_\_

## RESEARCH QUESTIONS

The following questions will serve as a guide for the interviews with participants. Supplementary questions designed to obtain as clear and elaborate a description of each participant's experience will be included as necessary.

1. Were there any specific events occurring in your life at the time of your initial memory recall? Subsequent memories?
  2. Can you describe your experience of recovering these memories? How did you feel during the memory recall? What would trigger them and how did you deal with these memories?
  3. In what form did your memories come to you (e.g., visual, auditory, kinesthetic, etc.)?
  4. Were your relationships with your family (biological and present) and friends affected by the recall of your memories, and if so, how?
  5. Did you seek out support and from whom? Can you describe your experience of seeking help?
  6. Have your feelings about yourself changed as a result of remembering, and if so, how?
- 
- \* What was your concept of time like? Did this time seem quicker, slower, normal?
  - \* Was this period foggy or clear to you?
  - \* How long since your first thoughts about sexual abuse to your first memory recall?
  - \* Were you able to stop remembering once you started?

- \* What helped/hindered your memory recall, if anything?
- \* Did the process of remembering change and, if so, how?
- \* Was your ability to function at work/home affected, and if so, how?
- \* Were your relationships with your children affected? If so, how? Are they still affected?
- \* Has the sex of the offender affected your relationships with others?
- \* What meaning does the label "incest survivor" have for you, if any?
- \* How has being an incest survivor affected your feelings about yourself, if at all?
- \* How do you feel about other incest survivors?
- \* Has remembering sexual abuse affected your sexual relationships?
- \* How do you feel about other incest survivors?
- \* What are your thoughts and feelings regarding society's view of incest survivors and sexual abuse?
- \* What kinds of issues have you faced since remembering?

VITA

Surname: Smith Given Names: (Jenna) Janet Maureen

Place of Birth: Montreal, Quebec Date of Birth: October 28, 1963

Educational Institutions Attended:

St. Francis Xavier University	1981-1985	
University of Victoria		1986-1990

Degrees Awarded:

B.A. (Honours) St. Francis Xavier University 1985

Honours and Awards:

Publications: Bigelow, A., MacLean, J., Wood, C. & Smith, J. (1990). Infants' Responses to Child and Adult Strangers: An Investigation of Height and Facial Configurations. Infant Behavior and Development, 13, 21-32.

PARTIAL COPYRIGHT LICENSE

I hereby grant the right to lend my thesis to users of the University of Victoria Library, and to make single copies only for such users or in response to a request from the Library of any other university, or similar institution, on its behalf or for one of its users. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by me or a member of the University designated by me. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Title of Thesis: A Study of Incest Survivors' Experiences in Recovering Memories of  
Childhood Sexual Abuse

---

Author



(Signature)

JENNA SMITH  
(Name in Block Letters)

June 8/90  
(Date)