SEXUAL ABUSE COUNSELLORS' RESPONSES TO TRAUMA AND STRESS: A SOCIAL WORK PERSPECTIVE

by

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TABLE OF CONTENTS

Chapter Four: Revisions to the Therapeutic Relationship: From Freud to 'The New Trauma Therapy'

Chapter Five: 'News Of Difference': Narrative Therapy and Strengths-Based Approaches and their Relevance to Vicarious Traumatisation

Chapter Six: 'Back From the Edge of the World': Re-Authoring a Story of Practice with Stress and Trauma

Chapter Seven: A Crisis of Intent: The Body as a Site of Knowing

Chapter Eight: Career Themes in the Lives of ACC Approved Counsellors

Chapter Nine: A Search for An Interpretive Framework

Chapter Ten: The Significant Others: Personal and Professional

Chapter Eleven: The Significance for Social Work Theories of Practice

ABSTRACT

Using a qualitative research methodology, this study explores the range of social, organisational and theoretical factors that impact on sexual abuse counsellors. The relevance of the concept of vicarious traumatisation and the theoretical framework of constructivist self-development theory, as presented in the original study of McCann and Pearlman (1990) are investigated using a social work perspective. Secondly, the relationship between sexual abuse counsellors' responses to trauma and the theoretical frameworks identified as fruitful in their work with sexual abuse survivors are explored. Thirdly, the significant others of the primary participants were interviewed to elicit their perspectives of the impact of the work on their relationships with the counsellor-participants.

This thesis adds to the body of knowledge about stress and trauma among sexual abuse therapists by introducing a multi-layered understanding of the challenges faced. It suggests that there are ways in which social workers and therapists can develop awareness and understanding of trauma and stress on multiple levels. It underlines the importance of workers sampling and integrating into their practice a wide range of theoretical approaches. These approaches which include narrative, strengths-based, critical-reflective, feminist and emancipatory frameworks provide a way for workers to connect with themselves, which is transferred into fostering effective connections with clients, colleagues and their significant others. Maintaining relationship is the primary theme of this research which protects the counsellor from the fragmenting

sense of disjuncture, that is a key experience of sexual abuse work. Practice in a synthesis of theoretical frameworks provides a context for establishing and maintaining connections on a variety of levels: with the self and identity of the therapist, with others including clients, and with the wider social discourses in which their work is located.

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DEDICATION

For Ajahn Viradhammo for illuminating the path 'back from the edge of the world'.

For family and friends for sustaining my journey back

CHAPTER ONE

BACKGROUND AND BEGINNINGS

Introduction

The topic of vicarious traumatisation caught my attention as a result of witnessing a series of events within two workplaces. The first workplace was a mental health clinic and the second a national sexual abuse unit. In both workplaces, the focus was on work with sexual abuse survivors. I combed the literature on 'burn-out', 'compassion fatigue' and other concepts in search of frameworks to understand what I and my colleagues at these workplaces were experiencing. In this chapter, I discuss the workplace experiences that motivated this study, identify the aims of the research, and explore the position of vicarious traumatisation in relationship to concepts such as 'compassion fatigue' and 'burn-out' in terms of their power to explain what happened in the workplace and as a starting point for this thesis.

Workplace Experiences that Motivated a Study of Vicarious Traumatisation Among Sexual Abuse Therapists

When I graduated from university during the 1980s, my first experience of social work was within a community mental health clinic. At this time, there was a burgeoning awareness of sexual abuse, reflected in the growing number of people referred to the agency to deal with past traumatic experiences. Whilst the presenting issue was usually, stress, depression or anxiety, the current distress very often stemmed from some form of abuse in the past. I felt ill-prepared for a caseload that was largely comprised of adults who were disclosing abuse histories. The theoretical context of the sexual abuse counselling in the 1980s was the feminist and self help movements, which suggested that disclosure and catharsis were the means of healing from traumatic events in the past. The agency adopted a standard question in the initial client assessment: 'Have you ever had

any experience of abuse in your past?' By making explicit the unspeakable, many clients disclosed at any early point in our contact, extensive histories of sexual, physical and psychological abuse. As I began empathetically engaging with clients in the process of disclosure of past traumatic events, I began to notice a transformation in my own thinking and being. I wondered if this was evidence of some repressed memory of sexual abuse from my own personal history, though I could not recall any such incident from my own childhood. I now realise that I was living out a secondary traumatisation process.

The exposure to client narratives heightened my sense of vulnerability and control in the world. I joined a women's self defence course in response to these shifts in thinking, however, I found that this only served to increase my feelings of physical vulnerability. In retrospect I was over-identifying with client narratives. I was travelling a parallel path to the traumatised clients to whom I had been listening.

During this intensive period of work with the traumatic memories of clients, I was troubled by the clients' distress that was evoked by the diary keeping of flash backs of memory, at each session. Yet facilitating disclosure of past traumatic events was much recommended to facilitate closure and recovery. I was reassured that should sufficient trust and rapport exist between myself and the client, disclosure and integrating fragments of memory was likely to be beneficial for the client. I am now mindful of the cautionary focus of the literature surrounding traumatic memory work.

The second set of experiences coalesced around my work in a national sexual abuse unit where my role was to fund and monitor the progress of sexual abuse therapy. My work

involved telephoning clients to gauge the effectiveness of therapy from the client's perspective, to see if other rehabilitative options might be appropriate. This role seemed to splinter and fragment the relationship between the client and their primary therapist, as the involvement of an unknown authority figure triggered the negative transferences associated with the perpetrator of the original abuse. Many clients said that they felt victimised by this approach and the counsellors retaliated in a protective, parental way, giving negative feedback to management on our practice. These dynamics affected the way we worked as a team, with the three roles of victim, rescuer and perpetrator being acted out by staff, mirroring the dynamics of the external relationships we had with clients and treatment providers. The culmination of continuing difficulties within the Unit resulted in frequent re-organisations, difficulties with staff retention and morale. These concerns were documented by those reviewing the unit's operations (Tucker and Associates, 1995; Pack, 1997). Despite the implementation of new policies, protocols and organisational structures, these issues have remained problematic for the organisation.

Vicarious Traumatisation and Related Concepts

At first glance, the literature on secondary victimisation or secondary traumatisation appeared to be helpful as a way of understanding the stressors that impacted on staff. 'Burnout', a generic catch-all label, is allied to notions of secondary traumatisation and vicarious traumatisation. 'Burnout' was, however, more often used to refer to the degree of fit between the organizational philosophy and the individual's belief system. (Grosch and Olsen, 1994; Farber, 1982; Leiter and Maslach, 1988; Jones et al, 1991).'Burnout' is commonly referred to as encompassing a range of components including emotional exhaustion, depersonalization and reduced feelings of personal

accomplishment. The social work literature on team dynamics and work stresses in the face of the changing socio-economic climate seemed also to be relevant. These writings focused on the socio-economic and organisational contexts in which social work is practiced and pointed to some of the dilemmas stemming from retrenchment in the personal social services (Fulcher, 1988; Bradley and Sutherland, 1995; and Loughlin, 1992). The connecting themes in the use of both burnout and secondary traumatisation seemed to be the focus on the symptomology of the individual and the cognitive effects of the work. (Grosch and Olsen, 1994; Leiter and Maslach, 1988). Individual symptomology seemed an insufficient framework to explain what I was observing in the workplace. In the literature on burnout, there was little attention given to the surrounding organizational and societal contexts which the social work literature discussed (See Chapters Two-Six).

Secondary Post Traumatic Stress Disorder

A number of authors suggest that therapists 'bearing witness' to disclosures of traumatic events open themselves to the experience of a similar process of traumatisation to the original survivor. This is a phenomenon which is likened to a kind of secondary post traumatic stress disorder (Figley, 1985 and 1995). Post traumatic stress disorder, as defined by the DSM IV classificatory system, is discussed as a major way in which both traumatisation and secondary traumatisation typically manifests. Post traumatic stress disorder is related to situation(s) in which the individual is confronted with an event(s) that involved an actual or perceived threat to life, or an event which in some way seriously threatened the physical integrity of self or other (APA, 1994). The definition of post traumatic stress disorder, employed by helping professionals internationally, is used in this context to

describe the survivor and witness (es)' persistent re-experiencing of re-current and intrusive distressing recollections of the traumatic event, which include images or flash backs, thoughts and perceptions of the event.

Typically those exposed to the traumatic event or bearing witness to it, re-experience the intense fear, helplessness or horror of the traumatic event. If unattended and experienced longer than three months, post traumatic stress disorder is considered a chronic, potentially irreversible set of conditions (APA, 1994).

Whilst this more general literature certainly provided some explanation for what was happening to colleagues in my workplaces, it was not specific to the trauma experienced as a result of witnessing sexual abuse disclosures. Other theorists identified the specific content of our work as posing distinct, identifiable patterns of interaction (For example, Herman, 1992; Dalenberg, 2000). The notion that there often needs to be dramas and re-enactments of the original abuse story in workplaces dealing with sexual abuse disclosures resonated with my experiences to date. From my experience, the underlying dynamic appeared to be that groups and individuals within the team often labelled others, usually those holding positions of authority as victimising them. Those labelled as perpetrating various offences then retaliated and were further perceived as being 'abusers'. Others then came in to rescue or mediate, and the process continued in a circular fashion. Many interactions I had witnessed had this basic dynamic, or permutations of it. Decision-making on a team basis became problematic and divisions emerged due to the lack of trust among staff. Inspired by these dynamics and wider economic retrenchment within the organisation, narratives of the 'quick-fix' emerged

which were found to be unattainable or unrealistic, and evolved into discourses of inadequacy and failure.

Other theoretical concepts such as 'compassion fatigue' (Figley, C 1995), 'secondary traumatisation' (Ibid) and 'transference/countertransference' (Dalenberg, 2000), all seemed to have some applicability to these dynamics. The concept of 'vicarious traumatisation' (McCann and Pearlman, 1990; Pearlman and Saakvitne, 1995; Pearlman and MacIan, 1995; Pearlman et al, 1996; Pearlman, 1997) premised on 'constructivist self-development' theory (Pearlman and Saakvitne, 1995) integrated many of the strands of my thinking. Concepts such as 'burnout' and 'secondary traumatisation/victimisation' were interrelated in the wider notion of 'vicarious traumatisation'. Vicarious traumatisation encompassed the dynamics of transference and counter transference in particular kinds of individual therapeutic relationships between particular clients and therapists (Pearlman and Saakvitne, 1995). Unresolved vicarious traumatisation is a background condition leading to 'burnout' and 'secondary traumatic stress' or 'compassion fatigue'. In summary, it seemed to me that all of these concepts were relevant to what I was observing, at some level.

Pearlman and Saakvitne's (1995) concept of 'vicarious traumatisation' seemed to be the most directly relevant to the experiences I had had in the workplaces whose primary concern was dealing with the survivors of trauma. (Pearlman and Saakvitne 1995). This provided the most useful conceptual framework to begin exploring the diverse experiences I was witnessing in my day-to-day work. Fox and Cooper (1998) had used vicarious traumatisation as a framework to investigate the effects of client suicide on social workers working as therapists in private practice. They suggest ways in which

social workers deal with overwhelming case scenarios in reference to the literature on vicarious traumatisation and burnout (Fox and Cooper, 1998). Drawing on two extended case vignettes, Fox and Cooper believe that the support of colleagues is pivotal to enabling social workers to cope with suicidal clients. They recommend that those working with suicidal clients form group practices for education, support and sharing. These formal and informal networks assist in ensuring accountability and quality assurance and a working through of often painful feelings that arise for the worker (Fox and Cooper, 1998:155-156).

An important theme in the literature review was the need to ameliorate the effect on the worker of work with trauma survivors (Figley 1995; Oliveri and Waterman, 1993; Folette et al, 1994; Herman, 1992; Grosch and Olsen, 1994; McCann and Pearlman, 1990; Pearlman and Saakvitne, 1995; Pearlman and MacIan, 1995; Saakvitne et al, 1996; Pearlman, 1997; McCarroll, et al, 1995; and Martin, et al, 1986). Coping strategies that were mentioned most frequently as increasing resiliency included: education related to sexual abuse; supervision; consultation; 'optimistic perseverance, avoidance and wishful thinking'; seeking social support and inner peace; and humour (Mederios and Procaska, 1995). Training and supervision as ways of normalizing workers' responses to the nature of the work, and enhancing the existing coping strategies of workers, have been suggested (Figley, 1995; Folette et al, 1994; Grosch and Olsen, 1994; Herman, 1992; Neumann and Gamble, 1995; Pearlman, and Saakvitne, 1995; Saakvitne et al, 1996). Further research seemed warranted that identified factors which might increase the resiliency of workers who assist trauma survivors.

Secondary Traumatisation

As my reading progressed, I began to see the impact of trauma-related helping on the quality of trauma counsellor relationships, as fitting a model more akin to a concept of 'tertiary victimisation', in that the professional helpers seemed to be a further step removed from the trauma survivor than the survivor's own family members. Secondary victimisation here is defined in a similar way to 'compassion fatigue', as the empathetic response following exposure to traumatic material from the original survivor or an associate resulting in a variety of physical, cognitive and emotional patterns, suggestive of post traumatic stress disorder (Figley, 1995). The helping professionals are, however, yet another step removed from the original trauma disclosures. The effects of trauma on the counsellor's significant others are, therefore, likely to be subtler and less directly observable than the impact of the original disclosure on whomever is hearing the trauma story directly from the survivor. For this reason, I thought the findings from the literature on secondary victimization, might have relevance in terms of the present study. The principal difference between the concepts of 'vicarious traumatisation' and 'secondary victimisation' or 'compassion fatigue', appeared to be relational. The closer one was to the survivor, empathetically, the greater the potential for the development of vicarious traumatisation.

The focus on the transformation of the individual's personal philosophies, beliefs and worldview within the model of vicarious traumatisation, resonated with my own experience of the work. I found it helpful to consider this transformation of the self

and worldview as a macro process within which micro processes of burnout and secondary post traumatic stress disorder might happen.

In order to clarify the interrelationships among the various concepts, I found it helpful to consider the literature on secondary traumatisation in a variety of circumstances and related to different substantive areas, rather than focusing initially on the impact of sexual abuse trauma. Previous writers have suggested the benefits of exploring the experience of a variety of trauma survivors, such as those who have endured the horrors of the Holocaust (Dalenberg, 2000).

In the case of massive psychological trauma during the Holocaust, research findings suggest an intergenerational legacy of trauma experiences for family members (Davison, 1980). The psychological impact of the Holocaust was found to be ameliorated by the passage of time and the decision to delay parenting until after these traumatic experiences had been integrated into one's life story (Davison, 1980). Another study discovered that workers who had contact with the artifacts of the Holocaust developed symptoms suggestive of post traumatic stress disorder requiring debriefing, training and the development of specific organizational support strategies (McCarroll et al, 1995). Workers withdrew socially and from intimate relationships. The nature of the work also had consequences for relationships among colleagues. The individual worker's philosophical approach following contact with images of death and destruction on the level of the Holocaust was challenged over time. Specifically, the individual's belief in the essential goodness of humankind required reformulation and transformation following contact with this traumatic material (McCarroll et al, 1995).

The role of gender and the nature of the affectional tie between the survivor and the family member, have similarly, been discovered as key variables in the process of secondary traumatisation (Davis et al 1995). Female significant others who were family members of sexual/physical assault victims were more seriously affected than male significant others, particularly in the area of expressing fear of subsequent crime. Sexual rather than non sexual assault more frequently evoked conflicting emotional states among family members of those victimized, necessitating counselling for those significant others who had strong affectional ties to the survivor. Davis et al (1995) suggest the need for significant others with strong affectional ties to seek assistance so that they, in turn, can be more effective in providing support for victims, whilst ensuring their own well being. These findings are illustrative of the central role that significant others play in ameliorating the impact of trauma for the survivor, both by the nature of their response to the survivor, and in terms of the restorative nature of that relationship. The needs of family members, however, require careful attention to facilitate the effectiveness of this relationship as therapeutically supportive. This was found to be particularly so where sexual abuse trauma is involved due to the conflicting emotions evoked by the nature of the assault.

As most registered sexual abuse therapists are female, the gender related findings about female significant others were sure to have relevance for the thesis topic. The nature of the work is also likely to raise dilemmas for counsellors and their significant others due to the differing responses of individuals to reported sexual abuse. I identified the affectional tie between the counsellor and her significant others as an important variable in determining how the counsellor subsequently copes with the

nature of the work. The response the significant other has towards the sexual abuse counsellor will, in turn, impact on the nature of the relationship between the client and the counsellor. Throughout the thesis, I refer to both clients and their professionals using feminine pronouns. This reflects the predominance of women among the counsellors who work mainly with girls and women who have been sexually abused.

The quality of the helping relationship between the counsellor and client is not an aspect of the present study, although is it likely to be affected indirectly by the relationships between the counsellor and her significant others. Thus, the adequacy of the social network supporting sexual abuse counsellors is likely to have implications for the effectiveness of service provision to clients and the clients' significant others. For publicly funded counselling for sexual abuse survivors currently available in New Zealand, there are issues relating to the efficacy and cost effectiveness of sexual abuse therapy that assume vital importance in terms of quality of service, re-referral rates and counselling outcomes. The repercussions of these findings for the quality of service and outcomes for clients and the funders, have, however, not been widely addressed in any previous studies in New Zealand.

The Linkages between the Personal Experience of Abuse and Vicarious Traumatisation

There are differing views in the literature as to whether the helper's own history of trauma is likely to colour her responses in face-to-face dealings with clients. A national survey of five hundred psychologists in the United States revealed that a third of those who responded, reported sexual or physical abuse as a child or adolescent (Pope and Feldman-Summers, 1992). Folette et al (1994) surveyed 558 mental health and law enforcement professionals, discovering that 29.8% of therapists and 19.6% of

police officers reported experiencing some form of childhood trauma. The mental health workers in the sample reported relatively low levels of post traumatic stress disorder symptoms and general psychological distress. One explanation for this finding was that the mental health professionals were more likely to acknowledge personal difficulties and seek personal therapy more often than the police officers surveyed.

From studies of professional helpers involved in sexual abuse work, it appears that the prevalence of post traumatic stress disorder among helpers may be related to the individual's degree of identification with the survivor, the history of the helper's own victimization and the frequency of exposure to contact with traumatic material (Martin, et al, 1986). However, the development of secondary traumatisation has been found to be related, equally, to the existing coping style of the individual helper and the willingness to self-monitor and seek psychological support and debriefing. Professionals who are open to acknowledging their own issues and developing awareness of the importance of seeking support and supervision, access resources to ameliorate vicarious traumatisation. Studies of police in the New Zealand context, agree with this finding. Police officers surveyed within New Zealand found it less easy to seek support and suffered consequences to their emotional well being as a consequence (Stevens, 1996; Stevens and Long, 1997). A macho work ethic operated within a male dominated workforce which led to concerns about disclosure of feelings. This fear prevented the officers from using formal debriefing. Personal disclosure in formal group and individual debriefing was seen by police officers as negatively influencing promotional opportunities and appraisal. Colleagues became the informal 'debriefers' of police who had witnessed traumatic events. The

established relationship of trust among colleagues enabled freer disclosure of personal feelings, that was seen as safer in terms of maintaining one's professionalism within the force.

Neumann and Gamble (1995:342), psychotherapists in private practice, suggest that therapists who are themselves survivors of interpersonal violence or childhood abuse may more closely identify with clients, feeling as though they have been 'thrown into a maelstrom with no life line'. They see the potential for beginning therapists to encounter negative effects from the work, such as vicarious traumatisation and burnout as being related to this identification. Secondly, due to beginning therapists' position at the bottom of the organizational hierarchy, they lack collegial support and are usually assigned the most difficult or unpopular clients. They advocate a two-pronged approach to vicarious traumatisation. Firstly they suggest normalizing individual responses to the work with traumatized clients within supervisory settings Secondly they recommend fostering an organizational culture in which workers are encouraged to confide in others about their responses to their work. Effective coping strategies at an organizational level are protective factors in the experience of vicarious traumatisation (Follette et al, 1994; Martin et al, 1996 Neumann and Gamble, 1995; Stamm et al, 1995)

The Rationale for the Approach

Previous research on vicarious traumatisation has adopted large scale, quantitative approaches using survey techniques and random sampling of large groups of professionals who were principally psychologists, working in the sexual abuse field. (McCann, and Pearlman, 1990; Pearlman and MacIan, 1995; Rich, 1997). Johnson (1993), and Johnson and Hunter, (1997), were the exceptions to this trend. They found their participants were largely social workers. However, as clinical psychologists they adopted the research strategies borrowed from psychology. These studies established the relevance of vicarious traumatisation. Underpinned by self constructivist development theory, such studies asked large numbers of psychologists to rank lists of statements reflective of the individual's thinking about various areas of their life, with a focus on worker beliefs, cognitions and behaviour. This approach produced groundbreaking statistical evidence supporting the relevance and applicability of the concept of vicarious traumatisation that could be fed back into developing theory. However, the individual voices and stories of participants remained largely unavailable due to the large-scale, quantitative focus of these studies. More recently proponents of narrative therapy have criticised such approaches to research among counsellors for pathologising participants. These accounts of counsellors' lives are criticised for producing a 'thin description' (White, 1997 citing Geertz, 1975). Criticisms hinge around the quality of the accounts of counsellors' lives 'in which the more local or folk knowledges have been marginalised, often disqualified and displaced by the formal and expert knowledges of the professional disciplines' (Ibid: 3). (Narrative therapy is discussed more fully in Chapter Five).

Most research into vicarious traumatisation uses the tools of psychological assessment to 'test' theory. This was an approach that contrasted to my own training and experience as a social worker. In social work practice research in New Zealand, there is an emphasis on viewing individuals as located within their social contexts, networks and local knowledges (Munford and Nash, 1994). The usefulness of viewing individuals in a holistic way, in the context of their social environments and the wider society, is discussed also in the social work field in ecological theories and those writing from a feminist perspective (Sands and Nuccio, 1992; Fawcett et al, 2000). The focus on 'wholeness', the 'celebration of difference', and the importance of language/metaphor in establishing and maintaining power in relationships are central to the theories of structuralism found in anthropology and social work and provide an important frame of reference for understanding sexual abuse on a structural level (Sands and Nuccio, 1992: 490-491). The inadequacy of language to express trauma experiences has meant that actions, events, and relationships themselves can become alternative modes of expression beyond purely verbal accounts of experience. 'Thick description' (Geertz, 1975; White, 1997), however, seemed to be missing in the tradition of on vicarious traumatisation. With my background, training and experience, living in a culture that publicly funds much sexual abuse and trauma therapy, the deconstruction of taken-for-granted concepts of counsellors' experience seemed an area in which I could contribute.

The Aims of the Study

The aims of the study are: first, to explore the factors that lead to and help to ameliorate stress and trauma. My first point of reference in this investigation was to ask counsellors what relevance they saw in the concept of vicarious traumatisation and the theoretical framework of constructivist self-development theory, as presented in the original study

of McCann and Pearlman (1990). Secondly, to explore the responses of sexual abuse therapists within the context of the theoretical frameworks which they identified as fruitful in their work with sexual abuse survivors.

Thirdly, I wanted to explore the significant others' perceptions of counsellors over their careers and in the context of their everyday lives. My training and experience as a social worker had raised my awareness of the importance of searching for alternative sources of knowledge that had not been heard before, or which fell outside of the realms of 'objective' or 'scientific' knowledge. These 'knowledges' though not available in published sources, flourish as stories recounted informally in the work and private domains. I began to think of the stories of the 'significant others' as being an example of subjugated knowledges, like those that clients bring to counselling. I was already familiar with versions of clients' stories that had had been missing or marginalized for various reasons. I wished to explore representation of significant others as invisible people who existed in the background.

One Australian study of vicarious traumatisation among sexual abuse therapists recommended investigation of the sexual abuse counsellors' interpersonal relationships using in-depth interviewing, a qualitative research methodology and a longitudinal perspective (Johnson 1993; Johnson and Hunter, 1997). The same study investigated vicarious traumatisation and the coping strategies of sexual abuse workers in comparison with more general counsellors, and found that the sexual abuse counsellors reported a higher level of stress (Johnson, 1993). Sexual abuse therapists who were surveyed more often used coping strategies involving avoidance and the minimisation of negative feelings than more broadly based or general counsellors (Johnson, 1993; Johnson and

Hunter, 1997). The other interesting finding was the positive regard in which research participants, working in the sexual abuse field, held their relationships with women. Disruptions in the trust in which sexual abuse counsellors held the Justice System were also noted. Lastly, I wanted to explore whether these areas of trust/mistrust were translated into the relationships of the counsellors engaged in sexual abuse work in New Zealand, and if so, the process by which this occurred.

The Structure of the Thesis

For counsellors working with sexually abused clients, the issue becomes one of knowing how to engage empathetically with traumatized clients whilst simultaneously maintaining one's equilibrium. In this chapter I have outlined the theoretical frameworks used to understand this engagement and its consequences.

In Chapter Two, 'Locating Vicarious Traumatisation in the Strengths-Based Social Work Literature', I reflect critically on constructivist self-development theory underpinning the concept of vicarious traumatisation. These reflections were sparked by my participation in a workshop facilitated by Dr Pearlman in Sydney, Australia, in 1998: 'Protecting the Front Line'. Members of the audience criticized the vicarious traumatisation framework for failing to encompass or explain their experiences as workers involved with refugees from war zones. Their clients' collective experiences of oppression and the workers' reactions to these stories did not fit with the individual bias of the vicarious traumatisation framework. From the participants' perspectives, the vicarious traumatisation literature failed to connect with the social justice issues in the collective narratives of refugees from Bosnia to which they were witness. I draw upon recent research on vicarious traumatisation which sees the framework of

Pearlman et al as being too individually focused to encompass wider societal themes. Secondly, more recent literature has critiqued the negative bias of the vicarious traumatisation framework in characterising the deleterious effects of the trauma on the self of the therapist (For example, Steed and Downing, 1998). Recent researchers have found that the effects of working with trauma may be less deleterious and the impact less cumulative and permanent than was originally envisaged by Pearlman and McCann (1990). The risk and resilience literature and strengths-based approaches in social work, suggest that people can survive adversity. I refer to the risk and resilience and strengths-based approaches in the social work literature to suggest other ways of approaching an understanding of vicarious traumatisation.

In Chapter Three, 'Research Design, Methods and Methodology', I provide a rationale for refocusing my original research design. Due to the mixed response from the counsellor- participants and my own emerging ideas on the topic, I decided to alter my original approach from a replication of the approach used by Pearlman and MacIan (1995) to a participatory research paradigm using in-depth interviewing techniques. Alongside the research design and methodology, I explore the issues and personal responses that arose in the process of undertaking the research and explore how I dealt with these, as the fieldwork progressed.

Chapter Four, 'Revisions to the Therapeutic Relationship: From Freud to "The New Trauma Therapy" ', is the first of three chapters exploring the theoretical frameworks that the counsellor-participants said they found helpful in ameliorating vicarious traumatisation in their work with sexual abuse survivors. To understand the sense of disjuncture the counsellor-participants discussed in relation to their earlier training

compared with their on-the-job experiences, I explore the relevance and limitations of Freudian psychoanalytic theory to working with sexually abused clients. Whilst the participants found some of the conceptual tools of their training, which were grounded in Freudian psychoanalysis helpful, they also found the conceptual framework of psycho-analysis, limiting. I contrast the humanistic theories of Carl Rogers (1961) which the counsellors preferred, with the psychoanalytic tradition established by Sigmund Freud. Out of this dynamic opposition, I explore the development of 'The New Trauma Therapy' as being a synthesis of both the humanist and Freudian/psychoanalytic traditions. 'The New Trauma Therapy', epitomized in the work of Herman (1992), Courtois (1988; 1996; 1997), Briere (1989; 1996), Van Der Kolk, (1996) and Dalenberg (2000), was the first group of preferred theories of the counsellor-participants.

Chapter Five: 'News of Difference: Narrative Theory, Strengths-based and Emancipatory Approaches and their Relevance to Vicarious Traumatisation', focuses on the second grouping of preferred theories that the counsellor-participants said they used with sexually abused clients. The work of White (1995; 1997), White and Epston (1990, 1992) and Saleeby (1997) in bringing anthropological ideas about narrative and storytelling to bear in the therapeutic relationship is discussed. I illustrate how the counsellor-participants work, within this range of theories, to ameliorate their own experience of vicarious traumatisation.

To further examine how narrative and strengths-based theories are helpful in ameliorating traumatic stress, I draw upon an extended case from my own practice in Chapter Six: 'Back from the Edge of the World: Re-authoring a Story of Practice with

Stress and Trauma'. I use an example from my practice as a social worker within a mental health clinic with a client who had an extensive history of sexual and other abuse. The story documents two versions of my practice over a five-year period. One version is my story of these five years of our work together, the second version takes the form of an extended reflection on the wider discourses of 'the clinic' that surrounded my practice with Freda (not her real name). Through this example, I draw together narrative and strengths based practice as constituting a framework for practice with sexually abused clients and with my own experiences of stress and trauma.

Chapter Seven: 'A Crisis of Intent': The Body as a Site of Knowing', deals with feminist theories of the body as constituting a site of knowing. I investigate the experience of counsellors who assist clients to promote healing. However, I discovered that the counsellor-participants' intentions to help and restore health are impeded by a variety of circumstances such as client drop out, personality issues and death by suicide. When the counsellor-participants were unable to follow their original intentions into action, a moral crisis ensued. The counsellor-participants discussed these 'crises of intent' or defining moments in their practice as manifesting in the bodies. Their awareness of various bodily sensations became a guide to connecting with the unspoken content of trauma, which the client communicated through affect. To understand the content of this non-verbal material, the counsellors needed to connect with their own bodies. As a means of making this connection, a variety of bodywork theories such as Hakomi and vipassana meditation were used. As the counsellors' earlier training and their experiences as women had formulated their bodies as existing in deficit and lack, I discovered that they needed to refer to theories

that reformulate women's bodies as existing with a sense of plenitude. The essentialist feminists, such as Irigaray (1980; 1993), use the existing theoretical discourses of psychoanalysis within which they write of women's bodies as holding memory traces of the patriarchal discourses in which their own voice is absent. By reformulating women's bodies as texts which can be read and re-authored, Irigaray and essentialist feminists suggest avenues for healing from vicarious traumatisation.

In Chapter Eight: 'Career Themes in the Lives of ACC Approved Counsellors', I outline the context in which the counsellor-participants work and themes in their lives and career development. I investigate the counsellor-participants' early experiences of work with sexual abuse survivors and how this compares with their training and aspirations later in their careers. The decision to become an ACC accredited specialist is explored. Using excerpts from interviews with counsellors, I suggest that their life stage, experiences and life goals guide and inform the particular career paths they have chosen.

In Chapter Nine: 'A Search for an Interpretive Framework', I begin to construct an interpretive framework that fits with the counsellor-participants' views of their work and what they say ameliorates vicarious traumatisation. I focus on the personal journeys that counsellors make during their careers to integrate the insights gained on the job into their repertoire of knowledge. I conceptualise these journeys as being 'a search for the self', and 'a search beyond self'. The first of these journeys revolves around the transformation which is occurring within the self of the therapist. The 'journey beyond self' I conceptualise as the evolution of personal knowledge that is developed into a wider sense of spirituality. I suggest that integrating work as a sexual

abuse counsellor into a 'way of being' in the world is an extension of this spiritual development, that occurs over time.

Using the framework of self-developed in Foucault's later work (Foucault, 1990b), I suggest that through the evolution of a personal spirituality, counsellor-participants actively re-create themselves following their exposure to and personal experience of trauma. I suggest that they create other versions of themselves directly through their healing from experiences as survivors of trauma and vicariously through their contact with clients. These re-authored versions of the self then become the basis for a reformulated spirituality.

The significant others provide their insights into the transformation among the counsellors to which they are witness in Chapter Ten: 'The Significant Others: Personal and Professional'. I discuss the frameworks of knowledge used by the personal significant others and compare and contrast these with the frameworks used by the counsellor participants and professional significant others. I explore the process whereby 'professional' significant others become 'personal' over time, making the demarcation between personal and professional realms more problematic as the counsellor-participants' careers progress. The significant others discuss the ways in which their relationships with the counsellor-participants are impacted upon as a result of the content of the counsellor-participants' work. The significant others discuss their own responses to the changes they observe occurring within the self of the therapist and the impact on the relationships they have with the counsellor-participants.

Chapter Eleven: 'The Significance for Social Work Theories of Practice', synthesises the theoretical frameworks and styles that assist in ameliorating trauma and stress among sexual abuse therapists. I suggest that trauma and stress related to sexual abuse work is a multi-faceted experience. I conclude that the range of social, organizational and theoretical factors identified by this research differs from vicarious traumatisation into a broader vision of stress and trauma. In placing trauma and stress into the context of social work and sexual abuse therapy in New Zealand, the concept needed to reflect this multi-dimensional complexity. Concepts of 'burnout', 'compassion fatigue' whilst initially helpful in understanding the experience of stress and trauma, were micro-processes within which vicarious traumatisation occurred. My research suggests that stress and trauma among sexual abuse therapists is experienced as a spiraling process rather than one of cause and effect. It is a process that occurs on several levels simultaneously. Traumatic stress involves the experience of being out of kilter on a number of different levels: with oneself, with significant others, with the employing organization and within the wider discourses of the medico-legal and religious systems in which sexual abuse counselling occurs. I suggest that to deal with issues of balance, workers need to develop 'liminal spaces' within which to experiment, select from and integrate into their repertoire for practice a range of theoretical approaches. Within such spaces they access the means to re-author their own personal narratives. Critical reflective, strengths-based and narrative theories offer ways in which these 'liminal spaces' can be created and the experience of traumatic stress acknowledged and transformed. My thesis suggests that there is an urgent need to develop these sites within which workers can position themselves and develop their knowledge of emancipatory practice. In choosing the particular mix of theoretical approaches in working with sexually abused clients, practitioners sought to

position themselves into a collaborative framework. This was a common element in the way that counsellors bridged their sense of dissonance. This was the major learning to emerge from their immersion and engagement in their work within sexual abuse therapy. I suggest that the work of the Anglican Family Centre, Lower Hutt, New Zealand, offers one working model of practice that incorporates therapy with cultural and social justice principles that can be effective in ameliorating stress and trauma.

Where individuals did not have access to the liminal sites in which to explore and make meaning of their experience, there are implications for their practitioner's ability to sustain relationships with self and others. For significant others who lacked a shared framework for understanding the personal transformation of the therapist, relationships fragmented in a parallel way to the relationships of traumatized clients. This fragmentation seems also to have occurred in my workplaces on at least two occasions.

CHAPTER TWO

LOCATING VICARIOUS TRAUMATISATION IN THE STRENGTHS-BASED SOCIAL WORK LITERATURE

Introduction

This chapter explores a gap in the theory relating to vicarious traumatisation. At a seminar, in 1998, 'Protecting the Front Line', I was reminded of the importance of context in understanding and ameliorating trauma. The importance of context to clients' healing as a theme emerged earlier in the interviews I had conducted with colleagues in my workplace. These discussions set me thinking about what social work resources might be helpful in ameliorating vicarious traumatisation. Social work approaches, giving importance to person-in-environment revolve around the healing potential of telling one's story in an uninterrupted narrative in the presence of significant others.

The results of the interviews with colleagues in my workplace suggested that the ratings for 'compassion fatigue' (ff: Figley, 1995) decreased over time. This was a theme for those workers who had been working with sexual abuse material for two or more years (Pack, 1997). One explanation was that longer serving workers had became desensitized to traumatic material to a point where it no longer troubled them in the same way. Secondly, the results suggested that, over time, my colleagues learned to integrate insights gained in the course of their immersion in sexual abuse disclosures. Through awareness of changes that were occurring in their beliefs, they could critically reflect and, over time transform their experiences through questioning their usual patterns of thinking and feeling. The role of significant others in supporting workers through the ups and

downs during the formative years of their work, seemed important in this process. Rather than putting themselves at a greater distance from their feelings, one of the hallmarks of vicarious traumatisation, they described a greater awareness of themselves and their responses to the work. I concluded that resilience to the rigours of sexual abuse work needed to be firmly based in an appreciation of the individual within the total context of her resources and social networks/environments. Here I found insightful connections between the strengths perspective within social work based on the risk and resilience literature, and constructivist self development theory.

In this chapter, I review and critique constructivist self-development theory in light of my earlier study involving workplace colleagues and my participation in the 1998 seminar which Dr Laurie Pearlman facilitated. I critique the theoretical framework underpinning the concept of vicarious traumatisation in reference to medical anthropology (Kleinman, 1995) the risk and resilience literature on which the strengths approach in social work is based, and recent studies of vicarious traumatisation. Using this literature, I suggest a reformulated approach to vicarious traumatisation that encompasses principles of social justice and that attends to the contexts in which it develops.

Reviewing Constructivist Self-Development Theory

At the 'Protecting the Front Line' seminar that Dr Laurie Pearlman facilitated, among the key themes were the individual focus of constructivist self development theory on which the concept of vicarious traumatisation is based; and, the lack of applicability of this theory to wider social/cultural trends. At the time of the seminar (July 1998) there

had been an influx of immigrants from war zones such as Bosnia, to Australia. Sydney, as the gateway to the rest of Australia, was most affected by the numbers of incoming families. The existing services for migrants had been stretched to capacity and the scale of trauma observed in migrant families had been unprecedented in the experience of workers in those services who were represented at the seminar. Many of the seminar participants worked in the refugee services. They said they were struggling to cope with the numbers of incoming families and the myriad of issues with which they presented.

As an outsider, the evidence suggested that contact with these families had exacted a toll on the individuals working within these services. Pearlman acknowledged the limitations of the theoretical perspective she was presenting for understanding and working with trauma that had its origins in broader societal trends. Having worked in the sexual abuse field for many years, Pearlman could make the distinction between the individual and wider issues based on her understanding of the internalised misogyny which is leveled by men against women, children, and other marginalized groups in society. In discussing the limitations of the vicarious traumatisation framework, she acknowledged the gender issues underpinning sexual abuse and domestic violence. This criticism from the audience led on to a discussion in the smaller workshop group of which I was a part, of the structural inequality of Aboriginal people in Australia, and the wealth that was being spent on preparing for the Olympic Games, not far from the location where the seminar was being held. Near the hotel where I was staying, there were advertisements inviting tourists to visit the building of the lavish Games Complex on a guided tour. This scale of public spending was in stark contrast to the level of public funding for use in local

Aboriginal communities. For many workshop participants, looking at therapist issues seemed a luxury that the workers themselves thought they could ill afford. I wondered how far these were signs of unacknowledged vicarious traumatisation. An alternative explanation I considered, was those seminar participants and the therapists I had interviewed, were using an implicit framework for exploring the social inequality that sexual abuse created. I began to wonder if following the vicarious traumatisation framework would limit the scope of my thesis, in a way that would blinker my focus and blind me to wider themes, important to the topic I had chosen. I returned to the vicarious traumatisation literature with these thoughts in mind. Whilst there were some references to social systems and principles of social justice in the vicarious traumatisation literature, it seemed to me very much grounded in the concepts and language of individual psychology.

The basic premise of much of cognitive self-development theory is that individuals 'construct their own personal realities through the development of complex cognitive structures which are used to interpret events' (McCann and Pearlman, 1990: 137). More specifically, constructivist self-development theory explores the effects of exposure to trauma on five fundamental psychological needs, based on review of the literature and research. These needs relate to the dimensions of 'safety, dependency/trust, power, esteem and intimacy'. In later writings, 'frame of reference', and 'independence' and 'imagery systems of memory' were added to this list (Pearlman and Saakvitne, 1995; Pearlman and MacIan, 1995; Saakvitne, Pearlman et al, 1996; Pearlman, 1997).

The hypothesis of constructivist self-development theory is that the therapists' cognitive constructs relating to the 'fundamental needs' outlined above, and therapists' 'imagery systems of memory' will be altered, perhaps permanently, by continuing involvement in traumatic material over time (McCann and Pearlman, 1990: 136). These ideas are congruent with those of Dutton (1992) who discusses some of the common changes in belief that therapists routinely encountered when working in the domestic violence area. In a similar way to the DSM IV category of post traumatic stress disorder, the potential effects of working with traumatic material within the vicarious traumatisation framework are seen as being distinct from working with other populations. This is because of the nature of trauma and its potential to introduce to the therapist images of human suffering and cruelty that are beyond the usual realms of human experience (McCann and Pearlman, 1990). However, unlike the DSM IV diagnosis for post traumatic stress disorder, constructivist self-development theory is premised on the notion that the individual response to traumatic events is based on a complex interplay of variables that include the individual's history, personality, usual styles of coping, cognitions, and beliefs. In this way, constructivist self development theory suggests that traumatic events are interactive with the personality of the individual, and the evolved responses to the traumatic event, are adaptive, whatever they might be. Thus the therapist's resources and ego needs, personality, personal background, usual coping styles and strategies, interact to find meaning and to integrate the traumatic material in a way that is unique to the individual. The social, cultural, economic and political aspects of the individual living in society within this framework are, however, largely unexplored.

Similarly within social work, there has been a movement towards practice models that are concerned with 'clinical' matters - towards diagnosing and treating the dysfunction of the individual drawing upon the tradition of medicine and the DSM IV (For a critique of this see Saleeby, 1997; Ife, 1997). The absence of contextual considerations has fuelled the search for broader perspectives, based on a core belief in the healing capacities of the individual and the settings within which they live. The lack of attention to context in vicarious traumatisation is, in some ways, traumatising. What the workshop participants seemed to be saying was that constructivist self-development theory failed to encompass the experience of those living in societies whose repressive political regimes systematically use images of violence and trauma, as a social control mechanism. From a medical anthropological perspective, "these techniques of violence are intended to tyrannize through the development of cultural sensibilities and forms of social interaction that keep histories of criticism secret and transcripts of resistance hidden" (Scott, cited in Kleinman, 1990:175). Kleinman (1990:175) concludes succinctly: 'trauma is used systematically to silence people through suffering' (Ibid).

Within societies undergoing systematic victimisation of those who oppose the ruling regimes, the processes underlying traumatization are, perhaps, too threatening to explore. It seems safer, instead, to maintain a steady focus on the designated 'victim' in this scenario. Similarly, to explore the collective experience of groups of individuals who share traumatic experiences under oppressive political systems, an individual focus fails to locate and to normalise their experiences. Instead, there is a tendency to separate out and reduce events which are seen to be 'traumatic', and in this process, turn attention

from the relationship between the ruling regime with its citizens, to the ' pathology' of the individual who is being victimised. This process has parallels to the 'medicalization of suffering' (Kleinman, 1995:177) that post traumatic stress disorder can be seen as representing. Post traumatic stress disorder, within DSM IV, is a reflection of the individual's dysfunction or a disease if a range of defined symptoms persists for longer than a specified period of time (APA, 1994). There is an assumption in DSM IV that recalling traumatic events for a period of beyond three months is dysfunctional or suggestive of post traumatic stress disorder being a chronic or long-term condition. (APA, 1994). This formulation is undergoing re-evaluation in the revised version of DSM IV, where a new category of 'complex post traumatic stress disorder', is being elaborated. The category of post traumatic stress disorder appears to be extending in its complexity and, in the process, is creating an industry with potential consumers (Saleeby, 1997). The usefulness of the label 'post traumatic stress disorder' is evident in the way it is quoted as a rationale for having sexual abuse claims accepted in New Zealand. Within ACC, senior management regularly raises concerns about the amount of funding allocated to sexual abuse therapy (ACC Annual Report, 1995). The rise of clinical social work as a discrete area of specialisation encompassing a number of paths of progression has, in many cases, fragmented the roles traditionally considered part of social work (Ife, 1997; Saleeby, 1997). I found social workers who were approved ACC counsellors, almost embarrassed by their social work origins, preferring to identify with their newly acquired roles of psychotherapist or counsellor. Those social workers who adhere to the models of clinical diagnosis suggested in the DSM IV find they are amply rewarded with numerous opportunities for advancement, in newly acquired roles as 'counsellors'. Introducing the

idea that professionals working in this area may be affected by the work becomes problematic for the helping professional's emerging professional identity, as vicarious traumatisation labels the worker in a similar way to clients. Social workers and other counselling professionals can find themselves the object of the same pathologising discourses they are using in their own practices (White, 1997).

So, too, the vicarious traumatisation framework can be seen in a parallel sense as relying on an individual model of dysfunction or dis-ease, to explain therapists indirect exposure to traumatic events that include client accounts of severe human cruelty and suffering. The emphasis of vicarious traumatisation is on the purely 'psychological effects' of the therapist's contact with the material. Constructivist self-development theory emphasises the unique responses individual therapists evolve to cope with the material and whatever is triggered in their personal biographies. The locus of experience is the mind/personality of the individual therapist and the emotional/behavioural responses that are evolved by the individual. Such a focus, however, overlooks the pervasive social conditions that represent the infra structure in which oppression, in all its forms, including sexual abuse, occurs. Without an understanding of the social conditions in which violence and sexual abuse occur, the counsellor-participants I interviewed said they would be unable to conceptualise and understand what they were dealing with. Neither did they see systematic victimisation as a product only of repressive political regimes in third world nations. Many drew parallels between the political oppression in countries other than Aotearoa New Zealand of which they had had personal experience, with the oppression

of their clients that stemmed from the socio-economic, cultural and gender inequalities that exist in Aotearoa New Zealand society.

The assumption of the DSM IV is that suffering should not be endured (Kleinman, 1995). However, suffering is, in many cases, a daily reality in the counsellor-participants' experience of individuals who continue to live in conditions of poverty and oppression in its various forms. A structural analysis of power and control rather than a classificatory system of disorders seemed more relevant to the ACC Approved counsellors I interviewed. It enabled them to come to a philosophic understanding of why and how sexual abuse happens in Aotearoa New Zealand. This approach enabled them to position themselves in the societal context in which they and their clients lived, thus providing a relationship based on mutuality and reciprocity. The personal stories of the counsellors' lives provided the basis for evolving their personal philosophies that encompassed this wider societal context.

Theoretical Approaches that Attend to Context and Encompass Principles of Social Justice

In discussing American culture, Kleinman (1995) suggests remembering and celebrating trauma as an alternative to the current tendency to medicalise and individualise traumatic experiences under the DSM IV category of post traumatic stress disorder. Connerton, cited in Kleinman (1995:180) suggests that survivors' experiences, individually and collectively, "are not to be erased but to be worked with and even commemorated. Indeed, commemoration of collective trauma is one of the means by which societies remember." Thus the persistent need to classify, to get rid of or to 'erase' trauma is

supplanted by notions such as Herman's (1992)'bearing witness'. Dr Judith Herman, a psychiatrist and trauma theorist, has used the term 'bearing witness' to describe the political meanings of therapy with trauma survivors. She suggests that in the process of hearing collective disclosures from trauma survivors, therapists are connected to broader social narratives about individual suffering that have wider and political meanings. I developed the idea of 'bearing with' trauma from the earlier study involving work colleagues and the initial interviews with counsellors undertaken for this thesis. The concept of 'bearing with' is different from Herman's 'bearing witness' in that it relates to a developmental process described in terms of the therapists' cycles of learning and refining of practice, and integrating private with professional personas. This process, involved an initial immersion in the work and early enthusiasm to 'change the world', often leading to a point of near or actual saturation, over-work, burnout and compassion fatigue. This 'saturation' or immersion in traumatic material was a necessary phase to begin cycles of action and reflection. This phase seemed to be followed by a period of restraint; of taking stock or stepping back to review one's career and lifestyle balance, frequently with involvement in personal therapy or further training. This period of contemplation enabled counsellors to evolve a range of options, leading on to decision and action. Lesley Huffam (1999), a clinical psychologist who has researched the impact of work with sexual offenders on colleagues, refers to the importance of maintaining balance to enable continued practice in this field. To use Huffam's metaphor of working with sexual abuse disclosures as a 'balancing act', cycles of maintaining, losing and regaining balance enables workers to reach a decision to 'step on or off the balance' (Huffam, 1999:208-210). This period of self- reflection facilitated counsellors' to return

to the coal face with a renewed vision for their future based on a revised personal philosophy of how work fitted into their total lifestyle. This was the phase characterised for the therapists I interviewed by a movement into private practice and/or exploring other work options to complement a revised vision of their future. It was a period in which counsellors adapted to the work, interweaving their biography with the knowledge gained from the work over a number of years. The Focus Group described this process as 'falling into potholes, followed by a phase of knowing you are falling into potholes'[1].(Focus Group, September, 2000). Through such a process, counsellors learned to manage creatively the rigours of trauma related helping over many years of practising in the field.

New learnings from the psychobiology of trauma suggest that there are biological foundations for this need to 'bear with' and to 'bear witness to' trauma, in the process of recovery from traumatic events (Herman, 1992; Briere, 1996; Van Der Kolk and MacFarlane, 1996). Human beings process traumatic material in a different way and in a different area of the brain from non-traumatic material. Telling one's story enables the brain to integrate the raw, emotional memory into a history or narrative, and to make sense of the material. If therapists are dealing with fragments of traumatic memory (both material triggered by their own experiences, and material brought to the therapy room by clients) there needs to be a parallel process of processing memory from the emotional/primitive part of the brain to the part of the brain that integrates the material into a history or a narrative. Talking about traumatic experience enables the client and the therapist to develop an ability to integrate the material encountered. If there is not a way

1) The Focus Group of four ACC Counsellors provided feedback and consultation at each phase of the thesis. In chapter three ' Research Design, Methods and Methodology, I describe the rationale and role of the Focus group in greater detail.

of moving from the traumatic, fragmented memory to cognitive memory, the client and the therapist are unlikely to be able to integrate the material disclosed in therapy or to make positive steps forward. Progress in therapy may be impeded if both the therapist and client are engaged in a parallel process of being immobilized by traumatic material (Wilson and Lindy, 1994). The development of the psychobiological literature has had the effect of removing the stigma from trauma by focusing on the underlying processes involved and the positive life outcomes possible. The need to undertake the 'talking therapy' advocated by Freud and Janet now has a new rationale (Herman, 1992). The popularity of narrative therapy and feminist storytelling, in which experience is remembered in the process of recounting of personal narratives, similarly, has a new rationale in work with trauma survivors and for those who bear witness to the telling and re-telling of traumatic events (White, 1995; 1997; White and Epston,1990 and Epston et al,1992; Noddings and Witherell,1993; Leibrich, 1999; and Coffey, 1998). These findings have implications in relationship to how therapists and their clients work in therapy.

Although there have been relatively few substantive studies on the topic of vicarious traumatisation, some projects are now in progress to test some of the basic tenets of the vicarious traumatisation framework. Two clinical psychologists writing from Australia, Steed and Downing (1998) criticise previous vicarious traumatisation studies for the lack of discrimination between personal factors, in the form of therapists' unresolved personal issues and the effects of the work. They acknowledge the difficulties in making these distinctions. They recommend in depth, longitudinal studies of therapists involved

in working with traumatic material, to test the original hypotheseses of McCann and Pearlman. A number of exploratory studies have attempted to remedy the lack of empirical studies on vicarious traumatisation (Black, and Weinrich, 2000; Steed and Downing, 1998; Johnson, 1993; Johnson and Hunter, 1997; Rich, 1997). Overall, these studies endorse the relevance of the vicarious traumatisation framework without questioning the individualistic, labelling of what is essentially a normal response to a potential hazard in many occupational settings where contact with traumatic disclosures is involved. In line with McCann's and Pearlman's (1990) work, these studies found that the most frequently cited change in therapists' cognitions was that of ' loss of faith in the human beings' (Steed and Downing, 1998). Related to this, Black and Weinrich (2000), clinical psychologists researching vicarious traumatisation from the United Kingdom, discovered an increased sense of personal vulnerability and a decreasing sense of trust in their professional belief and value systems. They (2000:42) found evidence that vicarious traumatisation can have 'deleterious, cumulative, and prolonged effects on the trauma counsellor's identity'.

However, there is also evidence to suggest that the effects of vicarious traumatisation may have both negative and positive effects on counsellors' identities when viewed over a period of time (Steed and Downing, 1998; Black and Weinrich, 2000). The dissociation, decreased sense of connectedness with others and withdrawal from social contact, seemed more of a temporary coping strategy for therapists (Black, and Weinrich, 2000). Over time, there was an enhanced capacity to connect with others, noted for counsellors who worked with traumatic disclosures. This finding is contrary to one of the

basic assumptions of the vicarious traumatisation framework: that vicarious traumatisation has cumulative and permanent negative effects (Pearlman, and McIan, 1995). The majority of therapists in Steed and Downing's recent study did not perceive the negative effects as increasing over time. Steed and Downing acknowledge that this finding may be reflective of therapists' ability to become desensitized through repeated exposure to traumatic material. Alternatively, the hypothesis is that therapists may have developed more effective coping styles over time. The positive cognitions that therapists were found to evolve in the course of contact with traumatic material suggested to Steed and Downing (1998:8): [that] 'other than detrimental effects arise from listening to traumatic material. There was evidence of positive alterations in their sense of meaning, spirituality, and worldview, including re-evaluation of previously held beliefs, increased self awareness, and the acquisition of new perspectives'.

Steed and Downing (1998:8) also acknowledge that what are construed as changes or disruptions in therapists' cognitive schemas, referred to in earlier studies such as that of Pearlman and MacIan (1995) may, instead, indicate that the therapist is 'more mindful of child abuse issues; an appropriate response to working in the field of sexual abuse/assault'. These authors propose a revised model that differentiates between changes to cognitive schemas and 'increased awareness' and locates therapist responses on a continuum from 'paranoia', to the less pejorative term: 'increased awareness' . As well as 'increased awareness', Brautigam (2000) identified the need for trauma therapists to be actively self-reflective about their own culture, and their motivation for continuing to work in the field of trauma. Brautigam discovered that her own and her participants'

personal experiences of trauma was a motivating factor for continuing to work with trauma.

This emphasis of the positive aspects of the vicarious traumatisation framework, suggests that there are other ways to interpret the therapists' vicarious contact with trauma. Kleinman (1995:181) talks of 'the social construction of human misery as PTSD'. This construction could equally be applied to the stereotyping of the counsellors' experiences. Black and Weinrich (2000) and Steed and Downing (1998) challenge the assumption that therapists are more likely to become vicariously traumatised due to their continued involvement with traumatic material. They see vicarious traumatisation as a temporary phenomenon that is functional in terms of the counsellor's adaptation to working with traumatic disclosures.

ACC counsellors are required to use DSM IV in their formulations, assessment and treatment plans for sexual abuse survivors. This prerequisite for ACC funding was one of the parts of the job that the counsellors I interviewed said they found 'traumatising'. Such comments are consistent with the literature that is critical of the medicalisation of trauma as PTSD (Kleinman, 1995). Reducing the human experience of trauma to psychiatric labels removes contextual considerations which are, paradoxically, what counsellors say, ameliorates vicarious traumatisation. Putting sexual abuse into a wider social/political context was considered important both for the well-being of therapists themselves, and to enable them to assist survivors to integrate experiences of trauma. For those ACC approved counsellors who dispute the relevance of diagnostic tools such as the DSM IV,

and who avoid completing the required report writing, there is the prospect of losing a source of livelihood. For those ACC counsellors who work with families, whanau, hapu and iwi, the individual focus of ACC sexual abuse counselling, is an anomaly inherited from the time when the Counselling Cost Regulations (ACC Counselling Cost Regulations, 1992) specified that counselling was expected to be carried out on a one-to-one basis. This focus on individual pathology continues to be a source of consternation to many therapists (Report of the Regulations Review Committee, 1994). Currently all publicly funded therapy with families, groups, whanau, hapi and iwi, requires prior approval by ACC, and is considered on a case-by case basis.

The 'strengths perspective' within social work (Saleebey,1997; Kaplan and Girard, 994); 'Just Therapy' (Waldegrave, 1990 and 1997: Tamasese and Waldegrave,1993); narrative approaches (White and Epston, 1990; White 1995;1997; Epston, et al, 1992; Parry and Doan, 1994) and emancipatory approaches in social work (Adams et al,1998;Dominelli and McLeod, 1989; Fook et al,1999;Braye and Preston-Shoot, 1995;Ife,1997;Milner and O'Byrne,1998; Langan and Day, 1992; Van Den Bergh, et al,1998) endorse the need to attend to the person in their total environments, working with capabilities and resources. I now move on to explore some of the common themes in the social work literature that attends to the healing potential that has been associated with attending to context.

Risk and Resilience

Social workers have been at the forefront of evolving understandings of the connections between the personal and the professional, working at the interface between the

individual, family and community and balancing 'risk' with 'resilience' (Munford, and Nash, 1994; Fook, and Pease, 1999; Ife, 1997, Saleeby, 1997). Within these perspectives, the client is not a passive recipient of care but an active participant in shaping the process and outcome of contact. Recently social work as a profession has been deconstructing itself, revealing that there is no one predominant vision or theory underpinning social work theory and practice (Fook, and Pease, 1999; Ife, 1997; Saleeby, 1997). However, emancipatory ideals based on principles of empowerment and social justice have formed the basis of many of the discourses in social work. The definition of social work employed internationally asserts that 'principles of social justice are fundamental to social work' (The Executive Committee, ANZASW Journal, 2000:2).

Jim Ife, an Australian social work academic, writes of the dominance of monetarist policies from the 1980s onwards and the influence of managerialism within publicly funded social service organizations in which social workers have been traditionally employed. He sees these trends as providing challenges for social workers whose practice reflects ideals of emancipation and empowerment (Ife, 1997). Alternative theoretical frameworks have been proposed to assist social workers to practise in organizational environments which are, increasingly hostile to ideals of social justice (Ife, 1997; Saleeby, 1997; Fook, and Pease, 1999). These alternative paradigms have been based on 'bottom up', community development models of practice, incorporating aspects of feminism, post modernist attempts to deconstruct the known, humanism and critical/reflective theory (Fawcett et al, 2000; Fook and Pease, 1999; Fook et al, 2000; Ife, 1997; Napier and Fook, 2001 Saleeby, 1997). The common themes of these models

are that they seek to find ways to continue to give voice to the traditional concerns of social work based on social equity and social justice. These models of practice contrast with the purely clinical models that derive from psychopathology and psychotherapy, favoured by ACC.

A further principle that has been pivotal in the history of social work has been within the discourse on adaptation to adversity, and survival in the face of difficult conditions (Saleeby, 1997). Denis Saleeby, (1997) a social work theorist, and his colleagues refer to this tradition which has reconsidered the 'risk and resilience' literature, drawn from the disciplines of psychology, social policy and sociology. Social work has been concerned with focusing on both factors that mediate or act as buffers between various 'risk' factors such as life stresses, socio-economic status and psychological factors. This literature has provided insights into social workers' assessments and interventions, particularly with child, youth and families deemed 'at risk' (Saleeby, 1997; Kaplan and Girard, 1994).

Findings from the 'risk and resilience' research, have provided insights for social work theory and practice (Saleeby, 1997). Recent research into 'risk and resilience' highlights parallel developments with the vicarious traumatisation literature, and is informative in the development of a dialogue between the two bodies of knowledge. Firstly, the risk and resilience literature has refocused attention on the importance of context in relationship to certain protective factors or factors encouraging 'resilience' (Luthar,1991). The evolution of effective adaptations to adverse conditions depends on the context in which the risks and adaptations to these risks arise. 'Resilience' has been defined, variously, as 'good

outcomes despite adversity', 'sustained competence under stress' or 'recovery from trauma' (Masten, Best and Garmezy, 1991) . The importance of evaluating 'risk' and 'protective processes' in the light of a traumatised person's contexts has been emphasised (Cicchetti and Toth, 1998). 'Resilience' has been conceptualised as the ability to 'bounce back', following exposure to an adverse event or set of conditions (Beauvais and Oetting, 1999). As there cannot be 'risk' without the notion of 'resilience', notions of 'risk' and 'resilience' are seen as twin poles of the same idea, rather than being concepts based in dichotomous thinking (Rutter, 1990).

Vicarious traumatisation is, similarly, discussed in terms of the complex interplay of variables such as 'ego resources' and 'psychological needs', that exacerbate or ameliorate traumatisation, with mediating or buffering variables such as subsequent training, experience, and effective coping styles/strategies (Pearlman, and MacIan, 1995). Vicarious traumatisation is a process, rather than an outcome, that changes over time in relation to various aspects of the self of the therapist, her biography and interactions with the material encountered on the job.

Secondly, in a parallel way to the recent findings in the vicarious traumatisation literature, there is evidence that the concept of 'resilience' goes beyond the evasion of 'risk' or 'vulnerability' , suggesting negative outcomes, but, rather entails more active 'adaptation in the face of adversity' (Cowan et al, 1996). Those researching vicarious traumatisation have agreed that the process of adaptation occurs only when an individual is exposed to and immersed in the work of trauma therapy (Black, and Weinreich, 2000;

and Steed and Downing,1998). This finding is reiterated in the risk and resilience literature that argues that resilience results from a successful engagement with risk, rather than the evasion of it (Cicchetti and Toth, 1998; Dekovic, 1999; Fraser et al, 1999; Luthar et al, 2000; Masten, 1999).

Thirdly, successful adaptation to immersion in potentially traumatic events reflects the individual's ability to cope and manage the balance among risks, stressful life events, and certain 'protective factors' (Windle, 1999, Werner, 1989). The role of such 'protective factors' is to offset the traumatic or negative factors, and is linked to the notion of vulnerability or risk. More recently, researchers have discussed the concept of resiliency as a process rather than an outcome, where certain attributes might produce resilience in one setting, but not in another (Wyman et al, 1999; Fraser et al, 1999). Again, the role of social context is emphasised in understanding resilience (Reynolds, 1988). Resilience is viewed on a continuum, identifying patterns of successful adaptation rather than being an all or nothing catch all (Luthar et al, 2000).

In a similar way to the vicarious traumatisation literature, there is a recent emphasis on 'risk' or exposure to traumatic material that can be for good or ill, depending upon the evolution of effective adaptation to continued contact with traumatic material (Black, and Weinreich, 2000; Steed, and Downing, 1998). This is not to say that the individual is necessarily able to control this contact. For example, there is evidence that the avoidance of feeling, associated with exposure to traumatic material, as a coping strategy used by therapists, can, in terms of the capacity to produce vicarious traumatisation, have both

positive and negative outcomes (Johnson, 1993; Johnson and Hunter, 1997). But identifying the successful adaptation of behaviour in high risk circumstances helps to clarify patterns of response to difficult situations that can provide ideas for interventions with a variety of populations (Luthar, 1999:18).

To date, much of the literature on risk and resilience has been based in medical models, stemming from epidemiology. The emphasis in this model, has been on disease and risk rather than health and well being. A risk centred approach usually leads to a labelling and stigmatizing of certain 'at risk' populations (Benard, 1999). This emphasis has led to a tendency to ignore or minimize the positive factors (Glantz and Slobba, 1999:14). The processes of change and adaptation are, therefore, largely neglected in the epidemiological literature (Sroufe, 1997:265) .

Psychology, the tradition within which the vicarious traumatisation framework is constructed, uses a developmental perspective in examining 'risk and resilience'. Constructivist self development theory, on which the vicarious traumatisation framework is based, is linked to social development theory and self psychology . The ego needs of the therapist are likely to be linked to a developmental model in the sense that the therapist brings her evolved coping mechanisms and psychological/needs/resources to the job. The therapists' fundamental needs and ego resources are likely to reflect the history, biography and psychological development of the individual. Therapists' subsequent experiences on the job, training, and evolving coping styles/ mechanisms add a further layer to the analysis.

Similarly, the risk and resilience literature is prefaced on the idea that in formative years, the individual develops internal psychological resources to meet fundamental needs and to cope with the demands of later life. One of the challenges to developmental psychology is to explain why some children are at risk and why the buffering conditions protect some children but not others despite helpful family and home environments (Luthar, 2000). We could ask, in a similar way, why some therapists evolve coping styles/strategies that are more helpful to them than other therapists who have less positive experiences in their role of therapists, by looking at the complex interplay of factors that have their origins in theories of development and self psychology (McCann, and Pearlman, 1990).

Unlike the developmental bias of the risk factor research, which is focused on outcomes rather than process, constructivist self development theory is concerned with the intervening paths and processes that connect various psychological needs and resources with the ways that the individual meets those needs. This is also one of the basic assumptions of self psychology which is acknowledged as a major influence in the development of the constructivist self development model (McCann, and Pearlman, 1990: Pearlman and Saakvitne, 1995). People can move in and out of 'risk' status within the vicarious traumatisation framework in a similar way to the risk literature which is based on a dynamic rather than static model (Cicchetti and Toth, 1998; Fraser et al, 1999; Luther et al, 2000; Masten et al, 1990; Rutter, 1990; Wyman et al, 1999).

A further area in which the 'risk' and 'resilience' literature is informative is when cumulative protective factors have been discovered to act similarly to cumulative risks; that is in developing 'cumulative protection' (Fraser et al; 1999). The notion that cumulative protection enables individuals to develop adaptive responses and that protective factors are learned abilities, mirror the findings from recent studies on vicarious traumatisation (Steed and Dowling, 1998 and Black and Weinrich, 2000). The idea of cumulated protection or evolved responses that are adaptive, also fits what I was hearing from the sexual abuse counsellors I interviewed. They described an initial zeal or commitment to the work that led to immersion in traumatic disclosures, as they took on more referrals and worked longer hours in the years immediately following training. Within the context of these early years, usually within the first five years following training, they described experiencing greater existential despair, and to ameliorate this they embarked on what I have called: ' a search for meaning'. This 'search for meaning' resulted from their own hope and despair triggered by the hope and despair clients brought to them. This early experience provided the impetus to militate hope and to evolve alternative frameworks of meaning. These alternative frameworks incorporated aspects of the past with the present. There was a vision and revisioning process occurring. On the basis of these revisions, lives, life styles and relationships were reformulated. The keynote of these new directions was a growing sense of spirituality based on self awareness, and the personal experiences of traumatic events and recovery. The development of these personal visions, brought with them a greater clarity of purpose and a balance between work with other parts of life. These adaptive processes have been illustrated in other studies with therapists (Edmunds, 1997; Huffam, 1999; Sussman,

1995). In a similar way to the risk and resilience literature, studies suggest that vulnerability factors are not longstanding experiences but are rather key moments relating to turning points in peoples' lives (Rutter, 1987). Secondly, cumulative protection or the development of alternative frameworks, and personal philosophies, are learned abilities. Thus, the evolution of positive experiences beget positive or upward cycles, accounting for counsellors' positive engagement in trauma counselling work over many years, without the ill effects predicted in the literature on vicarious traumatisation (McCann and Pearlman, 1990). Therapists learn to evolve their own unique repertoire of protective factors that effectively ameliorate vicarious traumatisation.

Conclusion

The implication of this comparison of the concepts of 'risk and resilience' with the vicarious traumatisation literature is in the importance of attending to context. Context is important both for the healing of traumatised clients and for facilitating the counsellors' parallel healing journey. Ameliorating vicarious traumatisation, I was told again and again by therapists, can only be achieved by telling and the retelling of personal narratives in ways that bear testament to the experiences of the individual in his or her total environments. This attention to the detail of the everyday that encompasses traumatic experience in new ways is akin to Kleinman's 'Writing on the Margin', (Kleinman, 1995), because it rejects positivistic notions of diagnosing and reducing human experience to categories or labels. The 'search for meaning' that the counsellor-participants said they embarked upon was evidence of a profound dissatisfaction with the need to diagnose and to assess client needs on the basis of rigid classification. Instead,

they said that they preferred to work from their own knowledge. Telling and retelling personal narratives is the only way that experience can be contextualised and used as a guide for ongoing action.

There is a connection of this 'search for meaning' to the strengths perspective and emancipatory approaches in social work, (Saleeby, 1997, Ife, 1997, Fook and Pease, 1999); narrative theory (Coffey,1998; White, 1997 and 1995; White and Epston 1990; Epston et al, 1992; Noddings, and Witherell, 1993;) and transpersonal psychology (Walsh, and Vaughan, 1993; Grof, and Grof, 1989). These perspectives resonated with what the counsellor-participants were saying: that the concept of resilience is a knowledge base for practice that inspires hope. In contrast to these theories, however, much of the resilience literature I reviewed had notions of causality underlying them. They worked from the premise that if an individual possessed a particular range of attitudes and behaviours, adaptation would be possible. Increasingly though, resilience is seen as a matter that occurs in relationship. Those writing from the strengths perspectives, have challenged the idea that resilience happens for reasons of individual personality or the social resources surrounding the individual (Jordan, 1992 cited in Saleeby, 1997). Jordan (1992) rejects the 'separate self' model in favour of a relational dynamic. Resilience is then grounded in a two way process of giving and receiving that has its origins in the individual's relationships with others. Consequently resilience becomes a 'state of mind'. Those social workers writing from the strengths perspective have applied such ideas to social work practice. They have developed the notion of the therapeutic relationship as being an important training ground for resilience (Saleeby,

1997). It is the quality of such relationships 'that encouraged and applauded any show of talent for battling trial and hardship' (Saleeby, 1997 : 31).

Applying the principles of the strengths perspective to vicarious traumatisation suggests that therapists need to develop resilience within the totality of their interpersonal relationships in a parallel process to that which is occurring in their practice with clients. The counsellor-participants indicated that supervision is needed for developing and sustaining this parallel process. Many of the therapists spoke of their personal experience of healing. They had turned the experience of counselling sexual abuse survivors into narrative and used the wisdom they had gained from this as a basis of collegial feedback and professional development at conferences, in newsletters and informal sharing sessions with associates. Such efforts engendered trust and faith in the therapist. This sense of belonging to a community of like-minded individuals who shared similar experiences enabled counsellors to evolve resilience in the face of adversity.

CHAPTER THREE

RESEARCH DESIGN, METHODOLOGY AND METHODS

Introduction

Feminist and critical-reflective approaches in social work practice research have influenced the research design used in my study of vicarious traumatisation. This chapter outlines how these approaches have informed the selection of the research participants, the data collection methods used and the development of other research strategies. A discussion of the procedures used to analyse the data concludes the chapter.

The Focus Group

In October 1998, following an initial review of the literature and prior to the commencement of the fieldwork, I recruited a Focus Group of four individuals who were currently listed in the ACC 'Register of Approved Counsellors' (1998) from my own networks. The Focus Group's terms of reference were to act as a source of feedback and validation during each phase of the research process. Members of the Focus Group were potential participants as they were on ACC's Register of Approved Counsellors and actively involved in sexual abuse/trauma counselling. Members were known to me through past and present professional connections and were interested and motivated to be involved in the research. Whilst there was some discussion as to the potential conflict of roles since we were work colleagues, in fact the pre-existing professional associations seemed to pave the way to enlisting their involvement. Over time a shared perspective developed when discussing the topic of vicarious traumatisation. This rapport enabled different perspectives to be explored safely.

Originally it was envisaged that the same group would meet monthly during key moments in the project's development. The composition of the Focus Group changed but the monthly meeting structure continued. New members heard about the research and joined. The monthly meetings enabled insights from the Group to be discussed at each phase of the research process. The understanding I established with the Focus Group from the first meeting was that the Group's role was a consultative one. I retained sole responsibility for producing the original ideas that would form the basis of the thesis. I used my academic supervision to guide and manage the research process and any potential ethical and counter transferential issues surrounding the research. The relationships between my roles in relation to the thesis, the Focus Group and my academic supervisor became clearer as the work progressed.

The Focus Group was participative in a collaborative sense in that members shared similar work experiences, training and professional backgrounds and interacted on the basis of this accumulative knowledge. They provided a sounding board for my ideas and interpretations to be discussed in a peer review setting. Their responses to my ideas triggered a critical-reflective process about how I was interpreting the data which was emerging from the interviews with counsellors. In this way, the group became a venue for critically reflecting on themes I had identified through my analysis. The discussions that I initiated among Group members became constitutive of the 'research' into vicarious traumatisation, through this critical-reflective process. Prior to each meeting, I would post to each member an article or piece of my writing related to the thesis, with a covering

letter summarizing the last Focus Group meeting, and with an agenda consisting of focusing questions for the next meeting. Often at the next meeting, a Group member would raise case examples and themes to illustrate an idea I had offered. The other Focus Group members would then discuss their responses in relation to this theme or example. This process clarified my thinking about the ideas I had been developing which led on to cycles of revision and refinement of my original ideas between group meetings.

I considered it helpful for the project to be guided by a group of potential participants to avoid the obvious errors of the researcher's worldview being the only frame of reference for understanding another group's way of being. I also considered it important to refer to the Focus Group at key moments in the project's development so that the inquiry itself was an emergent process (Reason, 1988). The establishment of a dialogue among peers enabled the participants to have a voice in shaping the project as it unfolded. This approach has been used by a number of researchers writing from a feminist perspective (Offen et al, 1991; Reinharz, 1992; Gluck and Patai, 1991; Stanley and Wise, 1983). Important to the success of the project was the relationship of the researcher and participants as co-experimenters undertaking a project of mutual interest in the way proposed by a number of feminist researchers (Oakley, 1981, Offen et al, 1991; Opie, 1999; Reinharz, 1992; Stanley and Wise, 1983).

Within the social work practice research literature which adopts feminist and critical-reflective approaches, I discovered another theoretical rationale for my development of the Focus Group. Fook (1996); Fook et al (2000) and Napier and Fook (2001)

recommend critical-reflective theorizing where social work practitioners draw out their theories of action directly from accounts of their own practice. However, critical-reflective approaches are not widely acknowledged as 'knowledge' due to the challenges these approaches make to more traditional paradigms of theory development (Napier and Fook, 2001). Therefore, these authors use extended case narratives with reflection from the practitioner or researcher to demonstrate how individual social workers use a critical-reflective process to work through their experience of practice dilemmas to create 'breakthroughs in practice' (Napier and Fook, 2001). The Focus Group, through discussing such breakthroughs and practice wisdom, enabled me to formulate, through a critical-reflective process, practical insights into vicarious traumatisation which I then used to formulate my own original theories.

The materials provided to members included my literature review on vicarious traumatisation and a collection of the articles which it included; early drafts of the interview schedule and discussion starter for comment, which were refined and used in the thesis research, and as time progressed, the early drafts of the theory and results chapters of the thesis. Comments on the emerging trends were then integrated back into the writing up process in a 'research cycling' approach, recommended by proponents of the 'new paradigm' research tradition (Reason, 1988).

The process of research cycling continued until there was a consensus of opinion emerging from the Focus Group as to the significant themes. There were several such 'research cycles' at various points: 1) to develop the interview topic guide; 2) to feed back trends

emerging from the data; and 3) to check on any transferences between the researcher and the Focus Group.

The Focus Group continued meeting throughout the project over five years. Originally the group included members whose training was in psychology and counselling. Later professionals who self identified as psychotherapists and social workers joined the Focus Group to provide a range of perspectives at different points in the research process. It was helpful to have a balance of interests in the Group to provide a diversity of opinion.

I had anticipated that it might be necessary to add to the Focus Group as people's commitments changed and this proved to be the case. As members found they had to leave the Group due to the demands of family, change in work location, residence, life style, and due to illness, they were asked after leaving the Group if they wished to be interviewed individually for the research. Two women agreed to an individual interview which was richer as a result of their experience in the Focus Group. In these instances, the individuals offered to continue to provide comment on draft chapters of the thesis if I sent these through the mail. In this way counsellors chose their level of contribution as time went on and their circumstances changed. In two cases, members of the Focus Group were coincidentally nominated as the significant others of counsellors and agreed to be interviewed individually in addition to the group involvement. One individual chose to discuss this with the Focus Group, the other did not.

The Selection and Interviewing of Research Participants

In this section, I discuss the way in which the counsellor-participants and their significant others were selected. I then outline the research methods used and raise issues surrounding the interviewing.

The Counsellor-Participants

The majority of counsellors specialising in sexual abuse trauma register with ACC in order to gain public funding for their work. This national register of ACC approved counsellors forms the most comprehensive list of trauma/ sexual abuse counselling professionals in New Zealand. The 'Register of Approved Counsellors' is a public document and this is the document from which participants were selected for this study.

Sixteen therapists currently on the ACC Register were approached to participate as the counsellor-participants in the study. The intention in selecting the counsellor-participants was to include a range of professional experience/ levels and representation from different professional groupings including New Zealand Association of Counsellors, New Zealand Association of Psychotherapists and New Zealand Association of Social Workers. Initially the plan was to draw a systematic random sample of every third ACC approved therapist residing in the greater Wellington Region from the Register until twelve were recruited. If the counsellor-participants were all from the one professional association representing one professional grouping, I anticipated that it might be necessary to draw more selectively to provide a balance of interests in the sample. However, as I read more of the literature on participative research approaches (Reason et

al, 1988) it seemed more appropriate to adopt a purposive or snowballing sampling strategy. Purposive sampling fitted the participatory nature of the project in which I wished to explore a range of opinions among colleagues rather than to test hypotheses and ideas statistically. It was the quality of the relationship between myself and the participant that was likely to assist in eliciting the views I was asking for on the topic. Of the sixteen counsellors I approached, four chose not to participate in the study.

Between January 1999 and January 2000, I conducted individual interviews with twelve ACC approved counsellors and their significant others. Thirty-two individuals (twelve counsellors and their significant others) and four key consultants who were senior members of the ACC counselling community were interviewed individually. Later, when I discovered that I was moving within particular communities of interest or groups of counsellors who shared very similar backgrounds, experience and training, I decided to return to the Register to select additional counsellors to widen the range of interests and backgrounds represented in the sample. In the end the major groupings of professionals on the Register were represented. Social workers, psychotherapists, psychologists, counsellors and specialists from those self-identifying as 'Maori counsellors' were selected to be representative of the overall composition of the counsellors listed in the Register. In total, twenty-two ACC counsellors agreed to participate in this study. This number includes the members of the Focus Group, the twelve individual counsellor-participants, the four key consultants and several 'professional' significant others.

Four counsellors declined to be involved in the research due to their personal circumstances, lack of time or reimbursement for their involvement. In three of the four cases, these were Pakeha[1] male counsellors who had moved up the organisational hierarchy recently or had moved into private practice from agency work This may explain the 'time is money' emphasis in my initial conversations with them and their decision to decline involvement. Another explanation is the sensitive nature of the topic and the fact that I was a female interviewer. A researcher who was male may have had more success in enlisting the involvement of male participants. The two male counsellor-participants who agreed to participate told me many difficult issues were highlighted in working with women as colleagues and with women as clients in the sexual abuse field.

The counsellor-participants decided on where they wished the interviews to take place. Their homes, workplaces, my home, university office and workplace were among those places chosen. Two interviews were conducted by telephone due to the location of the counsellors. In these instances I forwarded the written background (the McCann and Pearlman (1990) article on vicarious traumatisation and the discussion starter, with an introductory letter and ethical approval to the counsellor after the introductory telephone call (See the appendices for details). They recorded their responses to interview questions on an audiotape I had earlier sent to them so that they could retain control over pausing the interview to ask for clarification, or to gather their thoughts at particular points in the interview. I felt this was more respectful to the counsellor-participant than audiotaping from my end of the telephone would have been. In practice, counsellors interviewed by telephone said they did not mind how the interview was recorded.

1) Pakeha is a Maori term referring to a person of European descent

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Interviews with the counsellor-participants were around one to two and a half hours in duration. An exception to this was the first interview conducted with a member of the Focus Group which was arranged on two separate occasions to test and refine the interview schedule and to check that the approach was appropriate. This feedback was integrated into the development of the data gathering techniques.

The Significant Others

I followed up the interviews with the counsellor-participants with interviews with significant others both personal and collegial nominated by the counsellor. These interviews were intended to gain complementary data on the significant others' views of the primary therapists' relationships. The case study approach was defined in terms of the relationship between the counsellor-participants and their significant others. Therefore, each counsellor-participant was asked to nominate two significant others, one personal, one professional, who could describe their perceptions of the therapist and the relationship over time. I gave an assurance that no material disclosed in an interview would be discussed in any subsequent interview. The intention of interviewing significant others was discussed with the counsellor-participants as enabling the research to assemble a multi-dimensional model involving three perspectives on the same experience.

Eighteen significant others were nominated by counsellors during or soon after their interviews. The group comprised partners, friends, colleagues, and adult children, from a

diverse range of ages and backgrounds. The majority of interviews with significant others were conducted in person at the participants' homes or workplaces. There were two individuals who preferred to meet at alternative locations, so one interview was held at my workplace and another at my home. Rather than concerns about confidentiality, convenience was the reason for this preferred location.

Three personal significant others declined to be interviewed and this decision was linked to personal circumstances and changes in the relationship with the counsellor. In one case, there was a marital separation, in another an adult child did not wish to comment, as he disliked the association with his mother's work. A spouse declined to be interviewed as she had just given birth and was adjusting to the change.

Some interviews with 'personal' significant others were nominated also as 'professional' significant others, as the two roles were considered by the primary participant to be inseparable. Counsellors themselves defined and operationalised the terms 'personal' and 'professional' in terms of the nature of the relationship. Five nominated significant others fulfilled both roles (personal and professional) for five counsellors, and so were interviewed once from these two perspectives. The interview schedule for both groups was the same to enable participants to choose their level of disclosure.

Interviews with the significant others were conducted along similar lines to those held with the primary participants. The interview, using a semi structured topic guide sought

biographical data on the individual in terms of his or her relationship with the participant: 'How had the two individuals come to know one another?' 'What were the nature, duration and history of this association?' ' Did the significant other consider that there had been any effects of the work on his/her relationship with the primary participant?' Clarifying or probing questions were then asked, such as: 'What have you noticed about your partner/friend/colleague in relation to your knowledge of their work?' 'When did you noticed these trends emerging?' 'How do you account for these themes?' 'How do you consider they came about?'. These questions were followed by an in-depth discussion of the implications of the counsellor-participant's work for the significant other.

I did not send any written information to the significant others prior to the interview. The thinking was that this might overwhelm or alienate them. I asked, instead, for each person to reflect on their relationship with the counsellor and to comment on their changing perceptions of the counsellor and their relationship with the counsellor, in terms of broad themes. I asked whether or how far they considered that the trends they identified were related to the work of the counsellor in the sexual abuse/ trauma fields.

Interviews with significant others were generally shorter in duration than the interviews with counsellors. Generally I noted that the significant others (personal) tended to be more straight forward and candid in their responses, whereas the professional significant others either did not seem to know the counsellor as well or, preferred not to comment to preserve their own or their colleagues' professional reputation. This was despite

reassurances from me that information from one interview would remain confidential to that interview, and would not be mentioned in the second interview. The professional significant other's less unconditional acceptance of the counsellor and greater emotional distance may also explain this response. The positive side of this was that professional supporters tended to be more critically aware of the counsellor and so provided more balanced feedback.

Sometimes, discussion with significant others began to raise areas of longstanding concern for them. In this process, at times, painful emotions were evident. When this occurred, I often paused the interview to enable recovery time for the significant other, so that they could make tea or light a cigarette. We then reconvened once it was more comfortable for them to continue. I checked out with the significant other if it was acceptable to continue, and once started, they seemed to want to complete what they had to say. Tears, facial expression, nervous laughter or coughing were some of the non-verbal cues I took my lead from in deciding to 'pause' the interview. Participants told me when this was unnecessary and if they wished to keep going with what they were saying.

At the completion of the interview, I checked as to the availability of a support person, if this seemed to be required to deal with the feelings raised and to debrief. All participants were asked to indicate whether they wished the recording of the interview returned and whether they wished to be sent a copy of the final summary of the research. Without exception every one involved wished to be sent the summary. Only one personal

significant other requested her audiotape. She thought it would be interesting to listen to in the future to see how much her ideas and practices had changed.

Both the counsellors and their significant others were sent a letter a week after the interview to thank them for their involvement and ask if they wished to send an example of something that sustained them in their role as counsellor or a significant other of the counsellor interviewed. The intention of doing this was to compile key examples of items from which the participants drew strength. In response to this letter I was sent copies of photographs, cartoons, poems, and drawings subtitled with captions. Others provided the names of books that had inspired, and ideas about coping strategies that they had omitted from their interviews.

Collecting the Data

In this section, I outline how I used the research methods selected to conduct the interviews with the counsellor-participants and their significant others. I explore themes that emerged from the interview process and reflect on how I responded to these.

The Interview Process

My status as an academic researcher working independently of ACC was emphasised to ensure that the counsellor-participants were aware of the independent nature of the inquiry. The counsellor-participants were initially contacted by telephone to outline the project's objectives, the status and background of the researcher, and the rationale for the study. A follow up letter was sent to each counsellor-participant expressing a willingness to be interviewed (See Appendix 2).

The boundaries of confidentiality were clarified in discussion around the confidentiality agreement. The counsellor-participants and their significant others were encouraged to disclose only as much as they considered comfortable and appropriate. It was made clear that no penalty or disadvantage would apply to any individual who decided to decline involvement or who withdrew at any time in the course of the project. Participants were advised that interview comments would be non-identifiable when used in the project to illustrate key themes. I indicated that no personal names or other identifying information would be attached to comments made during interviews. However, following the interviews, several counsellors wished to have their real first names used to represent their comments, to which I agreed.

The use of audio taping equipment to record interviews was negotiated to enable reflection on the process and content of the interview, and to ensure that the data used in the final report was accurate. I worked with all participants to identify an available counsellor /support person prior to the interview in case debriefing/follow up were required at any point in the interviewing process or afterwards.

To set the scene for the interview with the counsellor-participants, I sent a copy of the Pearlman and McCann (1990) article on vicarious traumatisation, together with a 'discussion starter'. The 'discussion starter' was a list of statements related to vicarious traumatisation that I had adapted from two studies (Rich, 1997 and Johnson, 1993). My background and training and how I became involved in the topic was then outlined

briefly together with the broad aims of the project both in the initial telephone call and by letter following the telephone conversation.

Once these introductions were complete, a number of biographical questions were asked around the career of the counsellor-participant: 'How long have you served in the helping professions?' 'What training did you complete?' 'How did you become involved in the helping professions?' 'What attracted you to work in the trauma/sexual abuse field?' 'Why did you decide to pursue ACC accreditation?' A focus on how the individual came to make these decisions in her professional life and the meaning she now attributed to these choices was explored. These questions were asked in line with recommendations from feminist epistemology and oral history methods which encourage researchers to locate these responses within the context of the participant's life (Gluck and Patai, 1991; Stanley and Wise, 1983). More open-ended questions were then explored around aspects of the counsellor's philosophy: 'Why did you think sexual abuse occurs in society?' 'What theories or approaches do you find helpful in understanding and working with sexual abuse/trauma?' Within this context, clarifying questions were asked to encourage discussion of the counsellor's view of herself and her place in the wider social contexts and networks.

Next counsellor-participants were asked if they considered there had been any change(s) to personally held theories/ beliefs/values /personal philosophies over the time in which they had been involved in the helping professions doing sexual abuse counselling, and if so, what these had been. When the issue of changes to interpersonal relationships was raised by

participants in this context, clarifying questions were asked, such as: 'Can you tell me a little more about that'? 'What did this mean for you and x significant others in your life?' These questions facilitated my understanding of the role of these themes in the context of the counsellor-participant's overall life experiences. Later in the interview, in line with my interest in a defining moment of the counsellor-participant's practice, I asked 'what was the most difficult case you have encountered?' 'What happened?' and 'If or how was this resolved?'

The counsellor-participants described a range of views in response to the McCann and Pearlman (1990) article. Some found it easy to identify with the themes and were encouraged by it to disclose personal anecdotes illustrating areas of particular relevance and interest. Others examined the overall approach and content of the article more critically. Questions arising for these participants included: 'Why would someone remain working in the sexual abuse field if they were experiencing such symptoms?' 'Why on earth didn't they leave, change their case load, seek therapy, or leave counselling?' 'The authors had pathologised the very people they were attempting to assist, using the psychological tools of the trade', was a response from those more critically approaching the article. Whatever the response, I noted that McCann and Pearlman (1990) article tended to have the effect of encouraging comment with very little prompting from me and provided a window of insight into the individual counsellor's worldview and philosophy. These background papers proved to be thought provoking from the participant's perspective. I noted that asking for information on the characteristics of the counsellor-participants, proved a useful 'entrée' into areas that were more complex and requiring more personal disclosure and elaboration.

During some parts of the interview where some self-reflection was needed, I put the audio recording equipment onto pause to enable time for the counsellor-participants to reflect on particular issues.

The counsellor-participants generally talked openly about their experiences and lives and what they thought of the ideas presented on vicarious traumatisation. They made linkages between the impact of the work of sexual abuse counselling on various areas of their lives and functioning. As my confidence increased as an interviewer, I became less reliant on the topic guide. The counsellor-participants often anticipated the next question and much of the material I required was contained in their account of their experiences.

At times the counsellor-participants, knowing my employment background, wanted to raise questions related to my organisational knowledge about changes of systems within ACC rather than to explore the research topic. On one occasion, the questions were so numerous that time did not permit for the interview. I considered it a priority to respond to such queries to address the immediate needs of the participants. As Oakley (1981) discovered, researchers often are required to go beyond the confines of the researcher's role. Ethically I felt it was important to deal with areas in which I could help.

Many of the counsellors registered as trauma experts in New Zealand have a number of years of training in social work, the social sciences and psychotherapy/psychology, prior to specialization in trauma/sexual abuse work. For this reason, the individual's value base is likely to have been well grounded in training and practice prior to entering this field. A case

study approach, which locates the individual in his/her wider environments, both professional and personal, seemed the most appropriate to assume for this topic of inquiry, therefore (Yin, 1985). The 'case', in the context of the present study, includes the relationship between the counsellor-participants and their significant others, bringing together the personal and professional facets of the counsellor-participants' life.

With these considerations in mind, I thought that a detailed analysis of each of the elements included in the constructivist self development theory would militate against assuming a holistic view of the counsellor-participants in their total environments. The therapeutic process in which counsellors and clients are engaged establishes an oral tradition through which the individual is empowered to tell her story as she sees it. Previous research with ACC counsellors has successfully adopted the perspectives of the counsellors interviewed. This study was in relation to the training, skills, and competencies that ACC counsellors saw themselves as requiring (Stevens, 1992). The in depth interviews with ACC counsellors enabled the researcher to compare and contrast the counsellors' perceptions of the training needed for the role of ACC accredited counsellor with the official guidelines for competency required by ACC (Stevens, 1992). Thus, it seemed important that the mode of research complemented and mirrored the therapeutic process by encouraging the individual therapist to tell her story in the context of her social environments. This is why I decided to carry out in depth interviews with registered trauma therapists. I wanted to facilitate description of the process that trauma therapists said they experienced in the course of their work with sexual abuse survivors. I did not intend that the resulting description would be exhaustive; rather my aim was that

it would uncover major themes and serve to focus future research on the topic. I was mindful, too, that what therapists say they do may be significantly different from what they do in practice; however, it was not possible ethically to document these experiences by the direct observation of behaviour.

Reflection on the Interviewing

Following the interviews, myself and the person assisting me in this task, transcribed the audiocassettes. This had been discussed with participants when the confidentiality agreement was introduced. The transcripts and tapes were kept in a locked filing cabinet so that we were the only people with access to the completed interview material. For the purposes of academic supervision, I provided my academic supervisor with two unidentified transcripts to enable feedback on my interviewing style and for comment as to whether the approach was working.

Once interviews were transcribed from the audiotapes, I listened for what has been termed the 'logic of the narrative' or the internal consistency or contradiction in the person's discourse (Gluck and Patai, 1991:18-25). As has been previously suggested, 'to hear women's perspectives accurately, we have to learn to listen in stereo, receiving both the dominant and the muted channels clearly and tuning into them carefully to understand the relationship between them' (Gluck and Patai, 1991:11). The perspectives of the counsellor-participants as individuals, as representatives of a wider subculture of ACC registered counsellors, and members of other social networks could then be constructed.

The relevance of the ideas presented in the McCann and Pearlman article and the main areas identified as being affected by vicarious traumatisation (trust, intimacy, esteem of self and other), were analysed using a checklist of statements that counsellors were encouraged to comment on in greater depth. I asked them to illustrate their responses by examples.

I attended to the 'moral' language or reasoning of the participant to explore the values underpinning the conversation. This provided a further frame within which to analyse the data gathered during the interviewing. This process as has been recommended by oral historians and those writing from a feminist perspective (Oakley, 1981, Opie, 1999; Reinharz, 1992; Stanley and Wise, 1983). Attending to 'meta-statements', where participants spontaneously stop and reflect during the interview, were moments which I identified as cues to disclosures of a deeper nature.

Analysing the Data

The data analysis occurred at each phase of the research process rather than being an activity focused at the end of the data collection phase. The involvement of key consultants, advisors and the Focus Group had led to cycles of action/reflection from the initial planning of the project. As the interviews were conducted and patterns were able to be discerned, these were discussed with the Group and the advisors. Their insights further shaped my efforts and influenced the direction in which the analysis was beginning to take place.

Broadly the four analytic frames that guided the analysis of the data were:

1) The Theoretical Orientation of the Vicarious Traumatisation Literature

The ideas of those who had previously studied the phenomenon of vicarious traumatisation had developed theory based on the potential impact of trauma therapy on the therapist. These theoretical explanations served to focus attention on the data that fitted these descriptions and highlighted where the data diverged from the existing frameworks. Examples of themes supportive of the literature were systematically viewed alongside the themes that were different or contradictory, and alternative frameworks developed to account for these apparent discrepancies. Thus the map or template provided by existing theory provided a backdrop against which to begin the process of what has been termed, 'pattern-matching' (Yin, 1985).

The discussion starter and the interview schedule which were drawn from previous studies on vicarious traumatisation, further established an order for exploring patterns from the interview responses [See the Appendix1 and 4 both schedules].

2) Triangulation or Developing Three Narrations of a Story

The way that three perspectives on a theme were gathered provided a further frame of reference for analysing interview responses. Areas of agreement and disagreement, juncture and disjuncture within the triads of socially connected individuals was a major focus of attention given that my original idea was to investigate the impact of trauma related helping on the counsellor-participants' relationships. The unit of analysis was the

'triad' of the counsellor, the professional, and the personal significant other. The data could be ordered for analysis and viewed from any vantage point in the triad to establish the multiple and shifting perspectives among the three groups of individuals. I was also able to check on the wider applicability of my findings by making comparisons across the triads of individuals interviewed.

3) 'Most Difficult' Case Scenarios

I wanted to know how counsellors made sense of the complex situations they routinely encountered in their practice. I engaged counsellor-participants in a discussion about situations which they defined as challenging, and asked whether or how they were able to resolve these situations. In addition to referring to existing theories, such as vicarious traumatisation, I aimed to explore the discourses that counsellors develop about their work, drawing from examples of their own practice wisdom. My reading of critical-reflective approaches to social work practice research suggested the fruitfulness of this line of inquiry (Fook, 1996; Fook, 1999; Fook et al, 2000; Napier and Fook, 2001).

4) Reflection on Transference and Counter transference as 'Research'

By the completion of the fieldwork, my perspective and views had been profoundly coloured by my interactions with participants, to the extent that I found myself using expressions, technical jargon ('therapy-speak') and metaphors the counsellor-participants had used in their contact with me. At such times I noticed that the divisions between my participants and me as the researcher were disintegrating. If they had existed in the first place, as some of the research textbooks indicated they should, something was happening

to our relationship. I found this challenging as I had been taught earlier in my career that a researcher needed to maintain value neutrality and a sense of separateness and emotional distance from participants. Boundary violation was also at the heart of much of the literature on sexual abuse recovery (Herman, 1992). I was able to refer back to the discourse in post-structuralism and post-modernism that accepts that ' experience is thus, to both contradictory interpretations governed by social interests rather than objective truth' (Richardson, 1994:518). The division between self and other within these discourses is an artificial construct. Both self and other is situated in particular contexts and involved in a dynamic process of interaction and evolution. I found this to be a more accurate way of describing my relationships with the participants and the research process.

By declaring my interests in embarking on this research, I found that I was able to step back from the data in a way that enabled a 'stronger 'objectivity' (Harding, 1991), without the emotional distance from my participants. Researchers writing from a feminist perspective, who adopt feminist standpoint theory, have pointed to the benefits of doing research that incorporates a profile of the researcher and their beliefs at the outset (Reinharz, 1992 and Stanley and Wise, 1983). In this way I looked back at what I had written before starting my fieldwork and noticed the extent of the change in my own thinking (Rountree and Laing, 1996).

In the beginning I approached my topic from the tradition of psychological research. Later, I realised that I was looking at this literature more through the eyes of my

participants. They approached the literature on vicarious traumatisation more critically than I had initially. Now I found myself approaching the literature more critically too. Reading literature recommended by participants enabled me to understand their perspectives better and to appreciate that there were gaps in the literature I had been reading. Once I began to write the thesis, I encountered the differences in opinions of the counsellor-participants, the counsellor consultants to the thesis and the 'experts' in the field in their responses to the writings of Pearlman et al (1990). The discourse advocating 'writing against culture' (Abu-Lughod in Fox, 1991; Abu-Lughod, 1993) and views of feminist standpoint theorists (Harding, 1991 and 1998; Harraway, 1991; Cook and Fonow, 1986), offered alternative ideas about how to represent the views of research participants more faithfully. This involved including the voice of the researcher as they interacted with the communities they were studying. Feminist standpoint theorists argue that what counts for 'knowledge' is socially situated. Women's positioning within a patriarchal society is used as a resource that enables richer theoretical explanations than is possible within more conventional 'scientific' paradigms. Within standpoint feminist discourses it is a legitimate activity to reflect in an ongoing way about the connections and power differentials that exist between the researcher and the participants. Feminists such as Harding (1991:123) suggest using standpoint theory for understanding the phenomenon of rape and sexual violence within marriage as it deconstructs the taken for granted nature of everyday events (Harding, 1991: 123). Within the social work practice literature, Featherstone's (2000) study of women's violence against children and Scott's (1998) study of ritualistic violence from survivors' perspectives, are examples of research from the position of client knowledges that have been marginalised. Rossiter (2000) sees

such studies as symptomatic of broader trends that are occurring in social work as it responds and adapts to the demands of a complex, shifting post-modern environment. Rossiter sees this reformulation of what is researched as residing in changing the position of marginalized knowledge based in power differences. From a social work perspective, there is a social justice imperative for these accounts of experience to be heard. Rossiter writes (2000:27): 'Stories understood can be challenged and reauthored [sic]. Stories understood as objective reality demand passive acceptance'.

This literature enabled me to relax into listening more actively to participants telling me their stories. I began asking fewer questions and found we had covered all the questions I had wished to ask by the end of the story. Featherstone (2000:129) sees the movement towards story telling as 'signalling a move away from the search for a factual truth or the search to discover what really happened... to deal more easily with contradictions in accounts and behaviour'.

I was aware that having worked as a case manager who approved funding for sexual abuse therapy, I had a pre-existing connection with my participants that was tied to their financial livelihoods. This, I had learned earlier in a research methodology course precluded my studying my chosen topic due to biases introduced by these connections. As none of my participants were in an ongoing funding relationship with me due to my requesting to work in geographical areas where my participants were not living, I felt I had resolved these dilemmas as these connections were in the past rather than the present. Nonetheless, I was asked about organisational matters and became a contact within ACC

if participants were encountering problems. These roles went beyond the researcher's role I had hoped to confine myself to. However, as I had myself worked as a counsellor/ social worker over the preceding fifteen years. I realised I was still a colleague in the minds of my participants. Their interactions with me went beyond a researcher's conventionally defined role, due to past professional associations. These examples illustrate the positions I was continuously juggling as a researcher, a manager of funding for sexual abuse therapy in my role at ACC, a colleague working in the field of sexual abuse recovery, and a past professional associate from previous agencies where I had had contact with some of those counsellors interviewed. These were the 'connections and interconnections' that led me to ponder whether I was still 'the other' in the sense of these roles I was simultaneously juggling. Further, I contemplated the question that 'ask[ed] what this will to knowledge about the other is connected to in the world'. (Abu-Lughod, 1993:48). 'Was it my own personal experience that had lead me to undertaking this research?' 'Was I projecting issues onto counsellors to assist me in explaining some of the dilemmas I was encountering in my own work/life/practice?' As I have suggested, this was a topic sparked by my own experiences that resonated with that of colleagues and various strands of literature. I acknowledged that I had a personal investment in researching an area that resonated with my own experiences.

Writing as Research

When I began writing up the results of the fieldwork I became aware that I was adding another level of analysis as I wrote. I was drawing out the common themes, and developing ideas and theories. Feminist researchers have described the process of reflecting upon one's earlier research in conventional, 'scientific' paradigms that later seem inadequate (Richardson in Denzin, and Lincoln, 1994; Rountree and Laing, 1996; Abu-Lughod, 1993). These writers recommend returning to one's original research to write against one's own thinking to more accurately reflect one's own responses as constitutive of 'research'. In writing, I noticed that I was positioning myself as both the author and the audience for the thesis. I was working in the same field as the counsellor-participants and in this sense was grappling with my own experiences of vicarious traumatisation whilst simultaneously researching colleagues' experiences. I noted how the research on the experience of colleagues brought me face to face with my own experiences of vicarious traumatisation, both in the past and present. Featherstone (2000) and Scott (1998) had written of having similar personal responses in the process of their research with abused women and women who abuse. I used clinical and academic supervision within which to explore these issues that had transformed my thinking as to what vicarious traumatisation was about. I was mindful when I had completed the interviewing that my perspective on many issues and ideas had changed and evolved since I began.

I began writing, having returned to university after a ten-year absence. For much of the five years in which I was completing the thesis I was working concurrently as a social worker organising the funding of sexual abuse therapy. During the time away from

university, I had largely lost touch with the protocols for academic writing. I was aware that I was looking very differently at the world since I was last a student. I was more interested in the background of the researcher and the values they brought to bear in research rather than the intrinsic merits of the particular research 'instruments' described in textbooks. To my way of thinking, the researcher as author was an important instrument through which the data was gathered and analysed. In many of the feminist texts about research methodology, the authors acknowledged that the researcher's experiences were missing (Reinharz, 1992, Stanley, and Wise, 1983). There was little discussion of the impact of the research on the researcher or the dynamics that exist between the researcher and the researched in the earlier research methodology texts I had been reading. I valued the theoretical background of vicarious traumatisation and the participatory paradigms to guide my actions as a researcher as they endorsed the value of these responses as constituting 'the research'.

How to write about the experience of those who had participated in the research, to draw out common themes as well as retaining the individual voices, I found challenging. I was aware of the hazards of generalising, when as Geertz (1988) suggests, we as researchers are engaged in writing 'fictions' that are composed of interpretations of interpretations, new literary styles need to be developed to write about research.

A further issue encountered was the various experiences of having contact with traumatic material and responses to trauma that led at times to a kind of 'writers/readers' block'. This was motivated in part by a desire to protect myself from becoming vicariously

traumatised by what I was hearing and reading. I appreciated publications which clearly marked sections in which there were detailed accounts of unspeakable human horror and suffering (For example, Coffey, 1998). I found such details were hard to forget, once read, and my vivid imagination seemed to need to bring back visual images of this material long after the reading was done. With the members of the Focus Group and colleagues in academic settings who had worked in, or researched similar areas, we reflected on the difficulties of remembering traumatic material which we encountered. In other instances, forgetting was impossible because the material we had encountered had been so disturbing. The dissociative mechanism of 'forgetting', or learning to forget, we noted, had a self-protecting function. In learning to communicate about that which is unspeakable, we talked about how such issues affected us as individuals. Through this talking we were able to return to the material to be more truly present and aware of our own responses. These responses, in turn, became an important source of knowledge and were findings in an experiential sense. Ironically, as we were grappling with the issues of vicarious traumatisation we were aware of temporary 'memory lapses', forgetting and other avoidance and self-protection mechanisms. The challenge became one of being immersed without losing awareness of our own responses to the material. One of the Group likened the process of dealing with trauma as a therapist as being akin to learning to handle radioactive material through screening devices. I found it useful to visualize this image when dealing with material from participants that touched me as a researcher. Scott (1998) and Featherstone (2000) advocate that exploring transference and counter transference as a researcher is an integral, though largely unacknowledged, part of the

research process. For this reason, I include my responses to particular disclosures or themes in the interviews as a method of inquiry, where this seems appropriate.

Conclusion

Traditionally the topic of vicarious traumatisation had been studied from the perspective of clinical psychology. However, given the specific focus I had selected, other methodological choices fitted with my chosen focus on the relationships of counsellors. Writing using larger stretches of dialogue interspersed with the voice of the researcher engaged in an ongoing reflection with the material presented, seemed more appropriate. I was more drawn to writings in which participants told their stories to provide the multiple shifting and competing statements. I decided that I wished to allow the participants interviewed to tell their stories that were associated to the topic of vicarious traumatisation. The challenge then became how to represent the voice of participants faithfully, and, as Geertz recommends, for the researcher 'to be there' (Geertz, 1988). I found Abu-Lughod's revision of her own original research helpful in demonstrating how to develop new modes of writing that included larger stretches of narrative from participants (Abu-Lughod, 1993). Within this redefined methodology, I reflected on my own responses to the material discussed in interviews and which I encountered daily on the job as constitutive of 'research' on vicarious traumatisation. In the next chapter, I move on to explore the origins of the concept of transference within Freudian psychoanalytic theory and it's relevance and limitations to working with vicarious traumatisation.

CHAPTER FOUR

REVISIONS TO THE THERAPEUTIC RELATIONSHIP: FROM FREUD TO 'THE NEW TRAUMA THERAPY'

I started training in 1975. That was writing letters in response to a programme, which was one of the programmes on radio, initially about life and about life issues. And people began spontaneously to write in response to the programme. Through a long fortuitous set of circumstances I ended up by being one of the people who responded by letter. And that was where I think I first began to learn how much people hurt, especially when they had a safe way of expressing their hurt. And it was there that I began reading about the extensive sexual abuse that was going on in New Zealand in secret. And elsewhere, of course.

One important lesson that I learned out of this was that one could invite a person who I was corresponding with, to write in as much detail as they felt safe to or able to do. To either write in detail or to draw what the trauma was or what the pictures were that stayed in their mind. Flash backs really. And by correspondence we were actually able to work through those. I find it quite extraordinary now looking back on that because I didn't even know that post traumatic stress disorder existed. I certainly didn't know what the name would be but we were actually working with it then. Now by 1986 I was probably dealing with hundreds of letters, many of them about sexual abuse, incest and from guys in prison who were able to talk about their own abuse but not prepared to talk about it to authorities, so we have quite a lot of experience then in talking to perpetrators by letter.

Later that became phone counselling and even later I became a co-host and dealt with sexual abuse, incest and so on, on air. The issues were widespread; they crossed socio- economic barriers. There was just a very wide exposure to abuse issues throughout the country. However, by 1991, now trained as a psychotherapist, I decided that I wanted to work more in-depth with abused and traumatised clients. And knew that I was going to be looking at long-term work. And this still continues. In that time I had worked with clients who have been ritually abused as children and DID [dissociative identity disorder] clients and it's been, through working with them, I think, that most of my internal changing would have taken place.

Ellen, recorded on 29.11.99

Introduction

The current research participants, who were trailblazers in working with those sexually abused in the New Zealand context, referred to the experimental nature of their early work. A consultant to the present study, Ellen, became aware of the prevalence of sexual abuse through her involvement as a media personality in a talkback radio and television programmes. Later Ellen trained in psychology and became a psychotherapist. This narrative of Ellen's personal journey, illustrates the eclecticism of roles and approaches that were evoked by the historical times in which she was working and the dynamic tension between her early training and later on-the-job experiences. For Ellen and the other counsellor-participants, these transformations in outlook and changing times necessitate a reformulation of who one is, what one does and how one engages with clients.

In this chapter, I explore the historical background and context to the theoretical eclecticism described by the counsellor-participants. As a result of repeating the development of the therapeutic relationship with each new client, the counsellor-participants drew from an eclectic mix of theories to inform their practice. Given the gross transgressions of physical boundaries that have taken place for the trauma survivor, the central dilemma for the therapist is: 'how can I supply what the client needs without replicating what happened before?' Secondly, 'if the occurrence of sexual abuse is indicative of skewed relationships in which power is misused and the survivor is denied her own subjectivity, how do I assist in the retrieval of the client's own voice?' Freudian psychoanalytic theory, in which the counsellor-participants' own training was grounded, provided few constructive answers to these dilemmas. Feminist approaches, theories that encompass principles of social justice and social

systems, were found more useful. Frameworks that integrate the various strands of these theories - including Freudian psychoanalytic theory - and relate them specifically to working with traumatised clients, the counsellor-participants found to be the most relevant. 'The New Trauma Therapy' as proposed by Coffey (1998) and epitomised in the writings of Herman (1992), Briere (1996), Courtois (1997), Van Der Kolk (1996) and Dalenberg (2000), among others, represents the eclecticism that the counsellor-participants discussed as being central to their work with sexual abuse survivors. Theories encompassed by 'The New Trauma Therapy' were discussed as guiding their own healing from traumatic events and recovery from vicarious traumatisation. 'The New Trauma Therapy' is derived from a range of theories and sources. It re-conceptualises the therapeutic relationship in ways that assist the healing processes of survivors of trauma. It ameliorates the counsellors' own experiences of trauma, both their own and vicariously experienced. As Coffey (1998), a writer who has researched trauma therapists and their work with survivors, suggests 'The New Trauma Therapy' is a synthesis of Freud and newer theorists. She (1998: 163) refers to the research of trauma theorists Doctors Kluft and Gartrell to suggest the potential pitfalls of abandoning established psychotherapeutic practice and approaches when dealing with traumatised clients. Coffey (1998:163) concludes after interviewing sexual abuse survivors and trauma theorists that: 'therapists who toss aside all psychotherapeutic tradition may also unwittingly and perilously toss aside its protections, forcing themselves to blaze unnecessarily chancy paths through precarious jungles'.

For Coffey and other proponents of 'The New Trauma Therapy', there is an emphasis on emotional awareness and health of the therapist as the key to maintaining effective

connections with clients who have been traumatised. Narrative and language are important in the healing journey of both the client and the therapist. Coffey (1998:158) proposes that 'all psychodynamic therapists believe in the power of words to heal: increasingly, trauma therapists are taking advantage of the power of words to heal themselves. In therapists' support groups they talk freely and in deeply personal terms about the impact of their clients' trauma on themselves and about the rebound impact of their own vicarious traumatisation on the therapy they give'. The emphasis of 'The New Trauma Therapy' highlights the value of the quality and transformative potential of the relationship that is unfolding between the client and the therapist. Flax in Nicholson (1990) sees three types of thinking as epitomising the current times in which we live. These ways of thinking are psychoanalysis, feminist theory and postmodern philosophy (Flax, 1990:39). Flax (Ibid) suggests that these kinds of thinking are a product of our historical times:

> These ways of thinking reflect and are partially constituted by Enlightenment beliefs still prevalent in Western (especially American) culture. At the same time, they offer ideas and insights that are only possible because of the breakdown of Enlightenment beliefs under the cumulative pressure of historical events such as the invention of the atomic bomb, the Holocaust, and the war in Vietnam.Each of these ways of thinking takes as its object of investigation at least one facet of what has become most problematic in our transitional state: how to understand and (re)constitute the self, gender, knowledge, social relations, and culture without resorting to linear, teleological, hierarchical, holistic, or binary ways of thinking and being.

The defining work of Carol Gilligan (1982) is a bridge between feminist critiques of Freudian psychoanalytic theory and the development of feminist psychology that views women's psychology as being relational and existing in its own terms. 'The New Trauma Therapy', a more recent development in a 'transitional state', is a synthesis of a variety of traditions, including social systems, psychodynamic and feminist theories. Gilligan (1982) suggests that women's psychology is essentially

different from men's. Women's ways of knowing are in relation to others with a mutual sense of giving and maintaining friendship and connection. Gilligan's work redefines women's psychology by reinterpreting marginalised narratives as constituting lesser known ways of attaching meaning to experience. Both Gilligan and 'The New Trauma Therapy' return to the internally embedded meaning, with narrative as a way of restoring agency to the individual. Herman (1992) and proponents of 'The New Trauma Therapy' discuss the existence of an embodied self whose experience has been fractured through the experience of trauma. Herman's theories are based on a concept of the self which has been fragmented by traumatic events. Herman questions the applicability of earlier diagnoses such as 'hysteria' and 'borderline personality disorder' that have largely been applied to women who are dealing with the aftermath of sexual abuse. By referring to the writings of Herman and 'The New Trauma Therapy', I connect points of similarity within the interviews with the counsellor-participants. I suggest that when operating self reflexively within such perspectives, the therapist is able to work from an embodied or integrated self which is experienced as present and involved, rather than as a detached onlooker. This 'being present' is a resource in the healing of clients and in the counsellor's experience of vicarious traumatisation.

The writings of 'The New Trauma Therapy', and feminist writers, have reformulated the therapeutic relationship for work with trauma survivors. These reformulations are based on the adoption of a framework in which the meaning attributed to experience is explored as a way of ameliorating the disconnection that trauma brings. 'The New Trauma Therapy' integrates a variety of derivatives of psychodynamic theory, combining posttraumatic stress, object relations, cognitive-behavioural, and self-

psychology theories. These writers advance DSM IV categories of 'complex traumatic stress', 'dissociative identity disorder' and 'multiple personality disorder' as sub fields of clinical interest within the wider framework of 'post traumatic stress disorder' (Courtois, 1997). Thus, the writings of 'The New Trauma Therapy' represent a hybrid of the medical or psychiatric discourses that preceded it, and more client-centred interpretive approaches that followed. The vicarious traumatisation literature is part of the tradition of 'The New Trauma Therapy' in the way that it advocates a re-conceptualisation of the therapeutic relationship and focuses on the self of the therapist as the key to this re-conceptualisation.

The research participants often disliked the need to categorise clients using systems of classification such as the DSM IV, preferring to use approaches drawn from 'The New Trauma Therapy' in their work with traumatised clients. They viewed these approaches as complementing the medical model with ideas closer to their own theories and ways of thinking. Herman and others referred to the historical and social contexts in which people experience trauma. This attention to context and wider social systems was missing in more individual focused, medically orientated approaches. This refocusing of attention onto context was itself a product of the historical times in which Herman and the new trauma therapists were witnesses. Gilligan, a contemporary of Herman, similarly attends to context and the women's liberation movement as background to her research into women's experience.

The Historical Context of the 'New Trauma Therapy': Dialogue between Psychoanalytic and Humanistic Traditions

In an effort to deal collectively with the emerging experiences of groups of traumatised individuals such as returning combat veterans and women who had been

sexually abused, new ways of conceptualising the therapeutic relationship emerged. Out of the self-help and feminist movements of the 1960-70s, publications such as the 'Courage to Heal' (Bass and Davis, 1994) asked women if they thought they had experienced sexual abuse. If the answer was, 'yes', Bass and Davis suggested what to do about it. Such publications have since fallen into disrepute, criticised by proponents of the False Memory Syndrome Foundation and affiliated bodies who have accused therapists of falsely implanting memories of abuse through reference to such resources (Courtois, 1997). Nonetheless, Bass and Davis established one of the most widely read self-help guides for women survivors of sexual abuse. It was the handbook that we referred to in our work with sexual abuse survivors within a mental health clinic in the mid to late 1980s.

My own theories of practice preceded 'The New Trauma Therapy'. From feminist models of family therapy and social work theory, I drew material about my clients' family systems and related this to their present situation (Devore and Schlesenger, 1981; Gelinas, 1983; Nadelson, 1983; Pilalis and Anderton, 1986). Rather than looking at the respective personality characteristics of individual family members, feminist models of family therapy view family violence, abuse and incest from a family or systems perspective (Pilalis and Anderton, 1986; Herman, 1981 and 1983; Herman and Hirschman, 1981; Herman et al, 1986). These approaches emphasise the need to look at the family's internal functioning as well as its ways of functioning within the environment. From writers such as Gelinas (1983), I derived the notion of care taking and the existence of intergenerational self-perpetuating cycles by which survivors subjugate their needs in favour of others. A typical example of this occurs in the process of 'parentification' in which the abused child begins to perform adult task

functions within the family and to take responsibility for them. She gradually internalises this role and begins to operate from this definition of herself. In adulthood, in seeking a partner, she is not looking for a reciprocal relationship but one in which she can continue to gain gratification from the only way she knows, by care taking. She is, therefore, likely to be attracted to partners who are dependent, immature and insecure who look to her to have these needs met. Usually the arrival of the first child heralds the first round of difficulties. As she becomes more involved in caring for her baby, she is likely to decrease the amount of care taking of her partner. This seems to prompt feelings of abandonment, loneliness, and anger on the partner's part. Such anger often escalates in physical or emotional violence against the survivor. Increasingly, she looks to her children to meet her adult emotional needs and describes feelings of emotional emptiness. This begins a second generation of parentification. Often for sexual abuse survivors within their families of origin, relationships are not reciprocal. They take but do not give back. This care taking manifests in any subsequent relationship including the therapeutic relationship. This was a pattern to which I was witness, over and over again in my work with adult women who had experienced sexual abuse within childhood.

In the later 1980s to 1990s, research efforts were made to document the prevalence of sexual abuse that was reported often anecdotally in the media and through talkback shows such as that which Ellen hosted. First person accounts of abuse were increasingly supplemented by statistics of the prevalence of the physical and sexual abuse of women and children. Mental health professionals and therapists were in the invidious position of having to learn by trial and error (Courtois, 1997). The prevalence of women among the consumers of mental health services was

highlighted. The adequacy of existing diagnostic frameworks to understand women's experience was questioned and feminist reformulations of Freudian psychology became the basis for revised approaches to women's psychology (Nadelson, 1983).

Professionals responding to the increasing demand for appropriate guides to working with the traumatised, who were principally women working with women who had been sexually abused, turned their attention to existing psychological theories. Conceptual use was made of some of the original Freudian psychodynamic framework, particularly the central ideas surrounding the therapeutic alliance, however, other Freudian ideas were directly challenged. For example, feminist writers such as Carol Gilligan challenged Freudian notions of the 'underdevelopment' of the superego among girls and women and their perceived lack of development of moral reasoning capacities (Gilligan, 1982). Attention was given to women's psychology as fundamentally different from the psychology of men, warranting attention to women's issues in their own right. Gilligan found an 'ethic of care' governing the responses of the girls and women interviewed, to hypothetical moral problems, leading to them responding differently to the problems posed. The fostering of friendship and maintaining relationship with others were of paramount concern to the girls and young women Gilligan interviewed. Among the boys in her sample, she found evidence of a more rationally based 'ethic of justice', when the same hypothetical dilemmas were posed, reflecting a different way of seeing the world.

Writers such as Gilligan who critiqued Freudian ideas on the basis of feminist research, created a space for exploring the psychology of women in its own terms rather than within a patriarchal medical model of diagnosis and cure. Gilligan created a space in which theories based on work with women's psychology could be

considered as being of value to furthering the understanding of women's marginalised place in society. Paradoxically, however, many ideas of feminist writers challenging Freudian theories relating to women came through dominant patriarchal institutions such as psychiatry and medicine. Thus Flax (1990:43) began to suspect that all claims to knowledge reflect the world view of a few who were typically white Western males. Flax (1990) argues that Freud's drive theory reflects an unconscious motive on his part to deny relational aspects of the child's connectedness with the earliest caregivers. These caregivers of infants and children are overwhelming women. Flax (1990:46) cautions that in using Freudian concepts ' we must pay attention to what they conceal as well as reveal, especially the unacknowledged influences of anxieties about gender on his supposedly gender-neutral concepts'. In a similar way, feminists such as Karen Horney saw the Freudian concept of 'penis envy' as metaphorical, representing women's desire to have power in society, which was associated with maleness (Nadelson, summarising themes in Horney's work, 1983: 211).

'The New Trauma Therapy' that subsequently evolved, represents a hybrid of the medical model and more humanistic concerns that emphasised the need for the therapist to 'bear witness' to trauma (Herman, 1992). Therapy was reconceptualized as having social and political meaning. Herman advocated that therapists use their whole selves, including the body as a site of knowing, as a barometer of the dynamics of the therapeutic relationship in working with traumatised clients. For Herman, therapy with traumatised clients is an act of political resistance and activism. The experience of trauma is often beyond words and therapist and client struggle to articulate what is beyond the realms of normally lived experience. Dalenberg (2000) uses metaphor and poetry as alternative modes of articulating her client's experiences

of trauma and suggests that therapists and clients need to find ways of articulating the unspeakable.

The New Trauma Therapy: Developments

Two of the first comprehensive models for professionals dealing with the retrospective treatment of adults abused as children were developed by Christine Courtois (1988) and John Briere (1989). As Courtois (1997:465) reports in reflecting on her early work: 'This orientation was in marked contrast to the predominant therapeutic perspective of that day, that dismissed or minimized reports of abuse as either unimportant or as wish or fantasy on the part of the victimised child'.

The subsequent writings of Courtois (1996,1997), Briere (1996), Herman (1992) and Van Der Kolk (1996) refined and broadened the treatment models for working with a variety of trauma survivors, widening the applicability of these models to dealing with a range of traumatic experience. In a similar way to Freudian theories, they conceptualised the recovery process as gradual and not time limited, but unlike Freudian psychoanalytic theory, recovery was linked to the building of skills and ego strengths before dealing with the processing of memories of the trauma.

<u>The Stages of Recovery</u>

In a similar way to classical Freudian psychoanalysis, recovery from traumatic events has since been conceptualised as occurring in stages. Herman, for example, reworks the classical writings of physician, Pierre Janet, who worked with women inpatients of mental asylums in nineteenth century France, to conceptualise three main stages of recovery from trauma. Like Freud, Janet worked with women who were considered as

suffering from 'hysteria', many of whom disclosed histories of sexual abuse whilst undergoing hypnosis. Janet advocated the efficacy of 'the talking therapy' (Herman, 1992). In such cases Janet, however, continued to work with the women patients who were dissociated following the experience of sexual abuse by engaging them in hypnotic or trance states. This was in contrast to Freud who abandoned hypnosis preferring to work in 'free association' with the patient (Freud,1958:208). In Janet's investigations, Herman finds evidence of an early theory of dissociation on which she builds her own theory of dealing with sexually abused women and other traumatised groups. Dissociation is conceptualised by Herman as a normal response in which the body may go on acting as it does usually but inwardly the body is felt to be acting on its own in a dream-like unreality. Herman finds the same defence of dissociation among First World War veterans who experienced 'shell shock'. Veterans describe coping with situations which were life threatening and from which there is no escape by a psychical withdrawal out of the body and into dissociated states of consciousness. She relates dissociative processes as fundamental to our understanding of trauma and how to assist the traumatised. Sometimes this scission between the self and the body in which the self is experienced as disembodied and bodily experience is felt not to belong to the person is persistent, for others this is more temporary. Based on Janet's work, and her own research, Herman defines a model that encompasses three phases to recovery from trauma that aims to assist in recovery from the estrangement of the self from the body.

The Establishment of Safety, Remembering and Mourning, Re-Connection

The central task of the first stage of treatment is to establish safety. This is a problematic stage in therapy, as until safety is firmly established, the client is at risk

of being re- traumatised and regressing. Once safety has been clearly established from the client's perspective, there is the movement towards, 'remembrance and mourning' and in time, 're-connection with ordinary life' (Herman, 1992: 155).

The key difference between the classical Freudian conceptualisation of the stages of psychoanalysis, and proponents of 'The New Trauma Therapy' is the view that the survivor is, by necessity, the prime motivating force behind the contact. The therapist is explicitly a co-learner and collaborator in the process. She acts as a resource person, validating the client's experience and providing the crucible within which the client moves through the stages of recovery in a spiralling rather than linear fashion (Herman, 1992). Briere (1996) similarly, endorses the need to move at the client's pace, with the goal of empowering the survivor at each stage of the healing process. It is the client's efforts that guide the therapeutic journey at all times, rather than the therapist.

In classical Freudian psychoanalysis the relationship is prefaced on the therapist representing the 'blank screen' on to which the patient projects all thoughts, feelings and fantasies (Kahn, 1990). The relationship places the patient in the position of revealing the self in complete candour, as both conscious and unconscious psychological material are evoked by the process that is contained in the relationship. The therapist, in contrast, is required to avoid all self-disclosure, and remains emotionally distanced from the content of the material disclosed to maintain therapeutic neutrality. The therapist like the physician is the initiator of diagnosis and treatment on the basis of expert knowledge.

Herman (1992) comments that this reframing of the therapeutic alliance for those practitioners who have been schooled in 'the medical model' is often difficult. Both Herman and Briere emphasise the survivor's need to take back their control. Herman (1992:134) cautions medically trained professionals who work with abused women saying that: 'the same woman who looks like a helpless and 'deteriorated' patient in the traditional medical or mental health clinic may look and act like a "strong survivor" in a shelter environment where her experience is validated and her strengths are recognized and encouraged'. The importance of the quality of the emerging relationship of client and therapist in promoting psychological healing from trauma is emphasized in the writings of 'The New Trauma' therapists.

In a similar way to feminist theorists and advocates of 'The New Trauma Therapy', Carl Rogers (1961) ideas and those of his humanist contemporaries were that it was experiential knowledge that increased self-awareness and the effectiveness of the therapist. It was the experience and personal growth that was associated with emotional maturity that would enable therapists to become more genuine in their everyday lives, including within the therapeutic relationship. It was these qualities of genuineness and empathy that for Rogers was the cornerstone of the therapeutic alliance, and provided the context for healing (Kahn, 1992; Mearns, and Thorpe, 1988). Rogers and his followers, did not place therapeutic value on diagnosis, but proposed that therapeutic value resided in acceptance and the respect of the individual client by the therapist (Kahn, 1992; Mearns, and Thorpe, 1988). The self of the therapist became the main tool of therapeutic transformation. Rogers described this as a 'way of being' rather than a technique or method.

For Rogers and his humanist colleagues, as for Herman and 'The New Trauma Therapy', power was shared more equally between client and therapist, as the client both determined the content and drove the process of therapy. Therapy was constitutive of meaning more directly from client disclosure. Meaning also emerged from the interaction between the client and therapist in a more immediate way that was accessible to both client and therapist within the more structured relationship envisaged by Freud. The processes by which client-centred psychotherapists engage with their clients do not appear to fit the 'scientific orientation' of expertise suggested by Freud. In this sense the traditional hierarchy of 'patient' /'physician' is upset. The therapist does not use expert knowledge to legitimate their position but aims to create a situation of mutual benefit and learning. The challenge for therapists becomes how to use practice experience to devise a new code of professional expertise.

In a parallel way to feminist re-conceptualisations of women's psychology, Rogers interest and participation in the encounter group movement of the 1960s set the stage for new ways of conceptualising knowledge that was in contrast to the therapist as scientist model. Humanistic psychological theory opened the door, metaphorically speaking, for a rapprochement of psychoanalytic thinking with alternative models of therapy that gave voice to the marginalised. Within the humanistic tradition, the experience of women, combat veterans and ethnic minorities were accorded the same respect as other groups. Kahn (1991: 8) writes of the polarisation of psychoanalytic schools within psychology that caused therapists to have to make impossible choices at this time:

> So, theoretically there were two possible ways of being truly therapeutic: One could be considerably more engaged with one's patients than the rules permitted, or one could be an unusually warm and compassionate person with an unusual capacity to communicate that compassion. Actually, I believe, the

> analysts were caught in an impossible contradiction. On the one hand, they required of themselves that they maintain a relatively severe neutrality, and on the other hand, they needed to create a therapeutic ambience of trust, security, and confidence.

Broader social change brought dialogue between psychoanalytic and interpretive or humanistic schools of thinking. The climate of political ferment and the Vietnam War in the 1960s and 1970s enabled self-help movements and political lobbying of various groups to have their rights acknowledged. In this setting, Herman (1992) talks of returning Vietnam war veterans' collective efforts in the United States of America as establishing rights for other marginalised groups sharing traumatic experiences, including sexually abused women. Within this climate of social unrest and political activism, the rights of those who shared experiences of trauma which had been previously unacknowledged, such as survivors of sexual abuse, were drawn into public consciousness. The 'other', or those living at the periphery of society, such as women and children whose experience had been previously marginalised and unacknowledged, came to the awareness of mainstream American society. Feminists are confronted with a four pronged task as Flax (1990:55) suggests: 'we need to (1) articulate feminist viewpoints of/within the social worlds in which we live; (2) think about how we are affected by these worlds; (3) consider the ways in which how we think about them may be implicated in existing power/knowledge relationships; and (4) imagine ways in which these worlds ought to and can be transformed'.

The Therapeutic Alliance

Like Rogers and fellow humanists, proponents of 'The New Trauma Therapy' conceptualise the building of rapport as a painstaking and crucial phase for client and therapist. As the traumatised client has a personal experience of deep betrayal, the task of rebuilding trust in another is fraught with potential pitfalls. Here, the notion of

countertransference and transference as a way of predicting and explaining the difficulties inherent in developing an alliance, are referred to in new ways, for example, 'the life and death quality' in the ambience of the therapeutic relationship (Herman, 1992:136). Others remark that the work with trauma survivors, is no longer attributed to the patient's innate characteristics or qualities, but is seen as being more frequently related to the nature of the client's and therapist's respective responses to the traumatic events that are evoked by therapy. In this sense, the therapeutic relationship in the case of abuse, includes the sense of the perpetrator as being a third participant in the therapeutic relationship (Dalenburg, 2000). In this sense, 'traumatic transference' following Herman (1992), is more than limited to a dyadic relationship between client and therapist. The relationship lives in the shadow of the perpetrator. The client in the course of therapy may cast the therapist in the role of perpetrator. For counsellors, having negative characteristics attributed to them is deeply challenging particularly with respect to their altruistic care-giving ideals. But, paradoxically, it is to be routinely expected and planned for (Herman, 1992:140).

Freud was never comfortable with his discovery that the origins of 'hysteria', the archetypal female neurosis of his time, were located in a history of childhood sexual abuse. Early work by Freud and Breuer treating hysterical conversion symptoms through hypnosis led to the first hypotheses on psychodynamics and the search for other methods of bringing into consciousness repressed material. Initially they concluded that hysteria was the result of traumatic sexual experiences associated with a large amount of emotional affect that was not able to be dissipated by the conscious mind and remained dammed up in the unconscious, returning in the guise of various symptoms (See for example, Freud, 1958: 9-20). The memory of events, such as

incest, were unacceptable to the ego or conscious and were, thus, suppressed and in need of discharge through hypnotic processes. Freud was later to disbelieve his women patient's disclosure of incest, locating the site of these disclosures as residing in the psychopathology of the individual (Dalenberg, 2000; Courtois, 1997).

Freud's repudiation of his own theories was a historical product of the times in which he lived. If Freud had admitted that incest and sexual abuse were widely reported, he would have implied impropriety in a large proportion of 'respectable family' men. Realising the implications of his work with its implicit challenge to patriarchal values, he refused to identify men as sexual abusers and within a year repudiated his seduction theory entirely. Instead, he concluded that his patients' reports of sexual abuse were untrue. Their disclosures were simply fantasies based in their own incestuous wishes.

The legacy of Freud's exploration of 'hysteria' and his response to discovering the prevalence of incest has promoted beliefs about the inherent untrustworthiness of survivors' accounts of abuse. This belief is so deeply ingrained in the culture of psychotherapy that children who disclose sexual assaults are likely to meet with disbelief or to have their accounts dismissed as fantasies. The lack of recognition of sexual abuse in training courses for social workers, psychologists and counsellors is another example of this culture of disbelief.

In an effort to challenge this culture of disbelief, feminist writers from a social work perspective maintain a dual focus on the individual and society. Marie McNay (1992:

49), writing from a social work perspective draws both upon individual and systems analyses, to see the connections between the two, to guide her reflective practice:

> Although the main emphasis is feminist, I am also concerned to understand how feminism intersects with other analyses of inequality, particularly race and class perspectives. There is a need to interrogate theory and to see how various constructions of theory pattern our thinking. ... This leads to the development of a broader theoretical framework for understanding inequality and the use of power relations as a unifying concept to understand social relations (while not conflating the effects of different forms of oppression).... Thus, the framework brings together ostensibly disparate strands and offers a new means of forging a link between theory and practice.

Rossiter (2000) also writing from a social work perspective, suggests that postmodern feminism has undermined the knowledge bases of all professions, including social work. The crisis that has ensued she sees as productive of various openings. One outcome of the postmodern crisis of meaning she sees for social work is a return to a more explicitly political stance, based on social justice principles. A reformulated social work which acknowledges its position at the centre of society produces an imperative for social workers to attend to and document the narratives of those whose voices have been systematically marginalised within the predominant discourses. Sexual abuse counselling is also experiencing this crisis and responding to it in so far as the therapist enables survivors to regain their voice and their narratives. Within such a 'crisis' there is a potential for returning to principles of social justice in approaching sexual abuse and recovery too.

While Herman's reformulation of the therapeutic relationship enables us to explore context and relationship, social work perspectives within the current 'crisis' opens other possibilities. Social work sees healing beyond the individual, in the contexts of family and community. When the counsellor-participants in this research

conceptualised the relationship between the individual, family and community, the common reference point was a critique of psychodynamic perspectives, an appreciation of the work of Friere (1970), and their own experiences of healing from trauma or oppression. Friere's work brings a gender and class analysis that is valued and found missing in earlier training within psychodynamic approaches. Herman's idea of 'bearing witness' as a political as well as therapeutic act resonates with Friere's being 'in solidarity' with clients. Both conceptualisations are founded on a collegial relationship that is transformative of both parties. This relationship is also transformative of change in a social sense.

Mary and Jill, two of the counsellor-participants, looked beyond the individual client to the overarching nature of the environments in which they lived as a guide to their work with sexual abuse survivors. A systemic analysis of oppression was important to both Mary and Jill in understanding gender issues and the different ways in which men and women respond to abuse on the basis of gender socialisation. Both discussed using their critical appraisals of Freudian and psychodynamically based theories to position themselves more collegially in relation to their clients. The writings of Friere provided a theoretical backdrop to the individual approaches stressed in their training in psychotherapy. This was the primary understanding that Mary and Jill said guided their work. For Mary, an appreciation of the eclectic nature of her background coalesced around the time she was working as a marital therapist and undertaking personal therapy: 'I guess I would say that my background is quite eclectic. My original training overseas was family systems oriented. So I don't regard myself as working psychodynamically although, at times, I am influenced by that too. And I

certainly have been on the receiving end of therapy. I had a certain amount of therapy some years ago'.

Mary initially trained as a social worker in the late 1960s when she remarked that sexual abuse was 'still in the closet' metaphorically speaking. Interestingly, like Jill, her background was as a social worker with children in residential care. Mary later trained as a therapist overseas for a number of years. Mary, in common to many of the counsellor-participants, remarked that there was nothing specifically about sexual abuse in her training either as a residential social worker in the 1960s, or as a therapist in training overseas and in New Zealand in the 1970s. Within her personal psychotherapy, undertaken as part of her training, much to her surprise, her therapists repeatedly suggested that she had been sexually abused, but she had no recollection of any such event. Despite her protests, her therapists felt that her early traumatic material must have been repressed due to the extent or the developmental earliness of the trauma, hence her lack of memory. She continues to counter their formulations saying that she believes she has not been abused. These repeated accusations of abuse, she said she had found distressing and devaluing of her professionalism. She found solace in friends who did believe her story. This experience underlined the importance to her of helping clients to reclaim their 'expert' knowledges and for therapists to learn from these knowledges which may mean setting aside their own: 'A strong strand in my work there is seeing each person as having expertise in their own life and not giving that away to a therapist. It's not denying the expertise that therapists bring but it's working in partnership rather than one person counselling another'.

Jill expressed reservations about her early training to be a psychotherapist. She found her personal experiences in various experiential, psychodynamic therapy contexts did

not fit with her wider analysis of class, gender and oppression. Later, she trained as a social worker and, in being introduced to the writings of Friere, found an alternative model that better fitted with her personal philosophy, as a 'working class' woman. She elaborated her ideas into the concept of therapy as liberation from social/personal oppression. She recalled coming across such theories as 'a homecoming' after years of training in various psychoanalytic/psychodynamic approaches:

> When I went to do social work training, that was a real homecoming for me and just really reading Friere was the thing, and after that I always felt that I had this touchstone in a way. Because there wasn't really even any feminist counselling material out at that time, that wasn't quite psychodynamic. But I like that idea of Friere's, about being in solidarity with people, as they changed their perception of themselves, as they began to appreciate themselves in this way, and so I always just used that and I still revert to that. And I noticed in a book that's just been published by Friere's wife, after his death, about his thinking on getting on with the oppressed, which was the first book I read, and the first one he wrote, where he was saying that, in fact, that that was 'therapy'. What he was talking about was not just liberation theory, it was therapy. And I began to think about therapy as liberation and that was what we were doing really, and that a person needed to be liberated socially in terms of their personal safety but also that your mind has to be liberated as well. And so that's how I've always thought about it and still think about it.

Throughout their training, Mary and Jill described integrating structural and individual perspectives in their work. Both focus on their experiences as women and their experiences in personal therapy as informing how they work with their clients. Being a survivor or not may not be the central issue here. As Mary suggests, women are all, in a sense, survivors of dominance by patriarchal institutions and relationships. Both Jill and Mary find the 'expert' role as ill fitting their respective approaches with clients with whom they prefer to be in 'partnership' (Mary) or 'in solidarity' (Jill). Their respective visions of the world revolve around working with the wider systems, which influence women's lives. These ideas encompass notions of difference and diversity, whilst rooted in the shared experience of oppression as

women living in a patriarchal society. Sexual abuse is viewed as being one example of the many sources of oppression in society. The role of power in social relationships, including the therapeutic relationship becomes the primary focus of attention. Such an analysis is not only useful as a tool for personal transformation. It is also useful as the basis for a critical appraisal of one's own practice and the broader context in which therapy takes place.

The counsellor-participants said that personal therapy and a range of theoretical approaches assisted them to deal with their own and their vicarious experience of trauma. The experience of personal therapy countered the culture of disbelief about abuse and the veracity of survivor's accounts. Glenda, a psychotherapist who had experienced traumatic events in her country of origin, talked of needing to use personal therapy to 'keep her heart open' and to monitor her reactions to her clients in therapy. This included working with her own experiences of sexual abuse. A holistic approach including the 'mind, body and spirit' was, to her way of thinking, crucial to the success of her effectiveness with clients. This 'holistic' approach was beyond the definition of 'therapy' that Freud envisioned, as it involved notions of the spiritual dimension. Kevin, another counsellor-participant views this as 'a way of being' (Kevin). This 'way of being' was the means through which healing from sexual abuse was made possible to others. The reason for undertaking therapy went beyond the 'analytic purification' suggested by Freud, as it was related to becoming more in touch with feeling as a means of honing awareness. As Glenda explains:

> I have undertaken personal therapy since I started this job, because contrary to what I thought, as I trained more and worked deeper with clients, my heart has not closed, it has actually become more and more empathetic. There would have been lots of issues of transference and countertransference through the time that I need to work with. So I did a lot more work about my personal abuse over a number of years.

> ...I feel confident in my ability to make a difference in my world. I do, because I think that the method that I come from or my personal way of being in the world is body, mind, and spirit, being connected.

Mary discussed the importance of connectedness. It also fuelled her work in marital therapy. Helping to be with clients to enable them to access their own resources through her 'being there', was central to her optimism about her work. She saw narrative theory as offering another important frame of reference for therapists working in her field that defied dualistic ways of thinking. Mary liked the way that narrative enabled people to make meaning in their lives. Narrative therapy was a means of being where the client was and so it enabled therapists to join with clients on their own terms.

> What I am enjoying now about where some of the narrative writers and therapists have got to is the both/and rather than going into dualisms. That the importance of acknowledging and I need to define problems clearly as well as acknowledging pain and then offering hope as well. And that comes back full circle with clients into therapy which is really hearing and letting the client know that you are really hearing. But not just staying with that. I suppose, ages ago, I was quite influenced by a statement that I don't know who made it but I first heard it from a Christchurch therapist. It was something like: 'the core of counselling is something about not moving somebody on but encouraging the person to be where they are when they themselves are able to be there.'

Conclusion

The eclectic and holistic nature of theoretical approaches enabled the counsellor-participants to keep pace with the transformations they were experiencing in themselves and in relation to their work. Their critical appraisals of earlier training, experiences and personal and professional growth necessitated revisions to their conceptualisation of the therapeutic relationship. 'The New Trauma Therapy' conceptualised the therapeutic relationship in ways that were more compatible with these revisions. In the next chapter I go on to explore how narrative and narrative theories assist the counsellor-participants to stay empathetically open and available

to clients. I also suggest that being in tune with oneself both enables counsellors to stay connected with their own narratives, which include an awareness of vicarious traumatisation. On the basis of this awareness, counsellors have the internalised knowledge of the path returning from vicarious traumatisation. This is similar to the path that set them out on the road to become therapists in the first place, but it is now refined by practice wisdom and accumulated life experience. In short, the path leading back from vicarious traumatisation has become a familiar track, well worn and now well signposted.

CHAPTER FIVE

'NEWS OF DIFFERENCE': NARRATIVE THERAPY AND STRENGTHS-BASED APPROACHES TO VICARIOUS TRAUMATISATION

Introduction

'Integrative' and 'eclectic' are terms that are often applied when social workers use counselling in practice. In this chapter I focus on narrative, story telling, and strengths-based social work approaches that encompass ideals of social justice, as providing an integrative and eclectic framework for practice[1]. The counsellor-participants talked of story telling and narrative as providing a context in which to work with their own and their clients' experience of trauma. The counsellor-participants were the primary, first or only witnesses to the shards and fragments of traumatic memories brought to them by clients. To begin to understand these fragments of experience, they needed to look at the broader narrative to make sense of what they heard. In abuse-related work, the counsellor-participants were faced with daily 'bearing witness' to acts of injustice that, at times, stretched to the limit their capacity to keep listening and involved with what the client was saying. Traumatized clients report dissatisfaction in therapy when their sense of the relationship with their therapists fails to meet their emotional need for connection adequately (Dalenberg, 2000). These dissatisfactions are most often related to the accuracy of the therapist's reading of the client's emotional cues and the congruence of their response. The dissatisfied client sees the therapist failing to provide the 'safe' therapeutic environment, crucial to the healing process. Narrative is a means by which the counsellor-participants said they could keep engaged with the emotional content of

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[1] I had the benefit of reading the unpublished papers of my academic supervisor, Dr Patricia Laing which informed the content and structure of this chapter. The ideas contained within these papers coalesced my own thinking about the role of narrative and storytelling in ameliorating vicarious traumatisation

the material without the need to split themselves off from what the client was saying, as a means of protection from vicarious traumatisation. They were able to draw on the integrative function of narrative, their own and those of their clients, to remain emotionally connected.

Eclectic Theory and Practice Using Narrative Therapy and Related Approaches

Social workers and counsellors who work with sexual abuse survivors select from a range of theoretical approaches to inform their practice. Counselling as a social work activity is usually one among a range of roles. Where counselling is the primary activity, practice settings tend to be organised around specific therapeutic goals such as outpatient mental health centres, adoption support services, abortion clinics, or group and individual counselling practices. 'Integrative' and 'eclectic' are terms that are most often applied to the theoretical approaches social workers use. Practitioners synthesise diverse theoretical and practical approaches in a multiplicity of ways as Cosis-Brown suggests:

> "An eclectic approach to counselling is one in which the counsellor chooses the best or most appropriate ideas and techniques from a range of theories and models, in order to meet the needs of the client. Integration on the other hand, refers to somewhat more ambitious enterprise in which the counsellor brings together elements from different theories and models into a new theory or model". (Cosis Brown citing McLeod (1993), in Adams et al 1998: 145).

Practitioners in adopting such frameworks are bringing their work into a 'liminal space'. This is the gap between theory and practice that has been identified as both a source of dilemma and creativity for the beginning practitioner (Hare-Hindmarsh, 1992). It is also the story of how practitioners bridge the gap between theory and practice, or decide not to and either diversify into other employment and/ or leave social work (Harre-Hindmarsh, 1992). In order to create their own theoretical

frameworks within which to practise, the counsellor-participants identified an eclectic mix of approaches. They prepared a liminal space to work with their clients and in this space explored with a client what works. The result is some integration of approaches, some criticism and discarding of others. Sometimes this process happens at the level of frameworks for practice, sometimes fragments are used in a collage of approaches that becomes a different but relatively complete frame.

In order to locate themselves and their clients in a collaborative framework, the counsellor-participants drew on the work of narrative therapists such as Michael White and David Epston, strengths-based social work approaches, the writings of Paulo Friere, feminist theory and perspectives of therapy as social construction. Such approaches enabled therapists to forge and maintain emotionally congruent relationships with their clients. Central to these approaches is a belief in, and deep respect for, the essential strengths and capabilities of the individual and the networks in which they live (Saleeby, 1997; Kaplan and Girard, 1994). 'Therapy' is viewed as a collaborative undertaking in which both parties engage as equals in a two-way discussion or 'therapeutic conversation' (McNamee, and Gergan, 1992; Gilligan and Price, 1993; Parry and Doan, 1994). The counsellor-participants considered crucial a holistic view of human functioning that locates the individual story of abuse within the predominant discourses. Paradoxically, this early 'immersion' in traumatic material was discussed as a necessary stage to becoming a 'seasoned' ACC registered counsellor. This stage in the counsellor's career development was described by those looking back on early careers as 'a baptism by fire' (George, 1999). When successfully navigated, this saturation in sexual abuse disclosures provided the context in which counsellors developed the frameworks and 'ways of being' that were

conducive to continued practice in the field. Central to these 'ways of being' were the counsellor-participants own narratives of ordeals and adversity that they had lived through. Working successfully with trauma demands the development of a theoretical discourse that integrates a range of approaches that include narrative and storytelling.

Using Storytelling to Develop Integrated Theory and Practice

Storytelling as it is used in anthropology, narrative therapy and feminist family therapy provided the theoretical tools to enable the counsellor-participants to integrate their theory and practice. Theoretical perspectives developed to guide practice enabled counsellors to maintain perspective as they listened to tales of trauma and interacted with traumatised clients. The language the storytellers used, and the way stories were told related intimately to issues of power and control. Knowledge, expressed in narrative, directly and indirectly constituted power dynamics within interpersonal relationships, and within and between institutions. Analyses of the power residing in language and narrative have been the topic of inquiry for linguists and social analysts alike. Lakoff and Johnson (1980), for example, write of the cultural values attributed to words that express directional metaphors and the meaning of directional imagery to European middle class American society. In so doing, they lay bare the foundations on which we order the world and our interactions with one another.

Strengths-based approaches in social work theory, similarly, consider the language used in the personal narratives of clients' lives (Saleeby, 1997; Kaplan and Girard, 1994). Language within strengths-based social work theory is seen as constituting who we are and how we live. The role of a social worker, working within a strengths-based framework, is to peel away the pathologising tendencies that inhere in the

dominant discourses in which both worker and client are enmeshed, to access the client's narrative and to facilitate its location in the family and community. This process of returning to and re-connecting with lost and devalued personal narratives has been conceptualised as 'unlocking hidden treasures' (Brickner-Jenkins, in Saleeby, 1997). We are invited to see people including ourselves as 'victors' rather than 'victims' (Goldstein, 1997:21-36). The approach is one of discovering and then collaborating with the dreams, hopes and perceptions of the individual and through this interaction, to promote the talents and abilities people want to foster. This dialogue is prefaced on the belief in the inherent resourcefulness of people. Careful attention is paid to the wider narratives in which people are connected to understand the wider context in which individual or personal narratives have emerged. In this process, metaphors of survival become the building blocks used to heal from trauma. Saleeby (1997: 50-51) recounts how the telling and re-telling of personal stories of trauma and survival can be transformative:

> Cultural stories, narratives and myths, accounts of origins and migrations or trauma and survival may provide sources of meaning and inspiration in times of difficulty or confusion. Personal and familial parables of falls from grace and redemption, of failure and resurrection, of struggle and resilience may also provide the diction, the metaphors from which one may construct a more vibrant vision of the self and world.

In a parallel search for the means of 'unlocking hidden treasures' (Brickner-Jenkins, 1997)', anthropologists Renato Rosaldo and Lila Abu-Lughod return to narrative as a way of 'knowing' which is derived from their research participants more directly than their training initially permitted. Abu-Lughod and Rosaldo question the tradition of objectivist 'science' based in 'rational' explanation, as a way of accurately reflecting the experience of the indigenous peoples among whom they lived (Rosaldo, 1988; Abu-Lughod, 1993). Instead, both writers returned years after their original fieldwork

to re-write their ethnographic accounts in light of their growing discomfort related to their need to reflect the narratives of their participants, more accurately. Rosaldo explains the importance of narrative after personal experiences that he comes to recognise as a legitimate source of knowledge. He realises that by the telling of his own stories based in his experiences of grief at losing his wife and co-worker, he is better able to appreciate the emotional content behind the stories of his participants. He concludes, therefore, that:

> Stories shape action because they embody compelling motives, strong feelings, vague aspirations, clear intentions, or well-defined goals.... These narratives, once acted out, 'make' events and 'make' history. They contribute to the reality of their participants...Not only men and women of affairs but also ordinary people tell themselves stories about who they are, what they care about, and how they hope to realize their aspirations (Rosaldo, 1989:129-130).

Similarly Abu-Lughod decided to rewrite her ethnography of Bedouin women, as she was dissatisfied with her earlier attempt. At first she thought this was because her earlier writing about Bedouin women failed to encompass her feminist ideals. On reflection, she discovered that her criticisms of her earlier writing were more fundamental than this. In a similar way to Rosaldo, by using narrative, Abu-Lughod sought to both position herself more collaboratively in relation to her participants and to avoid the reductionist tendencies common to much social analysis. In the years following her initial ethnography, personal experience had deepened her reflections on fieldwork and the centrality of narrative that she felt was missing from her earlier work:

> I shared with many a sense of the limitations of the standard anthropological monograph, however, sensitive, or well written, and wondered if there could be a style of ethnographic writing that would better capture the qualities of "life as lived" in this community. A crucial aspect of this way of living was the way it was caught up in stories. The vividness and style with which women recounted stories of everyday life impressed me. The rhythms of their conversations, the voices dropping to a whisper then rising to dramatic pitches in enactments of

> reported speech, the expressions, the exaggerations, the detail – all lent intensity, even urgency, to the tellings' (Abu-Lughod, 1993:1-2).

In a similar way to Abu-Lughod, the counsellor-participants felt an 'urgency' to relate the narratives of individuals to the contexts in which they lived. They were immersed in the stories of clients, many of whom had been multiply abused within intergenerational cycles of violence and oppression. Bearing witness to stories of oppression across generations highlighted the political as firmly residing both in personal experience and the counsellor-participants role in the dominant discourses guiding peoples' lives. These dominant discourses included their own actions as therapists.

Elizabeth, who worked in private practice as an ACC Approved counsellor after many years working in senior/managerial roles within a community counselling agency, saw structural and systems approaches on their own, as less meaningful than those theoretical approaches that encompassed the person's 'narrative' within the broader social narrative. Over the years, she continued to discuss changes in her own analysis of structural inequality which were increasingly based in seeing greater connections between the personal and professional. This perspective lead her to think more about how she had become involved in therapy herself, which was, to begin with, as a volunteer wishing to help parents who felt at risk of harming their children in the 1970s. This was a time in which abuse and oppression was still not widely or openly talked about. The community programme she joined had grown out of a local radio-talk back show which was hosted by a local media personality. She had listened to the talk back and resonated with the experiences of those parents who telephoned to discuss their experiences of parenting. The physical disciplining of children, though

unacceptable to her, was seen by Elizabeth as a cry for help in the context of mothers of pre-schoolers being frustrated at home day after day without adult social contact. Isolated incidents of hitting out by parents was understandable to her in these terms rather than being pathological or an offence. Reflecting back on her own personal narrative, she recognised and acknowledged the role of her own parenting experiences as informing her decision to enter the helping professions by volunteering her services to the telephone counselling service established to assist parents. Initially she worked as a telephone counsellor, assisting parents who were predominantly mothers phoning from the suburbs, with young children. Like many of the young mothers she listened to over the telephone, she came face to face with the 'abuser' within herself, which, at first glance, frightened her. Making peace with 'the potential abuser within', she said, assisted her to work effectively with young mothers' stories of being isolated at home with preschoolers. The catchall diagnosis of the DSM IV's 'clinical depression' failed to encompass each individual woman's narrative. Later, Elizabeth was able to use this awareness, based in her own life experience and narrative as both a survivor and as a 'potential abuser', to assist her clients:

> While I might not want people to have known that at the time, the more I come to own my own potential to abuse, the more easy it became to acknowledge that there were times when other people absolutely intended to beat the shit out of whoever, or murder or rape, or financially screwing up. Whoever they did it with. So then I moved into my aggressively anti-male mode, all men were bastards, and while I've modified that quite a lot, I now don't automatically feel my hackles going up when any man opens his mouth. I still retain that clear analysis that they carry so much privilege that they are not aware of. The vast majority of them [men] have absolutely no idea that they even have it [power], let alone how to manage it. But I'm able to have more compassion for the fact that they don't notice it and so I just explore what I can do that might increase their awareness of it, especially their lack of awareness that is stuffing up their lives all the time.

> If I were to tell, well, I have told my life story heaps of times. My whole telling of my life story is based on choosing the language of the power of relationships and abuse of whatever sort features very strongly in the telling of my story and

> my children's story and sexual abuse is one of the threads of it. So it's what happens and the biggest thing about getting spoken of, is the huge empowering that comes out of that [the telling of the story]. That while the various abuses would have been better if they hadn't happened, but the fact that they did has meant that my whole management, my survival of my life has been to be able to figure out what I do about it all. Whether it's for me personally, for my children, for my clients, for my friends, for my colleagues. So my lenses that I use to look on the world are always abuse issues or power relationships.

Lita Foliaki, in a similar way to Elizabeth, writing from a Tongan perspective describes Pakeha perceptions of physical abuse within Pacific Island cultures as failing to appreciate the context in which physical discipline occurs between parent and child. The case study of a Pacific Island family she recounts in which the father 'beats' his daughter, is considered by Foliaki, paradoxically, as an expression of his love and care for his daughter, when she strays into a situation of potential risk. Through acknowledging the essential meaning of his actions within Pacific Island culture, she proposes an alternative way of dealing with his behaviour to safeguard the well being of his daughter. These contextual considerations, she notes, would be unlikely to have been attended to an interaction between a Pakeha social worker and this family. Whilst she implements monitoring to ensure that the incident does not re-occur, maintaining connection with the father of the family and having a systemic focus on the family and their culture of origin, guides her work (Foliaki,1994).

Another counsellor-participant who was a trained social worker prior to becoming a psychotherapist, responded to what she saw as the loss of the stories of 'ordinary persons', through the increasing bureaucratisation of government departments such as ACC and the reporting requirements required of her to meet agency objectives. Her response to these concerns was to write a piece of fiction for a stage performance that was an amalgamation of stories, her own and those of others, including her clients.

Her story was about a woman who reflected aloud on her life on stage and, in the process, discovered she had been affected by wider social changes than were daily occurring around her. The story reflected the philosophy of the teller and invited the audience to become involved in the social/political commentary underlying the narrative. The audience was encouraged to engage with her through seeing the humour in her story. They were then invited to draw their own conclusions about its meaning. As such, the stories belonged to the audience as much as to the storyteller.

Her storytelling became a model for how she related to clients which was explicitly one of being 'in solidarity' with them. In the following passage, she relates the interconnections created through her story telling:

> I think there's a lot of wisdom in the thoughts of ordinary people who don't sit around intellectualising everything and that sort of thing. And so, that's really what I started to think about when I was storytelling as a way of telling the stories of ordinary people, giving voice to ordinary peoples' stories. So it's also a way of telling the truth about things.
>
> This character, this perfectly ordinary New Zealand woman; and she's done all the right things, like she's grown up and she's gone to work and she's got engaged and she's got married and all those things. But in the show she keeps saying things like she worked in the Post Office Savings Bank, because "we used to have the Savings Banks then, but we don't now, do we?" So at the same time as she interacts with the audience, she's saying: "you know, we used to do this, nothing's like that now". And: "we used to think like this but we don't think like that now, do we?" So the audience starts saying: "no", "yes". And it's funny and it's light-hearted, but it's a political statement.

The counsellor-participants saw sexual abuse as originating in structural inequalities based on power that resided in gender, class, race and ethnicity. Theories that failed to recognise and explain trauma in terms of the wider social context were considered less useful. Michel Foucault, philosopher, discusses the ways in which ideas guiding professional practices are produced, and their relationship to power, control and 'care'

within the wider, institutional discourses. With this awareness, social workers have begun to redefine their role as re-constructing meaning to include those whose voices have been systematically marginalised. 'Expert' truth becomes one discourse among many. Foucault is important to the professions as he studies the minutiae of practices from which he assembles his frameworks through the process of genealogy. There are parallels to the processes by which social workers assemble case histories to Foucault's genealogy. Both trace the present circumstances to the past and from the assembly of a history, construct a framework for understanding the present (Epstein, 1999). Resistance and 'dividing practices' are other concepts drawn from Foucault that social workers have found useful (Chambon, 1999:67). The operation of 'normalising' practices such as the practice of medicine establishes a structure of relationships, such between the helpers and the helped. Within such a structure, the helped can resist the assistance provided, influence the relationship and the production of knowledge. However, Hartsock (1990), from a feminist perspective is critical of such universalising and doubts that Foucault's approach is conducive to the establishment of a framework for power for women. She suggests (1990:171) that the 'the point is to develop an account of the world which treats our perspectives not as subjugated of disruptive knowledges, but as primary and constitutive of a different world'.

White and Epston, family therapists, draw on Foucault, in a similar way to feminist theorists. White and Epston suggest that we can become enmeshed in 'dominant discourses' endorsed by powerful groups in society, that disrupt our sense of 'personal agency' (White, 1995; White, and Epston, 1990 and 1992). When such a disjuncture exists, individuals and families seek help which is often in the form of counselling

(White, 1995). The point of counselling is for White and Epston to listen for 'knowledges that are primary and constitutive of a different world' (Hartstock: 1990:171). Narrative therapy is defined by White as a process by which therapists:

> work collaboratively with people in identifying those ways of speaking about their lives that contribute to a sense of personal agency, and that contribute to the experience of being an authority on one's life. And we can assist people to draw distinctions around these ways of speaking and those other ways of speaking that contribute to experiences of marginalisation, that subtract from a sense of personal agency, and that undermine an appreciation of one's authoritativeness' (White, 1995:121-122).

The concept of 'externalising the problem' (White and Epston, 1990:30) shares much in common with postmodern thinking about language and the demise of 'taken-for granted' meaning. Meaning is derived from what has been termed "lived experience" and "experience near" (White, 1995 citing Geertz, 1975). The concept of 're-authoring' used by White (1995) derives from Barbara Myerhoff, who lived among elders in her local Jewish community in the process of undertaking ethnographic study. She relates the concept of 're-authoring' to the sense of disjuncture that Jewish elders experienced in migrating to and living in America, after enduring the horrors of the Holocaust. Myerhoff draws from the extended narratives of Jewish elders to describe the ways in which they tell and re-tell their personal biographies to encompass the experience of trauma, coming to a new life in America, and more latterly, the experience of growing old (Myerhoff, 1982 and 1992). Their accounts are overlaid with the traditions, stories, language and ritual from the 'old country'. In the telling and re-telling of their stories, she notes that a 're-membering' takes place for the teller. Friends and family, once lost in time and place, are re-united with their authors in the storytelling process. New life-enhancing possibilities are created in personal narrative. It is on this tradition of 'lived experience' and 'experience-near'

storytelling that much of the work of White and Epston's narrative therapy is based. White has conceptualised 're-membering' as a process in which to engage with therapists as well as clients. Its aim is to assist people in recovering lost knowledges, affirmations and wisdom from people in their extended families and local communities that have become lost, debased and/or marginalised by 'professional knowledges' (White, 1997). White and Epston discover that 'power that is negative in its effects contributes a theory of repression, while the notion of a power that is positive in its effects leads to a theory about its role in 'making up' people's' lives', (White and Epston, 1990:19).

David, one of the counsellor- participants discussed both his 're-authoring' of his own personal narrative and his work with clients to assist them to re-author theirs. He found narrative theory, grounded in the work of White and Epston, provided a means of using his own narrative about surviving traumatic experiences in the workplace, to help others encountering similar challenges. He used narrative as the primary means of developing the therapeutic relationships with clients. In his practice, David found the psychological theories in which he had been trained as a clinical psychologist to be 'further abusive' and 'counter-therapeutic' in their trawling for the minutiae of what had occurred. A sense of 'community' evolved from his involvement in 'reflecting teams' (McNamee and Gergan, 1992), among colleagues who were developing their practice around narrative ideas. They used their involvement in reflecting teams to critically appraise their work and to relate theory to practice. This involvement with narrative and 'reflecting teams' ameliorated his experience of vicarious traumatisation.

Associated with the notion of re-authoring is the concept of 'liminal space'. The concept of liminality is derived from the work of Barbara Myerhoff (1982) who, in turn, developed the concept from Turner to encompass a stage in a 'rite of passage'. The stories told by the Jewish women elders in the community studied by Myerhoff, she conceptualises, as existing in what she termed a 'liminal space'. This is a place of 'betwixt and between', encompassing notions of the feminine, which, paradoxically, can exist as if in a parallel universe, without fitting any known category. 'Liminal spaces' are seen as being conceptually transitional zones between the 'known and the unknown'. This is the conceptual space between arrival and departure, which is neither, but exists between the two. As such, 'liminal spaces', in which Myerhoff conceptualised that the Jewish elder women's experience exists, are places of promise and possibility, peril and danger. Women's experience, generally, is seen by Myerhoff as existing on the margin and periphery, not fitting the world of men and of mainstream patriarchal society, but rather, standing outside it, to be viewed in it's own terms. Being a Jewish female elder in North American middle class society, she reflects, further positions her women participants on the outer fringes of mainstream society. By validating their stories in the presence of the other Jewish women who attend the community centre, Myerhoff brings their experience 'back into being' in new and life-renewing ways. In so doing, Myerhoff uses narrative that transcends notions of power within the predominant discourse of middle class, white North American society.

Myerhoff's work illustrates how women exist in a patriarchal world and how therapy could also be considered a site of liminality. I have already suggested that the practitioners evolving theories for practice exist in such a space, as they are constantly

evolving their practice in cycles of action-reflection in ways suggested by Schon and Fook (Schon, 1987; Fook, 1996; Fook et al 2000; Napier and Fook 2001).

Finding a Voice in Different Contexts: The Parallel Processes of Counsellor and Client

Social workers who work in statutory roles frequently draw upon their counselling skills which are informed by their own personal experience. The extent to which they are able to use narrative is constrained to some extent by the official roles that are required of their position within the bureaucracy. I move now to discuss the senses in which social workers working in a variety of contexts use counselling, and some of the challenges of working within a narrative framework whilst employed in statutory roles and related contexts.

'The liminal spaces' in which feminist social workers site their practice encompass a range of activities beyond therapy and counselling. Their espoused frameworks aim to be transformative in a personal and social sense through the highlighting of contradictions that inhere in the broader social contexts in which people live (Pilalis, and Anderton, 1986; Hoffman, 1992: 7-24; Laird, 1995) . Social work has stressed the importance of self-reflexive models that bring the awareness of the practitioner to bare on how they are adding to the primary life narratives of their clients and what the narratives of practitioners are (Fook, 1996; Fook et al, 2000; Napier and Fook, 2001). These 'reflective' and 'reflexive' (Hoffman,1992) modes of practice challenge the hegemony of theories used in family therapy and therapy more generally. Therapy as a social construction introduces the idea that there are 'no incontrovertible social

truths, only stories about the work that we tell ourselves and others' (Hoffman, 1992:19).

Social work was centred in the stories we tell that existed before the theories of therapy as social construction were developed. The radical community work themes of the social work literature of the 1970s (Bailey and Brake,1975), though criticised for reflecting a male dominated view of the world, offered a critique of the predominant stories of social work at that time. Such literature paved the way for wider discussion about alternative models for practice, including those that sought to encompass 'ethnic sensitive' social work (Devore, and Schlesinger, 1981) and feminist social work (Dominelli and McLeod, 1989). Epstein (1999:11), reviewing historical trends in American social work suggests that social work has been 'instrumental in turning therapy into social policy'. This tension between social workers assisting clients to accommodate to the status quo and simultaneously to work to change it, for Epstein, is a source of 'dissonance' (Epstein, 1999:9) that is intrinsic to the profession. This 'dissonance' inheres in social work's commitment to both principles of social justice and to individual psychotherapy. Social work's dual focus on the individual and the social 'introduces complex issues concerning its worth, the justification for its practices and its social assignment' (Epstein,1990:11).

Using the Concepts of Liminality and Story telling to make a 'Journey to the End of the World'

A growing body of 'feminist' social work literature exists that emphasises the diverse experience of women social workers while at the same time underlining their commonalties and shared visions (Epstein, 1999; Featherstone, 2000; Laird, in Van Der Berg, 1995; Sands and Nuccio, 1992; Langan, and Day, 1992; White, 1995) Joan

Laird, a family therapist, writing from a social work perspective, for example, describes her work with a lesbian family and the dilemmas faced by the couple who do not fit models of the family, based around the power dynamics inherent in a heterosexual relationship. Highlighting the contradictions for this couple within the wider social context creates space for a re-negotiation of their roles and identities. Laird uses narrative as a way of bringing into consciousness the story of the couple together, and as individuals, to enable an expression of individual needs and the respective roles they had assumed in the family and in their families of origin. In a similar way, Sue Wise discusses her 'praxis' with a woman diagnosed as having a 'borderline personality disorder', caring for four children, as a solo parent accused of child abuse (Wise, 1985; Wise, 1990). She focuses on the social construction of 'motherhood' and locates her practice as a social worker existing within the norms established for childcare within a statutory setting. Wise criticises feminist social work for failing to document the care/control dilemmas inherent in statutory social work settings.

The Feminist Social Workers

Dominelli and Macleod (1989), describe social work practice as political activism. They advocate networking and lobbying at local and governmental levels to address the structural inequality they witness in black, working class women's narratives. Feminist social workers have argued that therapy has been traditionally the preserve of the middle classes and that, historically, social workers have had a broader brief than offering counselling (Dominelli, 1998:3-22; Langan, and Day, 1992). When clients present to social workers, the client grouping is traditionally from the working classes or those who have been multiply disenfranchised and marginalised due to their

experience falling outside the predominant discourses, often over generations (Day, 1992:15). Complicating the development of a feminist vision of social work is the tradition of social work theory development itself, which has been largely in the form of male dominated, patriarchal discourse. Langan and Day (1992) suggest that it is not only for the clients of social workers that an analysis of class, race and gender are pivotal, but also for women social workers themselves. The predominance of women as social workers positioned in the lower paid echelons of the organisational hierarchy has been documented (Carter, Everitt and Hudson, 1992; Fawcett et al, 2000; White, 1995; Orme, in Adams et al, 1998; Van Den Berg, 1998). Feminist theory within social work programmes have remained largely invisible, existing in 'liminal spaces' uninhabited by mainstream social work theory (Carter, Everitt and Hudson in Langan and Day, 1992). It is within such discursive spaces that social workers writing about issues affecting women have developed a voice based on the contradictions they see existing between their experience and the wider context of social work theory and practice. The predominance of women in social work has shaped the nature of the profession, yet this influence remains hidden. Epstein (1999:15) reflecting on North American women social workers efforts to secure women's rights notes: 'The standard history fails to deal with the engrossing question of how it came to be that women found a professional home in clinical social work while they were mainly unwelcome in psychiatry, psychology, sociology, and what the price of admission was'. What has been termed the 'transformational nature of feminist social work' (Orme,1998:225) is as applicable to women clients as it is to women social workers:

> [This perspective aims] "to recognise the contradictions and through a process of individualisation, accept that being a women (be that black woman or disabled woman, is part of the person-in environment perspective core to all social work practice which resonates with the feminist claim that the personal is political" (Orme, 1998 citing Collins, 1986). What is significant and has to be worked with is how individual women experience their situation. To tell a

> woman user she is oppressed is no more liberating than labelling her as depressed, unless there are ways of changing the situation.

More recently, social work literature has been developed to encompass theories on which there is a 'dual focus' (Dalrymple and Burke, 1995) on the individual's narrative and an analysis of structural issues such as gender, race and class, explaining how these are constitutive of power and control. These social work approaches have been variously named 'anti-oppressive/anti-discriminatory' (Dominelli and MacLeod, 1989; Dominelli, 1998; Langan, and Day, 1992;Dalrymple and Burke,1995); 'empowering' (Bray, and Preston-Shoot, 1995;Ward and Mullender,1995; Dalrymple, and Burke,1995); 'emancipatory' or 'critical-reflective' (Fook, 1996; Fook et al, 1999; Fook et al, 2000; Napier and Fook 2001; Payne, 1998); based in community work and ideals of 'citizenship' within varying cultural contexts (Ife, 1997; Foliaki, 1994) 'feminist' (Fawcett, Featherstone and Fook, 2000; Laird, 1998; Pilalis and Anderton, 1986; Sands and Nuccio, 1982; Orme,1998) and 'strengths-based' (Saleeby, 1997; Kaplan and Girard,1994). Like the strand of narrative therapy established by White and Epston, these theories are prefaced on a respect and acknowledgment of people's innate capacities and resources, including the networks that surround the individual. They encompass notions of power and oppression as being exemplified in and by personal and cultural narratives. They assume that no intervention, including therapy and social work, can be value free. The site of practice becomes a site of critical self-awareness to alert workers to their potential to becoming purveyors of their own 'dominant discourses' that could oppress their clients. This ability to reflect critically on one's own practice which begins cycles of action and reflection has been referred to as 'critical-reflective practice' (Fook, 1996; Fook et al,1999, 2000; Napier and Fook, 2001). There is a clear understanding about

the use and abuse of power within relationships on all levels, personal, family, community, within institutions and organizations, and the interconnections between these levels (Burke and Harrison, 1998; 229- 239). Dominelli synthesises empowering, feminist ideas and locates them within a framework of anti-oppressive practice in the following way:

> Transcending commonsense attitudes about 'difference' requires the exercise of an empathy which goes beyond placing oneself in another's shoes by daring to put these on and wear them for a while to develop a deep understanding of the other person's position whilst at the same time reflecting on the privileged nature of one's own... Challenging inequality and transforming social relations is an integral part of anti-oppressive practice. Knowing oneself better equips an individual for undertaking this task (Dominelli, 1998:10).

In daring to walk in 'another's shoes' and every contact the worker has with a client, the integrated approach of the counsellor-participant is tested.

Practice examples such as Foliaki's illustrate the theories of practice social workers develop from experience. Foliaki draws upon her identity and position within Tongan culture to guide her practice. This strongly mirrors the way in which the counsellor-participants developed theories of practice in working with sexually abused clients. This theme was particularly striking among those counsellor-participants who self identified in cultures other than Pakeha, who were interviewed. In their work, they described entering this state of liminality in order to inform their practice. Maxine, a consultant to the present study, and Linda one of the counsellor-participants, who self identify as 'Maori' discuss the dual focus on personal narrative and wider cultural and social issues to inform their work in the sexual abuse field. Linda looked at the process of colonisation of New Zealand by Pakeha settlers as being a parallel process to abuse and violence, echoing the works of other writers who document the links between colonisation and the loss of their people's stories. Colonisation, in this sense,

constitutes as a kind of 'rape' (Smith-Tuhiwai, 1999; Te Whaiti, et al,1997; Tamasese and Waldegrave, 1993). Deconstructing the processes and narratives underlying colonisation is one example of how deconstructing master discourses, such as 'history' reveals the lived experience of indigenous peoples that has been rendered invisible, over many centuries. The goal of therapy becomes one of helping people to access their stories which can then be returned to the families who created them. Linda developed her thinking about the connections between abuse and colonisation as a result of her involvement in feminism and, more recently, in coming to identify what 'being Maori' meant for her personally. She drew on this knowledge of her identity as a Maori woman to guide her practice with Maori clients who were simultaneously journeying through similar terrain:

> Like I said, originally I think I was coming very much from a feminist perspective. The cultural aspect for me has come alongside my own personal development in terms of being Maori because, when I first got involved in this work, I was, kind of, struggling in terms of my own identity. So it is really interesting, you know, in terms of what we were talking about before, the parallel process really. So for me as I have become, what would be the word, more whole, I suppose, in terms of being a Maori woman, I've developed a bigger picture understanding, too, of how this whole area of work relates to Maori in particular. Because, I mean, I work with Maori and I very rarely work with Non- Maori.
>
> ... The identity issue is really important. So if we just look at that it would be about people making contact with your whanau and exploring their whakapapa and finding out about where they come from and their particular iwi and to be able to go home, being able to know where their marae is and being involved in all of that kind of stuff. But also I think the spiritual, the being part of nature, building really good support networks. Finding support for whatever direction they are wanting to take in their life whether that be in terms of their education or career. Just that whole picture thing, really, all aspects of their lives is what is going to ultimately be the healing stuff.

Maxine, recounted her personal narrative, in which she was descended from a lineage of indigenous healers, dating from her grandmother, whom she describes as a 'Matakite'. Her grandmother developed her own ways of healing based on the stories

and traditions of her forebears. Maxine was expected, from childhood to follow in her mother and grandmother's footsteps. Knowing who you are within the wider context of whanau, hapu and iwi, and the community of healers of whom she was a member, was integral to her way of practising. Her practice was guided by what western psychology considers to be the spiritual dimension of human existence. For Maxine, her practice was derived from the place from which she drew sustenance to nurture herself and others. She said that poetry and receiving messages from loved ones now in spirit, were among the means by which she could access this part of herself to 'bring [herself] back to Maori'. 'Accessing the spiritual' was the 'therapy', rather than being a residual activity. Conceptualised in this way, 'therapy' was not conducted by the lone practitioner but was to be located within networks of other healers and supported by those now in spirit. This community of healers were then available to attend to the person's needs in a holistic way:

> Therapy in isolation never works. I have networks outside of myself, for example, doctors, spiritual healers, osteopaths, dieticians, groups, Maori healers, public health nurses. When I am dealing with a client I look at the whole picture of the person: right brain-left brain, education, health, support networks in families, sport, hobbies, parenting, patterns of behaviours and so on. ...Spirituality - you wouldn't survive without it; there would be nothing else to hold on to.... Poetry helps to bring me back to Maori. It is normal for me to pick up messages from beyond.

Linda and Maxine's words echo other therapists who self identify as Maori and work in the field of sexual abuse with Maori. Pania Te Whaiti and Gay Puketapu-Andrews develop a model of practice they call: 'Korero Awhina'. They describe 'Korero Awhina' as a way of being as much as a model of practice. It is grounded in the importance of their identity as Maori women. Their identity as Maori women is central to the healing process. Their notion of 'identity' is not the individual sense that is defined in Western psychology but is grounded in belonging to and living within

whakapapa and whanau. Narrative that includes tupuna, ancestors, living and deceased elders, brings together the past and present to be experienced in a continuous stream. As Gay Puketapu- Andrews explains:

> When a woman is raped her life force, her centre of creativity is violated. Te Whare Tangata is what identifies us as women. When violence is perpetrated on this aspect of our being, our identity as women is severely damaged. However, it is not only our own development that is inhibited but also that of our whanau. Healing from rape would be eased by having a strong sense of who we are as Maori and a knowledge of whanau that we could turn to for support.
>
> Knowing who you are has always been an integral aspect of life for Maori. This involves having knowledge of our whakapapa and includes not only knowing our recent ancestors but also linking back to our original tupuna and our turangawaewae, Whakapapa is what gives a Maori the right to identify as Maori. It is most commonly our whanau to whom we look for this (Puketapu-Andrews and Te Whaiti,1997 :72) .

Drawing from ways of knowing that emphasise the importance of spirituality and stories of survival and triumph against oppression, is a neglected area of both the vicarious traumatisation and social work literature. Paradoxically, unequal power relationships have become the focus of attention in social work theory as conservative and monetarist policies have reduced the amount of public spending on social work services (Ife, 1997; Dominelli, 1998). Both the social work and the vicarious traumatisation literature seem to have become enmeshed in the dominant discourses that problematise and pathologise. Social workers appear to have internalised their understandings of these discourses and integrated them into their ways of working and being. It is in light of the context in which social work is practised that Wise (1995) suggests that now it is preferable for feminist social workers to abandon the notion of 'feminist social work', in favour of more liberal feminist approach of providing non-discriminatory services based on informed theoretical knowledge that includes feminist theorising. Vivienne White, similarly, found that the social workers she interviewed about 'feminist social work', espoused feminist ideas but found it

difficult or impossible to translate these ideas into their everyday practice in statutory social work settings (White, 1995). Drawing from her experience as a social worker over the last twenty years, Wise concludes that 'the quest for liberation sits uneasily within the framework of state-provided services, and is instead the province of political activists' (Wise, op. cit:115). Having also worked in statutory settings for near twenty years, knowing of the constraints on my work in these contexts, I still have optimism in the power of storytelling and personal narratives to constitute the 'quest for liberation' on numerous levels. My views resonate with Milner and O'Byrne's (1998) ideas about 'bridging the gaps'. They acknowledge that there will always be gaps of understanding between social workers and their clients because of the differing social worlds in which each lives. One way of 'bridging the gaps' is to begin from the stories of triumph over adversity rather than locating practice with clients in deficit-ridden models:

> Social workers have been criticised for failing to acknowledge the strengths and coping strategies of minority groups. We suggest that one way in which this can be corrected is by respectfully asking the service users to share their story of struggle and survival in the face of the social structural inequity, by asking not only about their wounds, but also their capacity for self-nurturance, not only about their lack of a sense of entitlement and justice, but also about the strengths derived from their membership of their community group, and also any stresses that membership might sometimes cause. This work involves social workers sharing some similarities and differences in their experiences of both power and oppression' (Milner and O'Byrne,1998 :68).

Being aware of one's own narrative is a starting point within which social workers can centre their practice. Unlike Milner and O'Byrne (1998), I rarely think that it is appropriate to share personal narratives with clients because of the unnecessary burden this may impose on the client, given the inherent power disparity between worker and client. However, I believe that telling one's own narrative in other contexts, such as supervision or personal work and synthesising one's own narrative

into one's practice is pivotal. This provides the context and process within which to site one's own practice and is a resource for working with clients and with locating one's own experiences of vicarious traumatisation. The importance of reclaiming one's own personal narrative is akin to the re-writing of history from the perspective of colonised peoples. Indigenous peoples who have experienced colonisation have an awareness that 'to hold alternative histories is to hold alternative knowledges' (Tuhiwai-Smith, 1999:34). Conceptualised in this way, narrative is both a guide for action and a process for deconstructing the dominant discourses. Thus, Linda Tuhiwai-Smith (1999:34-35) writes from a Maori, feminist perspective:

> The pedagogical implication of this access to alternative knowledges is that they can form the basis of alternative ways of doing things. Transforming our colonised views of our own history (as written by the West), however, requires us to revisit, site by site, our history under Western eyes....Telling our stories from the past, giving testimony to the injustices of the past are all strategies which are commonly employed by indigenous peoples struggling for justice. On the international scene it is extremely rare and unusual when indigenous accounts are accepted and acknowledged as valid interpretations of what has taken place. And yet, the need to tell our stories remains the powerful imperative of a powerful form of resistance.

Coming Home to Oneself: The Parallel Processes of Counsellor and Client

The counsellor-participants interviewed practised narrative therapy as 'a powerful form of resistance' to more conventional psychological theories. The counsellor-participants such as Maxine and Linda saw 'therapy' following abuse as assisting clients to find and locate their identity as Maori within whakapapa, whanau, hapu and iwi - to locate themselves within stories of their living descendants and distant ancestors, now in spirit. These ways of working nurtured what Westerners call 'spirituality'. Counsellors also knew that to be effective in their work with clients, they needed to reflect on their own healing journeys. Where traumatic experience is involved, this knowing of the self is linked to "the making and unmaking" of "the

world of everyday life" (Good, 1994:124-134) For many counsellor-participants who were themselves survivors of some formative traumatic experience(s), their witnessing of their clients' trauma was imbued with a "making and unmaking" of their "world of everyday life" in a parallel way to their clients. Significance shifted and different things came to matter.

These journeys of self-discovery have been discussed by therapists who teach ritual and storytelling as a means of transmitting knowledge that they have developed in their own healing (Kearney, 1997). The two psychologists turned psychotherapists interviewed for Kearney's study, Lea Holford and Juliet Batten who are both registered for sexual abuse counselling with ACC, talk of using the forms of ritual, storytelling and women's spirituality in their work with women. They discuss how they draw on their own sense of giving back to other women what they have learned through their own struggles to reclaim their sense of self. Through experimentation with a variety of approaches, they evolve a sense of themselves that is beyond the boundaries of what is conventionally thought of as 'ego', but is rooted in everyday experience. As Lea Holford explains:

> For me, women's spirituality is about the fact that half the world of humans is left out and dishonoured; not just in the broader political sense but I suppose as a psychologist I see the pain of that in individual women, the tremendous waste of potential and resources and wisdom. Once I had experienced women's spirituality and seen what it had opened up for me it became a bit of a crusade. I felt everyone needed to be exposed to this: not that it's for everybody – but what a liberating experience it is to find your Divine Self in a female image'. (Holford, in Kearney, 1997:28)

The counsellors I interviewed celebrated archetypes/spiritual traditions, drawn from a variety of sources. Some started out in conventional church structures, but moved to be more intimately connected to nature and it's rhythms of decay and renewal and the

cyclic patterns of the seasons. Recurrent themes in these discussions were seeing oneself as part of a connected universe of diverse beings. A respect for ecology or what one counsellor-participant referred to as 'treading lightly on the soil', derived from such a vision. In such discussions, the nature of the self is to find expression in relation to a sense of communal otherness, beyond the confines of ego, time and place. This was described to me, variously, as 'a sense of being', 'of presence/oneness', 'transcendence'; 'of coming home to oneself'. The counsellor-participants described their growing awareness of their own membership in a common humanity. These discussions reminded me of the sense of culture or 'webs of significance of their own making' (Geertz, 1975) that were evident in my discussions with ACC therapists. They considered those around them, who did not work as sexual abuse therapists, did not have this experience, and so were not expected to understand. The counsellor-participants celebration of their rituals and storytelling was evident at conferences and professional association meetings; written extensively about in professional journals and web pages. Many of the counsellor-participants documented their experiences in journal entries, conference papers, regular columns and websites, too numerous and too self-identifying to mention. They had experienced what Myerhoff, in her interviewing of Jewish elders had discovered as 'a journey to the edge of the world of living' (Myerhoff, 1982:25). This journey, involving a search for meaning, common to survivors of any trauma, she adds, ' is the survivors return form that edge'. Likewise those who witness traumatic material through counselling embarked on a parallel journey back from the 'edge of the world'. Like the Jewish elders in their community, being witness to survivorhood, their own and others, had served to 'intensify their dedication to social justice; they not only sought evidence of morality in a shattered, disordered world, but also worked to establish it' (Myerhoff,

1982:25). Maintaining this sense of connection with likeminded others, created meaning based on a shared belief in social justice. Storytelling and celebrating a sense of their own spirituality was as central to the counsellors I talked with as they were, in a parallel way, to Myerhoff's elders in the Jewish community.

Conclusion

When social workers use an eclectic approach they leave themselves open to entering into a liminal space as they draw from and move between different theoretical frameworks. Once they are in a liminal space, they have the potential for becoming emotionally over burdened with their own and their clients' traumatic material and risk becoming vicariously traumatised in this process. Until they are able to evolve an integrated framework for practice that is congruent with their personal and on-the-job experiences, every therapeutic context and process is a potential threat to the internal consistency of their practice. Every time a counsellor-participant works with a client, the degree of integration of their approach to practice is tested. Narrative and story telling represents a fundamental process for the integration of theory and practice when working with sexually abused clients as it provides a context for and a method of integration. Storytelling enables clients who have been traumatised to heal through a parallel process of integration. This greater degree of integration links therapists and their clients to the broader contexts including family, community and spirituality. The need to give back to clients is a source of the therapists' own healing and resilience. In this sense, 'the journey back from the edge of the world', imparts a survivor hood to counsellors in a primary sense: they had weathered the perils and promises of survivorhood just as directly as their clients have, by evolving meaning.

CHAPTER SIX

'BACK FROM THE EDGE OF THE WORLD': RE-AUTHORING A STORY OF PRACTICE WITH STRESS AND TRAUMA

Introduction

Paradoxically, vicarious traumatisation is ameliorated when it is located within broader philosophical frameworks than those within which it was first conceptualised. Experience, both one's own and vicariously lived through listening to client accounts, needs to be located in perspectives that give meaning to it. This chapter explores, through my practice in a specific case of domestic violence, how I managed to evolve meaning to continue to cope with traumatic disclosures. This example from my practice connects theories based in concerns for social justice, therapy as a social construction, and narrative approaches. Involvement in 'meaning making' activities such as storytelling, narrative, membership in groups and associations, rituals and spirituality are discussed as primary ways in which to understand and integrate experience.

I decided to draw an example from my own practice as a social worker that was a defining moment in my emerging professional identity. This chapter is based on my memory of pieces of work as a social worker that was undertaken as an employee rather than for research purposes. In other words, this is a case constructed out of a number of cases rather than one case. It contains themes and story lines that relate to vicarious traumatisation and what ameliorates it. I also considered that it might demonstrate my own theory building and learning through my engaging in a critical-reflective process of a piece of my own work, in a way that is suggested in the

literature (Fook, 1996; Fook and Napier, 2001). Looking back, I realized I had developed a quality of relationship with Freda (not her real name) that went beyond my official role. Care in maintaining trust and respect meant that I needed to go beyond the confines of 'the clinic' and the medical model. This way of working enabled Freda to trust me with more of her personal narrative, as time went on. However, my colleagues saw the unconventionality of my style of working with Freda and the length of time over which we knew one another as constituting 'a problem'. I wished to 'externalise the problem' through the opportunity of retelling the story of my social work relationship to Freda, and in that re-telling, to re-author it.

Another reason why I chose to use detailed examples from my own practice was that discussing cases that are less than shining examples of one's work could be construed as reflecting negatively on the professionalism of the individual. I wished to avoid putting the counsellor-participants in the position of having an example of their work analysed in depth for this reason. Therefore, I use myself and 'a case' I worked on over a period of five years to illustrate the journey 'back from the edge of the world'. I was aware as I was recalling memories of working with Freda that any detailed case study might identify the people involved. Therefore I chose to focus on my practice in relation to one client who is a composite of many with whom I have worked, to avoid any breach of confidentiality. I have struggled to ensure that a minimum of detail is included to tell this account of my practice. This is also why I have referred to 'the Team' rather than any individual member of it. I was working with women including Freda, within a community mental health clinic at the time of this case scenario, (the 1980s to early 1990s). Working within mental health services differs from the context in which most ACC counselling is carried out, as mental health services are based in a

medically orientated, multi-disciplinary team context. Most ACC counsellors work in a private practice capacity, or work within small group practices of similarly qualified and experienced individuals. Many of the counsellor-participants had gravitated towards group practice situations in which they worked with colleagues who shared particular theoretical and practice interests. As members of the Focus Group commented (February 2001), many of the dilemmas discussed in my case study would not have been a feature of their experience of working privately or in small group practice with other counsellors. However, these differences based on the greater freedom of ACC counsellors to define the nature and content of their employment through self employment, was counterbalanced with illustrations of cases that involved their contact with other agencies, such as Health, Justice and Child Youth and Family agencies, that were similar to my experiences as a social worker within the health services.

My relationship with Freda illustrates the differing viewpoints and multiple, shifting realities that constitute accounts of practice. I prefer to refer to these accounts as 'stories' of practice because they reflect the social work author's reality of the events. Depending on one's viewpoint within such accounts of experience, the main plot and themes are likely to differ. My account of five years of working as a social worker with Freda in a mental health centre is in Geertz's terms a 'fiction' (Geertz, 1988). I am aware that Freda might have quite a different version of our years of contact.

My Account of Freda's Story

The local Women's Refuge referred Freda to the community mental health services. The refuge worker, who provided Freda with transport to the interview, said that she had not been sleeping or eating and the workers were worried about her state of mind

since her arrival there. The local Women's Refuge had provided emergency accommodation for Freda and her five children in the weeks immediately following a life-threatening assault by her husband.

After the initial interview, I wrote and presented a bio-psychosocial assessment for presentation to the multi-disciplinary Team. The purpose of the assessment and the case presentation was to formulate a plan of action. The Team agreed with my formulation that Freda seemed to be experiencing symptoms of clinical depression since the attack, and an appointment time was offered for her to see the consultant psychiatrist. The consultant psychiatrist confirmed the signs of depression I had noted in my assessment, prescribed medication, and then referred Freda back to me for 'social work intervention'. The expectation from the Team was that I help Freda with obtaining income support services and housing and to assist her to recover from the immediate crisis. The Team thought that, in time, Freda would benefit from relaxation training to assist with her general level of anxiety. The assessment and treatment plan was implemented and Freda responded in a way that led to her discharge from our service.

Over the time in which I had known Freda she had successfully navigated her way out of a life-threatening marriage to become financially independent by returning to work and parented her children into young adulthood and onto university study/careers. Over the five years in which I worked with Freda, she had joined several women's groups that provided an infrastructure of support/therapy and had been experimenting with going out socially and developing new friendships. The

'problem' that Freda posed to our services was the length of time she spent as a client of various branches of our service. In the mid 1980s, little was known about the effects of abuse and trauma. Freda did not fit the existing profiles of psychiatric services' client groups, who either had diagnosed long-term mental illnesses, and so justified longer term care or were those needing shorter term/ acute services who were referred to as 'the worried well'. Brief models of intervention did not fit Freda's needs. She had recovered from a depressive illness, and, therefore, was no longer expected to need contact with mental health services.

She periodically returned to our community-based mental health centre once she had achieved some stability. This relative calm in her life that she cultivated in the years following her engagement with our service enabled her to remember further traumatic events that she had endured. Freda began to look at these themes in her family of origin in a number of ways. She joined a longer-term women's psychotherapy group and a community-based women's group that I had established in conjunction with the co-ordinator of a local women's centre.

Reflections on Our First Meeting and Earlier Contact

Freda's survival became a source of wonderment to me, which I reflected to her. In the early months of our contact she discounted her capacity to survive against threats to her life, accounts of experience that were, at times, incredible to me. Eventually her desire was to take her driving test as a way of contributing to her growing independence.

Major Themes in the Narrative of my Practice

The metaphor of Freda wishing to be in the driver's seat of her own life, became an enduring symbol of her growing independence, with the result that she took her driver's licence and purchased her own car. From this time onwards, I used the metaphor of Freda being in the driver's seat of her life. Her success at passing her driver's test foreshadowed her release from a marriage in which she had a 'spoilt identity' (White, 1995) attributed to her. White (1995) uses the term 'spoilt identity' to refer to the limited definitions of ourselves which we come to live by, through a process of internalization of what others call us. By the term: 'spoilt identity', I refer to the tendency for Freda to make herself invisible as a means of coping with the domestic violence she had endured. Through the use of metaphor, collapsing time and circular questioning, techniques identified in the writings of narrative and solution-based therapies (De Shazer, 1985 and 1993; White and Epston, 1990; White, 1995; 1997; Parry and Doan, 1994; McNamee and Gergan, 1992; Gilligan, and Price, 1993) Freda created a vision of her future that differed from the images of her that were promoted by her interaction within her family of origin and with her own children. Our 're-authoring' involved inventing other versions of Freda and her story. Her car remained a potent symbol of her newfound sense of self that had been rendered invisible over twenty years of marriage. We drew upon the achievement of passing her driver's licence, to challenge the versions of her story that were based in lack and in deficit. In retrospect, the celebration and declaration of these new versions of her story, in line with White and Epston's work around performance and ritual in the presence of wider audiences, could have assisted in this 're-authoring'. The public display of her car to the Team, may have provided such a context in which her success was witnessed and celebrated by trusted others, albeit it by her professional

caseworkers. Ceremony, ritual and documentation might have strengthened Freda's re-authoring of her narrative, as she had the paper work to accompany her right to be in the driver's seat, via the attainment of her driver's licence. However, her personal narrative did not provide the scope at the time for acknowledging let alone celebrating such achievements.

Reflections on My Work with Freda

We looked at earlier events within Freda's family of origin as mirroring the events within her marriage. Freda was successful at changing her history by climbing back into the driver's seat of her life, despite invitations to remain firmly in the passenger's seat. My work with Freda involved listening to her stories, expressing wonderment at her endurance and persistence, working with her key desires and the metaphors they evoked. I did not have narrative therapy to guide me then, but I can recognize now that there were hints of future directions in my practice, illustrated in my work with Freda. The stories Freda told to me supplied the 'sparkling facts' and 'news of difference' (White and Epston 1990) that seemed to spur her into upward cycles of success begetting success (White, 1995; White, and Epston, 1990). Michael White and David Epston use the terms 'sparkling facts' and 'news of difference' in the sense of being examples of exceptions to the predominant narrative that bring people to therapy. These narratives are often enmeshed with problems that relegate the client to an identity that is related to, or synonymous with 'the problem'. To assist the person enmeshed in pathologising discourses to gain space from being the problem, White and Epston encourage their clients to contemplate and recall the instances that fall outside the predominant discourse. They sometimes personify the problem that is threatening to take hold and give the problem a personal name that separates the

person from the presenting problem (Epston et al, 1992). Drawing on Foucault's conceptualization of power as residing in 'discourses', they discuss people's lives as themselves constituting 'texts':

> The evolution of lives is akin to the process of re-authoring, the process of persons' entering into their own stories, taking them over and making them their own.
>
> Thus, in two senses, the text analogy introduces us to an intertextual world. In the first sense, it proposes that persons' lives are situated in texts within texts. In the second sense, every telling or retelling of a story, through its performance, is a new telling that encapsulates, and expands upon the previous telling' (White and Epston, 1990:13)

It was appropriate in my working with Freda to focus on the 'tellings and retellings' of her story as it brought into our awareness, the possibility of working from other versions of the predominant story with which Freda had become identified and enmeshed. However, when the predominant discourse is 'problem saturated' or limiting of the individual's identity to act in particular ways, 'externalizing the problem' by seeing the individual as enmeshed in pathologising discourse, can seem reductionist and simplistic in the case of domestic violence. When there are decades of working from the assumption and performance of a 'spoilt identity' (White, 1995), finding the 'unique outcomes' (White and Epston, 1990:15) within the existing narrative can be challenging for client and worker alike. To address these challenges White and Epston's writings have increasingly focused on the social origins of the power dynamics behind the pathologising tendencies within families and communities in which the individual lives and interacts (Hart, 1995; Chang and Philips 1993, in Gilligan and Price: 63-80). Their recent work intersects with the elaboration of 'Just Therapy' and the work of the Anglican Family Centre who have developed an analysis based in cultural and social justice paradigms. The power dynamics inherent in all social relationships including the discourses surrounding therapy is one of the

primary foci of working with people (Waldegrave, in McGoldrick1997:404-413; Tamasese and Waldegrave, 1993: 29-44).

At the first meeting I found Freda's presentation confusing. I found working with Freda overwhelming in the early months of our contact, due to the weight of unexpressed, conflicting and contradictory emotions of which I was aware. I related these feelings, mistakenly in retrospect, to the latest attempt on her life. I realized, as our work together progressed, that the extent of the traumatisation that she had endured was one of the probable reasons for her frozen, mask-like demeanor in the early months of our contact.

My relationship with Freda over the five years in which I had known her, inspired many feelings, including revulsion at the way she had been treated, the anxiety that surrounded her day-to-day life, righteous anger towards her perpetrators and guilt/relief that I had been spared such horrors. I experienced the terror that went unexpressed by Freda and, at times, felt fearful that I, too, was at risk of violence by virtue of being a woman living in relationships and institutions based on patriarchal power dynamics. These themes have since found expression in social work theories that espouse feminist, strengths-based, anti-oppressive and emancipatory ideals (Wise, 1995; Wise, 1990; Stanley and Wise, 1983; Dominelli and McLeod, 1989; Ife, 1997; Dominelli, 1998; Van Den Berg, 1998; Adams et al, 1998; Saleeby, 1997; Fook et al 1999; 2000 and 2001). Social justice is a theme in every facet of practice that influences everything the practitioner does. It is not a set of techniques outside of the practitioner, but is the narrative that bridges the personal history of the social worker with their professional experiences. As such, it is more a way of being in the world

rather than constituting a 'how to' directive. As discussed in the previous chapter, these perspectives represent a dual focus on the narrative of the individual client and worker and the societal narratives each is simultaneously experiencing. There can be no clear dividing line between the personal and the professional when practitioners assume such a philosophy. Vicarious traumatisation becomes more than a matter for individual practitioners to recognize and acknowledge. The wider communities in which we live and interact are, themselves immersed in narratives that are, potentially, vicariously traumatising. The challenge becomes one of developing ways of living simultaneously within multiple realities based on differing discourses that contradict and conflict. These individual, team and organisational narratives reflecting wider societal narratives, are illustrated in the case study of Freda, to which I now return.

Theoretical Underpinnings of My Work with Freda

My contact with Freda involved some practices that were unconventional, taking me to the Inland Revenue Department when an overpayment of her benefit was causing financial hardship and through negotiation, was finally 'written off' and, to the Family Court for a family meeting with her husband over the divorce settlement. These actions contrasted with the individual assessment and 'treatment' model that was routine practice within the Team. These activities, however, are consistent with what has more recently come to be known as 'strengths-based' (Saleeby, 1997) or 'emancipatory' (Fook, et al, 1999; Ife,1997) social work practice. Such practice provides a 'liminal space' (Myerhoff, (1983) in which the client can recall and use skills and personal resources, that have been obscured by the predominant narratives. Sometimes it seemed important that I was simply there as a physical presence, to

witness Freda experiment with her re-discovered abilities. Once Freda became familiar with her newfound talents, it became easier for Freda to access and use these abilities in her everyday life. I became the person who was the witness in the background until the process of integration of this knowledge of herself had been internalised. The importance of believing in Freda's talents and capabilities was the most foundational, guiding principle in my practice and continues to be so. From a strengths-based perspective, if I lose the ability to see 'buried treasure' (Brickner,1997) that my clients bring along with the defined 'problem', I doubt if I would have lasted one month in my contact with Freda. I would have been so vicariously traumatized that I would have left social work and returned to my earlier career in social policy, thinking I had had a lucky escape.

My experiences with Freda and other women, whom the team found complex, difficult and hard to reach, provided the impetus to find other options besides those offered within the confines of psychiatric services. In so doing, I became aware of the stigmatizing influence of being a client within an institutional/psychiatric setting. The problem was that I had engaged with a client who kept re-presenting which in itself constituted a 'problem' to the wider clinic. Such clients were often traumatized and so required longer-term care that was not at that point in time, recognized within the wider mental health service. I wanted to provide an alternative pathway for women who were in the process of healing from traumatic events, from a career as a 'psychiatric patient'. Due to Freda's numerous re-presentations at the outpatient clinic, the Team I worked with suggested to me that I present my work with Freda at our monthly problem case conference.

Pathologising Discourse in Mental Health: The 'Problem' Case Conference

The focus of the therapeutic endeavour within the multidisciplinary team of psychiatric services in which I worked, assumed many forms. The service offered individual psychological interventions, family therapy, nursing, psychiatric assessment and review; the provision of practical rehabilitation such as occupational therapy; the co-ordination of in patient/community/day programme facilities; and social work, which included reintegration into community life as the primary goal or outcome of contact, following hospitalization or treatment. The provision of practical services such as advocacy to obtain income maintenance and housing was central to the multi-disciplinary team's perceptions of the social workers' role within the mental health service. As a social worker within the services that were primarily responsible for diagnosing and 'treating' clients, I was aware that I was also working as part of a system that, at times, seemed to be preventing clients from healing, despite my well intentioned efforts to the contrary. My efforts primarily consisted of assessing and 'treating' clients. 'Treating' meant two to six sessions of individual or group sessions following initial assessment and the formulation of a treatment plan, by the team. This plan was a standard format detailing what related the presenting issue to the history and social circumstances of the client. The plan ended with a 'formulation' or summary that was what the worker had surmised to be the key issues to be addressed. A range of services were then suggested, often in combination, with the intention of addressing the needs identified. What the plan lacked was a clear statement of what the client wanted, the absence of which led to the team unintentionally excluding the client from the development of the plan.

Such well-meaning efforts often involved the consumers of our service becoming what we referred to as 'chronics', who came and left the service in a revolving door fashion. This group of longer-term clients was expected to spend varying amounts of time in contact within our services, so their presence did not constitute a 'problem' in the same way as Freda did. The clinic, or the context in which we worked defined, therefore, who or what was 'problematic'. Due to the challenges of such clients as Freda, the Team implemented a monthly 'problem' case conference which all psychiatric staff and social workers in the greater area could attend, to deal with cases that were defined by the team as 'difficult'. Much to my dismay, Freda had become known as a 'chronic' within psychiatric services. I felt blamed for failing to both reduce her re-presentations and demands on our service and for creating what the the Team implied was a dependence on me that could be thwarting her independence. Freda had refused to see any other staff member when she referred back to our service on a number of occasions. Over time, she did, however, work with many different staff in a variety of roles, but would only see them after first seeing me. I became the first 'port of call' when she referred. As such, I was the one who then introduced different staff and team recommendations for Freda's consideration.

Possible Explanations for Freda's Return

In retrospect, I could surmise the reasons for Freda's so called 'dependency' on me as her caseworker. From a client-centred perspective, my personal qualities, which could have been perceived by Freda as being consistency and trustworthiness, might have compensated for the disruption caused by trauma that she had experienced over many years. Freudian psychoanalysts might have concluded that I was a 'transitional object' while Freda reconstituted her life. The new trauma therapists might have thought my

approach in going at Freda's pace and dealing with practical skill building before memory work, might have been deemed useful to Freda. From a managerial viewpoint, I represented the whole of the multi-disciplinary team in my person, and therefore, the means of accessing a range of people and services and providing continuity of care. As Opie, (2000:15) suggests, as a representative of the multi-disciplinary team, I provided 'the actual and conceptual point of intersection at which the multiple fragmented representations of the client's body are reassembled'. Narrative therapists might surmise that Freda was able to access alternative narratives in our sessions and thus, re-author her personal story. As these new versions of her personal narrative became known to Freda and therefore accessible to her, I became the audience of one that witnessed Freda's performance of these alternative stories. My being witness to Freda's recounting and working from these alternative narratives, might have led to the recovery of her stories and an enhanced sense of 'personal agency' (White, and Epston, 1990:17). From a strengths based social work perspective, I could be seen as providing a space in which Freda was re-discovering her lost aspirations and dreams for the future. In this salvaging of her lost narratives, her own resilience could have been recovered, the knowledge of which could then be integrated into her day-to-day life.

The staff of psychiatric services had other ideas about what could be happening in my relationship with Freda and how to remedy these perceived deficits. To understand their perspectives, I found it necessary to explore the medical context in which we were working.

'The Clinic'

In the 'Birth of the Clinic' (1977) Foucault illustrates in reference to the historical times, the manner in which medical discourses are socially constructed. Medical discourses are imbued with power and are institutionalised as practices. How the doctor presents 'the case' based in relation to the patient and the organization of medical care is productive of this discourse. From the nineteenth century and beyond, Foucault saw the responsibility for the medical care of individuals as shifting from family and local community to formal institutions based on scientific or medical knowledge which were connected to government and political power. It was from these institutions that medical discourses were produced and the power of these institutions perpetuated in a symbiotic relationship. Psychiatric practices seamlessly combine paternalistic care and intimacy with control. Rossiter (2000), writing from a feminist social work perspective, suggests that the power/knowledge relationship that Foucault established is relevant to the practice of social work in postmodern times. In discussing the power/knowledge dyad, she refers to 'dividing practices' based on the application of scientific knowledges to classify and objectify as 'modes of exclusion' (Rossiter,2000:30-31). Rossiter sees Foucault's analysis of such practices as suggesting 'a loss of innocence' for social work. She writes: 'creating categories, administering correction, assessing, under the approval of science, social work is inescapably organised by, even as it organises modern power. However, its inheritance from modernism suggests the opposite - that the power to define is neutral, and its constitution of the Other is given by fact' (Rossiter, 2000: 31).

The 'problem case conference' in which I presented my work with Freda, is illustrative of the apparent paradox of which Rossiter writes. It was one of the primary

ways in which the discourse of the clinic was constituted, and patients diagnosed yet the objectifying function of the 'problem case conference' was subsumed under the mantle of science or psychiatry and the benign façade of patient care.

The 'problem' case conference was conducted in a room of the psychiatric in-patient ward of the hospital, set aside for electro-convulsive therapy. I presented my work with Freda to the Team sitting in the midst of the technology of the clinic. They sat amid an array of electrical equipment, curtained off hospital beds with metal sides, restraints such as straight jackets, pots of Vaseline, and electrical wiring. I introduced Freda by way of her initial presentation to me when I first met her, my immediate team's collective plan of action and then invited the other three professionals who had been involved to comment on their participation in her case. The conference was then opened up to the wider audience for questions, comments and feedback. The Team pondered aloud as to whether Freda's periodic re-presentations were related to my being over-identified with her due to the dramatic circumstances in which she had initially presented, and my early, apparent successful, efforts to engage with her. The Team surmised that there might be something in my style of working that might have created a difficulty in Freda's 'letting go' of our association. Secondly the Team wondered if the match of a younger Pakeha social worker was appropriate for working with a middle-aged woman. The age mis-match was proposed as part of the 'problem'.

The Team concluded that after so long a contact, I had become enmeshed in the family and had lost my therapeutic neutrality and effectiveness. It was felt that a change of key worker to another staff member would be the answer to the problem

that Freda's re-presentations posed. I felt a professional failure in the presence of my peers. When Freda wished to see me when she next re-presented, she was referred to another member of the Team for 'deeper' work than a social worker was thought able to offer. This 'deep work' consisted of a six-week programme of cognitive behavioural intervention. Freda returned soon after the cognitive behavioural programme had been completed. This intervention, from my understanding, might have offered Freda some short-term relief from engaging in unhelpful patterns of thinking and behaving in her present life, but would not deal with the trauma itself. After seeing me for an initial re-assessment of her needs, Freda joined a long-term psychotherapy group and a women's support group. This mix provided the continuity that she had needed earlier in our contact, but due to resourcing, our service could not offer her at that time. In the absence of that continuity of service provision, I now believe that I became the unspoken 'continuity'.

Reflections on Team Discourses

The attitudes of the multi-disciplinary Team were symptomatic of the lack of knowledge that was available about the pervasive effects of trauma, oppression and abuse, and the need for the worker to proceed in such a way as to avoid the re-traumatising of the client, at all costs. Though the rhetoric of teamwork was invoked as improving quality of client care, as Opie found in her study of teamwork from a postmodern perspective, that the reality is often quite different from the theory (Opie, 2000). The Team in which I worked was more of a 'multi-disciplinary team' rather than an 'interdisciplinary team' described by Opie, in that 'teamwork' was seen as bringing together the representatives of various professions to present their analyses of clients and their situation. Although input from the Team was initiated by the

process of presenting work and developing treatment plans, the focus was one where individuals requested permission to proceed with their formulated plan of action. The Team added to the plan under development through a process of negotiation with the key worker responsible for co-ordinating the care of the client whose situation was presented. The individual Team member became associated with the plan of action that was developed and with the outcome of that plan. The key worker, thus, became the author and implementer of the plan through the negotiation with the Team in case reviews. Our 'teamwork' failed to encompass the vision of 'effective teamwork' of which Opie writes. From a postmodern perspective, the concept of 'teamwork' is seen as (Opie, 2000:19): 'a knowledge-based activity emphasis[ing] how teamwork is constituted (in specific times and places and institutional settings) by fluid yet structured "thinking" and engagement with the range of discipline-specific knowledges available within any one team'.

As a Team, we did not engage in such discussions that recognized and acknowledged the ways in which we developed our accounts of clients and one another, based in our differing professional and personal knowledge. Teamwork was about interpersonal relationships within the Team and who played what role within it. Personalities and roles rather than the recognition of the production of differing professional discourses were our focus at that time (Opie, 2000). Constant team building was promoted as the answer to areas of difference within the Team. The rationale for team building exercises was that if we related well to one another, we would provide the requisite support to one another and our clients.

'Re-Authoring' Freda's and My Narratives: Re-Writing the Way Ahead

Freda and I were both became immersed in pathologising discourses (White, 1995). The Team minimized Freda's achievements and she found herself labelled as a 'patient' within psychiatric services. Increasingly I began to be aware and uncomfortable about the structure in which I worked, that seemed neither to appreciate the needs of traumatized clients such as Freda, nor the professional expertise that social work offered. What was a normal response to abnormal events in the case of domestic violence over many years became ensnared in psychiatric labels and discourse that added further injury to insult.

Part of the 'problem' was that, at the time of Freda's referral to psychiatric services in the 1980s, little was known about trauma and the long-term nature of recovery from sexual abuse and domestic violence. My training as a social worker had not encompassed dealing specifically with traumatised clients. However, based on my academic training and personal awareness, I knew that to connect, normalise and support Freda into new ways of being, was one of the pathways to healing from trauma. Ironically, our service's failure to appreciate the needs of women such as Freda seems to have been part of the reason why she and others regularly re-referred and became a 'problem' to our services. Unfortunately, Freda became labelled as 'depressed' which led on to a career in mental health services, lasting some years.

I reflected on the various discourses that had developed among my peers within the case conference. Through this kind of negative feedback, I began to doubt the skills and abilities I had developed as a social worker. I began to think I did not have a theoretical rationale for practice. Now, I recognise that the discourses I had been

involved in whilst working as a social worker in mental health had separated me from the theoretical basis of my practice, leaving me feeling dis-empowered and alienated from the theoretical grounding which had previously sustained and guided my work.

Not only was Freda typecast as a 'bad' or 'disobedient' client in child-like terms, but as the worker attached to her care, I was similarly stigmatised for creating and maintaining the 'problem'. The creation of pathologising discourses surrounding me created a professional millstone around my neck from which I felt I could not escape until I left the service in 1993. Such conditions were conducive to creating a climate in which vicarious traumatisation was very much a fact of my life and a daily reality. This experience inspired in me the need to find creative modes of liberation.

Vicarious Traumatisation: A Team Perspective

In further contemplating the case study, I wondered if the interaction described among the multi-disciplinary team reflected their collective and individual experiences of vicarious traumatisation. I considered the persistent search for additional services to 'fix' the problem that Freda represented. This was a discourse of vicarious traumatisation in two senses. The first of these sources of vicarious traumatisation is the wider organisational context in which the managerial 'time is money' ethos prevalent in the 1980s and beyond, contrasted with the altruistic discourses of the Team as an entity and as individual members. Both as individuals and as a Team, it was not possible to provide the continuation of resources to support Freda's healing in her own time. Rather goals, tasks and a desire to fix and discharge seemed to reflect the enmeshment and conflict among the team, individual and organisational discourses. Opie has conceptualised teams in similar situations and contexts as

constituting 'discourses of survival' and 'of failure', in the face of wider organisational narratives (Opie, 2000). Teams and individuals may take on other related discourses that are 'heroic' 'oppositional', or if based in feelings of powerlessness, may defer to discourses of defeat' (Opie, 2000). The existence of multiple discourses grounded in multiple perspectives provides points of reference for teams and individuals to make meaning from their diverse experiences on the job. Opie (2000) recommends attending to the discourses at the individual, team and organisational levels in order to move out of the impasses caused by enmeshment in the more negatively framed discourses.

With the benefit of hindsight and the luxury of knowing what I know now, I return to re-consider my practice in relation to Team discourses.

Re-Authoring My Practice

Drawing on Opie's conceptualization of the 'interdisciplinary team' there would have been a high value placed by the Team in which I worked, on a respect for difference (Opie, 2000). In this climate, the differences among the professional groupings would have been recognized and worked with rather than feared and avoided. The various roles that each professional group assumed would have been presented to enable a clearer idea about the day-to-day reality, working as a social worker, occupational therapist, psychologist and psychiatrist. The knowledge that this understanding might have generated, might have enabled a greater integration of roles or at least recognition of the strengths and talents of each occupation represented on the Team. Freda and her family would have been included in the Team with their stated expectations and goals in contact with the service. Their input would have been

actively sought in formulating an initial treatment plan and the options subsequently offered by the Team.

Re-Authoring The Team

In case discussions the Team would actively reflect on its own processes and discourses and reflect these knowledges back to the group to advance the knowledge available to each Team member in a spiraling fashion. For example, in the case conference in which I presented Freda to the team, the pattern of trying to 'fix' the problem of my continued involvement with Freda after she referred, might have been contemplated. This would have been a point of reference for analyzing the various discourses that were seemingly being perpetuated by the Team. We might then have individually and collectively pondered why we were thinking in terms of the 'quick fix' solutions for Freda. What were the reasons behind our collective impatience for her to get well or at least to leave our service? Why did we not listen to what Freda was herself telling us about her own healing process? In this way we could have stood back from the individual case of Freda to reflect on the reasons for the emergence our discourse of impatience and the 'quick-fix' mentality and what was perpetuating this theme in our discussions.

In retrospect, I could surmise that one possible reason for the Team's impatience with Freda and the need to problematise her stemmed from the wider discourses of the hospital system at that time. By the mid 1980s, we were increasingly under pressure as individuals and as a Team to collect statistics on client turnover, length of time of clients being in the system, and itemizing the use of our time on the job. The increasing managerialism that viewed public health as a commodity like any other in

the business world might have conflicted with the altruistic ideals of individuals and teams working within mental health. The previous emphasis on client satisfaction was increasingly supplanted by efficiency, defined in terms of client turnover. The vicarious traumatisation that might have coalesced around the agendas of the wider organization of which we were all a part to move clients swiftly through, produced 'discourses of failure', when our statistics were compared across other units within the hospital (Opie, 2000). 'Chronics' such as Freda, came and left our service in a revolving door fashion which was identified as problematic to the definition of an 'acute' service. Instead of remaining unspoken, these issues could have been collectively and openly discussed as informing our patterns of impatience with Freda. This would have changed our focus to what was happening within our agency rather than labelling the client with what was essentially our problem rather than hers. If I had been more confident as a social worker within the multi-disciplinary team, I could have reflected my own involvement in the discourse of failure that was not all my own making, although it felt like I was that discourse, at the time. Collectively, we could have discussed ways of responding to the gap between how we worked, both individually and as a Team alongside the wider organizational imperatives of economic retrenchment within the health services. We could have analysed the power differentials of the discourses we were espousing. The 'problem case conference' might then have been reformulated as narratives of individual survival and success despite various obstacles. Stories of client resilience and worker or Team creativity might have been discussed as engaging us in new discourses, some of which might have assumed a distinctly heroic appeal. We might then have been a Team that invested time in exploring the 'diffracted' model espoused by Opie in which it is engagement with difference and the effects of difference that leads on to cycles of

action and reflection (Opie, 2000). Working from this model might have enabled our teams and individuals to author a range of narratives within the wider organisation. Having the space to choose one's own narrative among multiple discourses would have been a powerful mediator to the vicarious traumatisation that I and no doubt others experienced individually and collectively within the team and wider organization at that time. The increased sense of personal agency among the workers would then have been more likely to have flow on effects to the quality of interaction with clients and co-workers, in an upward rather than downward spiral.

Conclusion

In journeys parallel to Freda, the Team's, and mine the counsellor-participants discovered ways of traversing the path 'back from the edge of the world'. They, too, had re-authored their own personal narratives in ways that encompassed the personal and professional growth they had experienced through their work with trauma survivors. The journey 'back from the edge', was apparent in defining moments within their practice. I go on to discuss these defining moments in the next chapter that explores the most difficult situations that counsellors identified from their practice. I conceptualise these defining moments as 'crises of intent'. The resolution of these crises suggests other ways back from the edge of the world.

CHAPTER SEVEN

THE BODY AS A SITE OF KNOWING: A CRISIS OF INTENT

Introduction

When clients choose a pathway to freedom from trauma different from the one that the counsellor had in mind, the counsellors need to revise and reformulate views of hope, despair and what freedom from suffering constitutes. This chapter focuses on the counsellor-participants' efforts to revise their initial visions of the outcome of therapy with clients who choose a different journey from the one they anticipated. I compare the existential dilemmas the counsellor-participants faced with those experienced by medical practitioners, when healing is no longer considered a realistic goal. For the counsellor-participants facing such situations, they discussed these crises of meaning as manifesting in their own bodies. Through the awareness of bodily feelings and physical sensations, they were able to discern a disruption in their relationship with the client. Here I focus on this sense of physical disjuncture as offering possibilities of making meaning for counsellors.

Existential Dilemmas: Counsellors and Medical Practitioners Compared

Healing processes and prescriptions represent a double-edged sword. The attainment and maintenance of health and well-being are goals that are socially defined and upheld. However, when returning to a state of health is not possible, a moral crisis ensues for the helping professional. Witnessing accounts from survivors of trauma has been conceptualised as a 'redemptive' process by those who do the witnessing (Good, 1994; Myerhoff, 1982). Good (1994) has conceptualised medical knowledge as having a 'salvational' function in Western society replacing religious

conceptualisations of salvation as being saved from sin, and the prospect of eternal life in the hereafter. 'Redemption', in the medical sense, has been equated with health, placing 'redemption' in the material realm of existence, as suffering in the world as we know it now, rather than in any anticipated realm following death (Good, 1994: 86-87). 'Witnessing', in terms of trauma therapy, similarly, has been identified as having a therapeutic or 'salvational' meaning as well as being of wider social and political value (Herman, 1992). 'Recovery' from trauma takes on a 'salvational' significance that evokes images of the restoration of life after traumatic events or, at the very least, the reduction of suffering. Redemption in the sense of healing from trauma, is a return to some kind of stability or to a satisfactory re-ordering of one's previous way of living, after traumatic events. ACC Counsellors as the helping professionals who routinely witness accounts of trauma, take on a role of healer in a similar way as members of the medical profession. In this sense, counsellors, like the medical profession, are involved in a moral as well as clinical enterprise. Thus, the following quotation from Good (1994:87) could as easily apply to counsellors whose work is grounded in the medical model deriving from psychiatry:

> The language of hope, given narrative shape in clinical discussions, around cancer or other life-threatening illnesses, takes on a transcendent quality. Caring, exemplified by our idealized vision of medicine, is at the centre of our moral discourse. Indeed medicine is the central site for the discussion of many of the most important value issues in contemporary society. Perhaps this soteriological quality of medicine explains our outrage when physicians fail to live up to these moral standards.

Counsellors who work with trauma survivors are similarly faced with existential dilemmas when their clients pursue goals that defy socially defined descriptions of health and wellbeing. The definition of 'health' the counsellors offered to clients was the prospect of a life freed, to some extent, from past trauma, looking forward to a

future with some degree of emotional well being and quality. Members of the Focus Group described this as an image of 'watching the client walk into the sunset', or 'into the radiant light', and other images of the divine shining through the client's pain and suffering. These images provided the counsellors with the necessary hope to continue working in the field of trauma. Sadly, these imagined happy endings to therapy did not always eventuate. However, the counsellor-participants discussed remembering with pleasure those clients, who had, to their knowledge, ended therapy with a sense of 'walking into the sunset'. It was from these cases that they drew inner strength to fuel their practice with other clients who chose different outcomes.

In a similar way, representatives of the medical profession offer symbols of 'hope' or 'health' through diagnosis and 'treatment', endeavouring to heal the physical body from illness, as their primary aim. When attempts to restore 'health' are unsuccessful, the intent to do what they were socialised to do, is challenged and a communal furore generated by the failure to restore the individual to a state of health, is likely (Good, 1994). In the case of traumatized clients who attempt to end their own life, opt out of therapy, or put themselves or others at further risk, counsellors are often made aware that their client does not share their vision of 'hope' or 'wellbeing'. Explanations that locate the client's current self-harming behaviour in the past, through such Freudian concepts such as the 'repetition compulsion', or the client's unconscious need to re-enact traumatic experiences, offered a useful point of reference for the counsellor-participants to explain ruptures in the therapeutic relationship, caused by clients choosing a different course of action to the one envisaged by counsellors (Herman, 1992, Briere, 1996; Dalenberg, 2000). The counsellor-participants said they found these explanations based in psychoanalytic theories somewhat helpful. They were

able to re-frame the present actions of clients in their clients' past personal biographies, rather than apportioning blame for what had transpired to either themselves or to the process of therapy. Ultimately, however, they considered that any explanation based in the demise of the therapeutic relationship from a traditional psychoanalytic perspective was limited to understanding 'what went wrong'. The sense of disjuncture left by such ructions in therapy left counsellors to seek answers, solutions and remedies from other sources to ameliorate their own loss of hope arising from such situations.

Towards an Understanding of The Body as a Site of Knowing

This sense of disjuncture mirrors Irigaray's 'crisis that spells the death of logo centric subject [that] opens the condition of possibility for the expression of female subjectivity' (Bradotti, 1990:43). I wished to focus on such crises as offering other possibilities of making meaning for counsellors. The counsellor-participants needed to develop a different theory of the body than the one that exists in conventional medical and psychoanalytic perspectives to provide them with a sufficient explanation of what this 'crisis' was about. These alternative theories of the body then became an asset to reframe their ways of working with clients.

To begin to explain the counsellor-participants accounts of such crises, I draw upon theories of 'embodied' experience exemplified by the those feminists who identify as 'essentialist' (Diprose 1994; Grosz, 1994; 1995; 1998; Jaggar and Bordo, 1989; Shildeck, 1997; Schor, and Weed, 1994; Pateman and Gross 1986; Price and Shildeck 1998); based on what has been called 'the new French feminisms' (Marks and De Coutivron, 1981) and exemplified in the writings of Irigaray (Irigaray, 1980 and 1993;

Bradotti, 1990; Cixious ,1981 and Kristeva,1981). These theorists value the idea of women's autonomy and difference based on the lived experience of the female body. Irigaray and feminists writing from an essentialist feminist perspective critique the ideas that are prefaced on notions of 'gender' as bodily sameness. They view the goal of women's attainment of equality within 'male-stream' systems, as failing to liberate women from the patriarchal discourses that render their experiences, and so their corporality, invisible. They develop discourses that suggest that women's ways of knowing, based on the lived experience of the female body, are important sources of wisdom. In so doing, they bring direct bodily experience within the realms of what counts as 'knowledge'. Those writing from an essentialist feminist perspective critique the binary oppositions that are established in working within the patriarchal order. As Bradotti (1990: 26) suggests:

> A feminism of equality, in working within the current patriarchal order, arguing for equality of women and men within that order, leaves the phallocentric duality of mind and body firmly in place. This happens because in working against arguments that the biology of women's bodies both justifies and explains the position of women in that order... a feminism of equality is always forced into the position of denying the importance of sexual difference (the body) in order to argue for mental equality (the mind). ...However, in gauging thus, women are actually being totally compliant with the phallocentric order of discourse, even as they struggle to resist it.

In the conceptual frameworks established by the essentialist feminists, the dualistic ways of conceiving the world as 'mind' or 'body', 'subject' and 'object' are abandoned in favour of an interdependence which is 'sense-bestowing' and 'form-giving' (Merleau-Ponty cited in Grosz, 1994:87). As Grosz (1994:86) demonstrates in reference to the works of Irigaray and Merleau-Ponty, the body is not an empty shell in which the mind directs all activity. Rather, Grosz (1994:86) suggests that the body itself is constitutive of meaning. Thus, as Grosz (1994:86) suggests: 'I am not able to stand back from my body and its experiences to reflect on them; this withdrawal is

unable to grasp my body-as-it-is-lived-by-me. I have access to knowledge of my body only by living it'.

The essentialist ideas about women's autonomy and bodies, in this way, provided a framework for giving voice to the counsellor-participants in new ways. I found the mediating nature of the awareness of the women counsellor-participants of their clients' and their own bodies, as providing new insights into vicarious traumatisation. What I have conceptualised as a 'liminal space' which exists between clients and counsellors in therapy, is very similar to the space of creativity alluded to by the essentialist feminists. Both agree that women and their experiences are relegated within male discourses to the fringes and margins. In the process, women are reduced to their own corporeality. Using Myerhoff's (1982) conceptualisation of 'liminal spaces' and the essentialist feminists perspectives as points of reference, I found that I could give the women counsellors their voice back, and in the process, I discovered that being embedded in the predominant scientific paradigm was what was vicariously traumatising to women counsellors working predominantly with women who had experienced abuse. This paradigm prescribed ways of working that were likely to re-traumatise clients and counsellors by denying them their subjectivity. The vicarious traumatisation framework, paradoxically, was also enmeshed in the same discourse. The predominant discourses the counsellor-participants were internally embedded in created a dissonance in the relationship between the medico-legal framework and their experience of working with clients. The counsellor-participants' experience of being out of relationship with clients was, thus, a triple experience. Simultaneously, they were out of relationship with the systems in which they worked, with their clients, and with themselves. This dissonance created a momentum for searching and re-authoring versions of their individual personal narratives. The evolution of a

revised personal narrative is then a resource for re-authoring personal narratives with clients and the systems in which both client and counsellor live and work.

The counsellor-participants' immersion in male-dominated thinking encountered in their original training, I discovered, was then perpetuated in the contexts in which sexual abuse work occurs (i.e. the medico-judicial-legal frameworks mentioned earlier). However, within these contexts, the counsellor-participants began to evolve an awareness of their own 'otherness', which provided the means by which to develop their own theoretical frameworks for understanding the fundamental issues underpinning their practice. They began to question the unerring judgement of the 'classical' theories in which their training had been based. I discovered that the discourses within counselling and psychotherapy were themselves fraught with contradictions for women therapists who were working predominantly with women who were survivors of abuse. I found it difficult to find the language to describe the experiences of women working with women who had been sexually abused when the predominant discourses in fields such as counselling and psychotherapy are so deeply rooted in male-stream thinking. The writings of Irigaray and essentialist feminists provided an alternative language that moved my thinking beyond binary oppositions that are so pervasive in male-stream thinking.

The mother-daughter relationship is central to the understanding of this relationship that exists in mutuality, as Irigaray's metaphor of the two lips touching (Irigaray, 1980). Gross (1986:143) has referred to Irigaray's work as 'parody' and 'mimicry' of the predominant discourses she deconstructs. However, as Gross is quick to point out, Irigaray's 'mimicry' is purposeful:

> To mime is to both remain within a system and to also to remain outside it. To mime is not merely a passive reproduction, but an active process of reinscribing and recontextualising the mimicked 'object'. It is to position oneself both within and outside the system duplicated to produce something quite other than and autonomous from it, using recognisable actions for new purposes (Gross, 1986:143).

The way that counsellors express their sense of self and worldview is an example of 'mimicry' in the sense Irigaray suggested.

In previous chapters I have suggested that Freud, in formulating the master discourse of psychoanalysis, brought the mind and body into a closer synthesis than had hitherto been envisioned. However, within Freudian thinking, women's bodies were formulated as 'a lack' or based in deficit. The Oedipus Complex, in which the male child comes to recognise the inferiority of his mother's body, is one point of departure for those writing from an essentialist feminist perspective. An interest in psychoanalysis based in the original writings of Freud and Lacan are common to the writings of the essentialist feminists. Freud's conceptualisation of the Oedipus Complex and the need for the boy child to separate from the maternal body, is seen by writers such as Irigaray and Kristeva as involving what Shildeck and Price (1998:6) have termed: 'masculinist fear and repulsion... which is a transhistorical [sic] response to the female body and most particularly to the maternal body, is then consistent with the male child's investment in establishing psychosomatic difference'.

A second and related point of departure for feminists in their readings of Freudian theory is the perceived lack of moral development in women arising from their imputed inferiority, contained within Freudian notions of women's bodily incompleteness in comparison to male bodies. Carol Gilligan, challenged Freudian

definitions of women lacking a developed potential for moral reasoning. She discovered in her interviews with women, 'an ethic of care' (Gilligan, 1982). Grosz and Shildeck reconstitute Freudian ideas of women based in 'lack' to notions of women's bodies as encompassing ideas of the lack of self containment, seepage and engulfment (Grosz,1994; Shildeck, 1997). The uniqueness of these qualities inhering in women's bodies is seen as being both a source of women's strength and, at the same time, a danger or threat to patriarchal discourses. For instance:

> Can it be that in the West, in our time, the female body has been constructive not only as a lack or absence but with more complexity, as a leaking, uncontrollable, seeping liquid; as formless flow; as viscosity, entrapping, secreting; as lacking not so much or simply the phallus but self-containment – not a cracked or porous vessel, like a leaking ship, but a formlessness that engulfs all form, a disorder that threatens all order? (Grosz, 1986: 203).

Irigaray (1980 and 1993) whose work has heavily informed recent writing on the concept of embodiment within feminist discourses, suggests a model of flows, energies and corporeal substances moving from one location to another using the placenta as an analogy for women's bodies as 'lived experience' (Irigaray, 1993). Her conceptualisation is based on the female body as it becomes inscribed with meaning. Gross (1986:125-143), comparing the works of Irigaray and Kristeva finds the point of departure between the two psychoanalysts and philosophers, in Irigaray's emphasis on the inscribed identity of "sexed subjects". Gross suggests (Gross 1986:132-133) that Kristeva draws from a vision of the feminine that relies on a de-gendered account of experience, following the work of male-stream discourses such as those drawn from Lacan, Freud and Derrida. By adhering to the key tenets of these discourses and writing within their confines, Gross argues that Kristeva's contribution is limited to accounts of the female that exist only in the destruction of female identity. As Gross (1986:133) concludes, 'the feminine is "liberated" by men's experimentation with

their male identity; yet the dissolution of female identity does not have the same strategic or subversive effect as the subversion of male identity...' According to Gross (1986), Kristeva fails to provide a context within which women can forge a space to create their identity on their own terms. Kristeva's women identify within the same structural discourses that discount women.

Irigaray (1980;1993) sees the feminine as embodied experience in a different way. Her concern is with an identity that is intimately related to women's morphology. She uses the discourses of Lacan, Derrida and Freud to subvert them by questioning their adequacy in relation to the specificity of women's bodies and their relationship to these discourses. In so doing, Irigaray deconstructs phallocentric discourses to create new theoretical spaces. Within these spaces she discusses women's bodies as being inscribed with the meaning of the predominant discourses. In the process of being made 'other' within these discourses, women are relegated to their corporeality. For women to regain their own voice, Irigaray proposes that men's bodies need to be brought back into the predominant discourses to establish a discursive space from which women can talk of themselves as 'sexed bodies' that have their own specific qualities. The morphology of the female body provides the metaphors from which new discourses based in these qualities are constitutive of new identities for women.

Language is a major concern of Irigaray and the French essentialists. They think that we need to find new ways of writing about women's experience in an attempt to free language from patriarchal thought, in which it has become enmeshed. To use language indiscriminately is unintentionally to confirm and promote patriarchal thinking (Irigaray, 1993; 1980). The two-way flow between the foetus in utero and

mother, epitomises, for Irigaray, the symbiotic flow between women's reality and their own lived experience of their bodies. Irigaray interviews Dr Helene Rouch, a scientist who has reformulated our understanding of the relationship between mother and child in utero. Dr Rouch describes the placenta as existing in a symbiotic rather than the parasitic relationship described in medical discourses (Irigaray, 1993:37-44). Irigaray, drawing from such reformulations, challenges the duality and sense of separation based in the predominant scientific discourses. She evolves discourses in which the mediating role of the placenta is 'belonging to neither one nor the other' (Ibid: 38). Irigaray's concern is with the body as transient, moving flows of energy that are continually inscribed and re-inscribed with meaning and experience. Her conceptualisation of women's bodies does not mirror the actual physical body but is, as Grosz (1994) suggests, a 'psychic body map'. The way that the body is constitutive of meaning, thus, results from the moment-by-moment interaction between the mind and the body.

Being 'Out of Relationship': A Bodily Experience

This model of women's lived reality of their bodies interacting in a mutually supportive, self-reflexive way, fitted with the counsellor-participants' experiences of being women counsellors working with women who had been sexually abused. Women participants were familiar with working simultaneously inside and outside the medico-legal systems in which they daily worked and interacted. It also informed my thinking about male counsellors working with women therapists who had been abused in what has traditionally been seen as a women-centred area of practice. They, too, encountered a dissonance and crisis from being made 'other' by virtue of their lived experience of being a male in female places. In another sense, some of the male

counsellors interviewed had also been made 'other' by their own experiences of trauma, which some cited as a rationale for their continued work with women survivors. Their own personal experiences of trauma seemed to relegate them to corporeality in a parallel way to the bodies of women who had daily experienced the disjuncture of living within male discourses. For male counsellor-participants, this identification with the feminine seemed to foster a connection with working in places where they, at times, said they felt 'out of place'.

The counsellor-participants described this sense of disjuncture as an awareness of being 'out of relationship' with their clients, in some way. Here, I found the reflections of Bradotti (1990) drawing on the works of Irigaray helpful in beginning to understand the 'crises' that counsellors discussed. Drawing from the work of Irigaray, Bradotti discusses the dissonance that women face as constituting the first step in a 'crisis' that begins a process of awareness of 'a woman defined feminine' (Bradotti, 1990:44). The 'crisis' of 'being out of relationship' with clients mirrors the dissonance that Irigaray talks of in coming to the point of consciousness of the separation between one's lived experience of being a woman within patriarchal discourses which renders the corporeality of women, non–existent (Irigaray, 1993; 1980). The existence of 'crisis', itself, exemplifies the dissonance of being a women enmeshed in discourses which render women invisible and 'other'. As Bradotti suggests, acknowledging the 'crisis' is an important first step to evolving new ways of being in the world. She continues (1990:45):

> The emphasis that Lacanian psychoanalysis places on the Name-of-the-Father and the primacy of the Phallus is such that the mother-daughter couple is simply left aside, foreclosed. Irigaray reads this couple in terms of a woman-to-woman relationship which the phallocentric power separates and denies; recognising the bond of women is the first step towards the elaboration of another symbolic system, one in which the patterns of separation would be mediated differently.

Alongside the most difficult situation encountered in the course of therapy, I asked the counsellor-participants more generally, 'What things are hard to hear'? This question elicited more detail on the content of the traumatic material disclosed by the client that was disturbing to the counsellor. Asking about the themes that the counsellor-participants found difficult to hear was a counterbalance to what Irigaray has referred to as the privileging of vision in patriarchal discourse (Irigaray, 1980; 1993).

Often the material was 'hard to hear' because the traumatic events fell outside the usual range of human experience. To engage empathetically with the client, the counsellor-participants said they often needed to struggle with a sense of initial shock and disbelief. The world became a more complicated place when abuse disclosures were witnessed, the ramifications of which were so diverse and wide-ranging, they stretched counsellors' perceptions and imaginations to the limit. Beth, a participant in the current study, discussed witnessing abuse and trauma through client discourses in therapy as engendering in her being, a sense of 'unbelievability'. One way of approaching Beth's comments was to inquire in more detail as to what was 'unbelievable'. Here I found the writings of the essentialist feminists insightful. The connection between pain as inscribed on the body through abuse is described as bringing to awareness our own physical mortality and loss of voice (Bakere-Yusuf, 1998:309-323). Beth felt overwhelmed following therapy sessions. She offers an account of the after-effects of arduous therapy sessions:

> Sometimes I will be sitting working in this very room and listening to disclosures of awful stuff and (pointing to the kitchen area), out there for a cup of tea and I don't have the feeling of being in contact with something evil but I do have a feeling of almost like awe or disbelief that my mind is stretched about the human capacity for harm, and about the unbelievability of the awful things that people will do to people. It's not exactly about evil, it's about the enormity

> of the possibilities of behaviour and I'll be standing there at the bench getting a cup of tea and feel as though the world is more intricate or more filled with unbelievable things than I ever knew. It's more of a disbelief thing, of having my mind stretched and I won't be listening to any other conversation in the room. I'll be completely in another place. It's about having gone on an unbelievable journey, so it's kind of a feeling of having to get my head around something more than I would have dreamed possible, and the enormity of it that I feel, I hope. But it's not exactly evil. But it's a power, or force of evil that's getting at me, it's about just having my mind stretched with human calamity and all that stuff.

'All that stuff', may include Beth's awareness that the inability to verbalise the presence of pain by the person in pain initiates a splitting between language and the body. This splitting, Bibi Bakare-Yusuf, (1998: 315-316 citing Scarry 1985:47), suggests is:

> a splitting between the speaking subject (voice) and the corporeal subject (body).This separation between the tortured (the powerless) and the torturer (the powerful) means that the torturers are able to circumvent material representation, and are represented and describable through the making present of their voice while corporeality is displaced onto the person in pain. Thus, the person in pain becomes mere flesh and can only experience her own body as the agent of her own agony.

Most often the counsellor-participants' responses to 'hard to hear' material was connected to memory traces and residues of abuse inscribed on the bodies of their clients. These memory traces, often unspoken verbally, were communicated in affect. Through the counsellor-participants' empathetic engagement, they discerned the emotional content of these memory traces which then became related to the counsellor's own responses, which was most often recalled within the body of the counsellor. In the process of reflecting on the content of traumatic disclosures that formed a background to the therapeutic engagement, the counsellor-participants described an array of different emotions, visual and tactile images, flashbacks and cognitive intrusions. These responses, in turn, often triggered behavioural-physiological reactions. Many counsellors talked of using an awareness of their own

bodies as a guide to discerning what was happening in therapy. They drew from a theoretical background of bodywork, various forms of meditation and Hakomi to interpret and understand this physically. Hakomi, a branch of psychotherapy informed by eastern philosophy, psychology and mindfulness meditation, brings the mind and body together in a more direct alignment than envisaged in Freudian psychotherapy. The counsellor participants considered these approaches, prefaced on direct bodily awareness, as useful techniques, as there were often not the words to describe the experience of trauma. In the face of an inadequacy of language to express the human experience of trauma, the body of the counsellor constituted a frame of knowing as a basis for interpreting what was occurring in therapy. Ways of working based on various body therapies, positioned the counsellor-participants in close proximity to the client and the client's material and so assisted in their 'being in relationship with' clients. It was referred to as 'a way of being' rather than as a technique. These modes of working with traumatised clients were helpful in making effective connections with clients in a way that feminist theorists have discussed as being encompassed in the idea of feminist 'embodiment '(Dalymia and Alcoff, 1994; Scott, 1993; Code, 1991).

In this way Schott (1993) explores the rites of passage in the female life cycle-menstruation, pregnancy, birthing and menopause. These provide ways of knowing that challenge radical feminist claims that to critique patriarchal rationality, knowing is based on 'transcendence of the temporal, embodied world' (Schott, 1993:172). Similarly, Dalmyia and Alcoff (1993) suggest the knowledge of midwives exemplify ways of knowing based around the midwife's own bodily experiences to guide women through the processes surrounding pregnancy and birthing. In a similar way, counsellors' ways of knowing were grounded in the experience of their own healing

from personal issues and traumas. This knowledge, underpinned by the experience of their own healing journey, was then available for working with clients who were on a parallel journey of self-discovery to the counsellor.

Glenda, one of the participants, espoused Hakomi and bodywork theories derived from her background in Buddhist psychology and meditation. She focused on her awareness of her body as a guide to her practice with traumatised clients. She recounted the strongest reaction she had experienced in relation to a client as manifesting as an awareness within her physical body. Recalling the session during our interview, she remembered it as a case that evoked acute nausea and vomiting:

> It was about a little girl that had been raped by her father since the age of four until the age of seven. And then a multiple rape by thirteen teenagers and she couldn't walk because of it (breathing becomes audible followed by a deep sigh). And I felt so ill afterwards I actually puked, I mean, just looking at her. Without a doubt, that was the strongest.
>
> If I think about her, like right now my stomach will hurt and I will have that same feeling – not as intense but just so sad for her, how incredibly hard her life will be.

Audrey, another participant who had spent time on extended, silent, vipassana meditation retreats used her breathing to explain the dynamics of therapy. The shallowness of her breathing, she told her students, was reflective of the therapist responding to the surface detail rather than listening for the broader/underlying themes of what was occurring within the therapy. Audrey cited an example of the importance of self-awareness of the body to her work. When she returned from a silent retreat she heard that a client's partner had committed suicide. At news of his death, she described 'shutting down' in shock. After being so open to her own emotions and experience of mind and body on the retreat, she realised she had to 'shut down' in an attempt to protect herself from becoming overwhelmed and dissociated.

Usually, she said she was aware of stiffness in her neck as a sign that she was stressed, but in this instance, she just recalled 'closing down, completely'.

Sophia, another of the counsellor-participants noticed her responses to her clients' unspoken trauma manifesting in various bodily sensations that puzzled her. At first she turned to medicine for answers to what she was experiencing:

> I know that one day I was feeling particularly tired and I had come out of a pretty heavy session and one of the other counsellors was wanting to debrief and she told the story of a Somalian woman. And I just had to sit down, actually, like I was unprepared. I was already tired I had already done my work. It just hit me in the chest. There have been times when I had felt as if I had some kind of heart problem. Particularly when I was on the top storey of the building, in my early practice. And I would sometimes feel that the floor was shaking under me, and I actually went as far as having my heart checked up and it was fine. I began to notice that when there was a really strong emotional content that wasn't being expressed like if someone wasn't saying something really big, I would feel it in my body and it would make me feel dizzy or faint or my heart speed up or whatever. I learned how to work with that as soon as I figured out what was going on then I'd know what kind of questions to ask to elicit whatever was coming up. But it definitely has a physical effect on the body.

The situations that the counsellor-participants found difficult included being in a role of producing evidence or assessment of some kind for the authorities. The focus of the contact was not, primarily, for the client's healing but to satisfy the requirements of the agency or workplace where they were employed. Sometimes this role involved interacting with known perpetrators of sexual offences. The conflicting expectations of the employing agency, of the counsellor and the outcome of their intervention, complicated the therapeutic process. Sally, a counsellor-participant in the present study recounted difficulty in working with a young female perpetrator of abuse on a younger woman. The difficulty she identified appeared to have been compounded by her employment as a female counsellor working in a male dominated system:

> When I was at the prison I heard some horrendous stories and one has stuck in my mind and what was interesting - this one was an abuser - a young woman was an abuser herself. And the abuse that she and her friends did to a young girl was horrendous and I found it quite difficult. One to like the girl and I say girl because she was only sixteen when she came to prison, and two, to accept her crime. And she had a hive of problems. The sexual abuse she did to this other young girl when she was only fourteen, came out of her own background. That was a difficult one and, in fact, I didn't work with her for very long. There were two reasons: the number one reason, was in the prison system sometimes they have this belief that a psychologist would be much better dealing with people than a counsellor, and especially a male psychologist - much better (laugh). And so I knew in the pecking order where I was. That was fine. That was the main reason I didn't work with her.

Issues that brought therapy to an impasse included the client's characteristics or personality, or the process of the therapeutic relationship itself. People who have experienced abuse respond in a multiplicity of ways including perpetuating the cycle of violence. Whilst therapists had an understanding of this cycle through the theoretical frameworks they espoused, some client presentations were challenging. For example, where historical sexual abuse was disclosed within an established therapeutic alliance and the client wished to communicate with her counsellor in writing about her abuse experiences, this posed difficulties from the counsellor's viewpoint. Beth wanted the opportunity to be in relationship with the client in a way she thought meaningful, which was to hear her client's voice. Being 'voiceless' has been likened to a kind of psychic death of the victim, which demonstrates the power of the perpetrator and the relegation of the victim to corporeality (Bakare-Yusuf, 1998: 309-323). In the following passage, Beth expresses her anger at her realisation that her client had been rendered voiceless by her experience of sexual abuse. Her client's perpetrator was her father when she was a very young child:

> I've often had strong reactions... One was a father with a very young child.

> ...And no escape, and the sexual abuse things that he did to her from very young right through her whole life and I had a strong reaction to hearing her disclose what happened, a very strong reaction. It came after working for it for years, but it came in writing. She couldn't verbalise it in words yet. We both knew there was a lot there to be elicited but she was very, very, very dissociated and a lot of her therapy has been done in writing and there's a part of her that is able to write it very eloquently, with enormous impact.
>
> Mmm. Yes. Very powerful material, that was huge for me to hear and read and take in about [gazing into space, nodding in agreement] ... exactly. So that was an example of the work where I needed to use lots of supervision to deal with that. And other ones like that over the years, too, I suppose.

Some of what was 'hard to hear', involved the content of the abuse disclosure. For example, incest was the most commonly cited example of disturbing material encountered in therapy. When children or vulnerable individuals were subjected to sexual activities by trusted authority figures, the counsellor-participants found these narratives 'hard to hear'. For Sally, her client had committed suicide following release from prison and re-integration back to her family of origin where she was abused again:

> The fact that somebody whom the child trusts the most, particularly when it is a father, it just seems so amazing. And I think again of a prison case when I worked with this person and the father had abused her more than once and she really had made tremendous progress but she went out on her final, she was released, no sorry, she went out the weekend before she was released, and she was, once again, abused by her father. And when she was released and the day after she was released, she hanged herself because she obviously couldn't see her way out. She was about twenty-six by this stage, but it [the incest] happened yet again.
>
> So that was a tragedy. My reaction at the time and even now, I think it changed my belief about suicide because, very dramatically, because I said at the time and I said now: 'Tina made the very best choice in her life', and I believe suicide can be a really good choice. So I don't have a horror of suicide. I don't believe it is a good choice for most people but sometimes it can be a good choice and for her I think it was a good choice.

Rose also discussed coming to terms with the death by suicide of a client who had also returned to her family of origin:

> The most stressful event was when the client completed the counselling and then a couple of weeks later she committed suicide after travelling to live with a relation. Working through that and examining absolutely every aspect of my work and my being and then knowing that there wasn't anything that I could have changed although what I did notice in my work from then on, I was far more stringent in that question about people coming to me, whether they had the desire to live or die and challenging, confronting, that which has really worked for me and for the clients, yeah.
>
> I tend to be far more up front if I suspect any ideas or thoughts of suicide and I will name it and talk through it and challenge, yeah. And several times people have said that that really worked for them, that they got a bit of a shock. I hadn't experienced that before, and so that tells me that it works.
>
> It put my life and therapy in perspective. I lost more of my idealism of thinking that I could change the world and at the same time I still value therapy. (Gap of silence). That's about it.
>
> [Pause in interview to enable reflection, then interview re-starts at participant's request]. I'm just thinking of that occasion with that just not having the answers, as I'm thinking of many more people who I have worked with who seemingly had far more worse experiences of terrible gross abuse and came through amazingly. And that the wonder of the resilience of some people and not being able to make sense and letting go of having to make sense of it. I think that is the big learning. Of accepting. There's a lot of humble learning in that.

With time, Rose decided that she did not have 'all the answers' and came to an acceptance of her client's decision whilst reflecting on the resilience of other clients who had decided to continue living.

Working with women who continued to live in relationships in which they were still being abused was identified as 'difficult'. Linda described the case of a woman client whom she discovered was living with a convicted rapist. On discovering the identity of the client's partner, Linda tried to bring this to the notice of her client. However, she dropped out of therapy soon after Linda had alluded to the identity of her partner, leaving the counsellor to ponder the outcome. Linda recalls the strong feeling of wanting to harm the perpetrator:

> And then I had an incident recently which had a really strong impact on me, where a young woman came to see me with her partner who was a man much older than her. And he had actually rung me to refer her, and I had some alarm bells that went off then because I just knew that he was much older. I just figured that from just his voice over the phone and talking to me. And that had rung big alarm bells for me because I am talking, much, much older. But he came with her and I mean we are OK with that, with partners supporting. But then I found out that after he had been in, that he is a convicted abuser. And I thought: "Oh my God"! It was an after effect. "What am I going to do?" I knew he would probably turn up again, and he did, with her. And I didn't have a way of stopping him from coming. I couldn't say: "I know you are a convicted abuser". And also she brought her mum.
>
> So it was real tricky. So I let him come into the session but I just ignored him. But fortunately she was here, her mum was there and he was there (gesturing seating arrangements). I just completely and utterly focused on them and kept him out of my line of vision. But I knew he was there! Luckily he decided to get up and leave. So that was a huge relief but it was horrible. It was really, really horrible knowing that this man was an abuser. And he was abusing her too. She hadn't come to that realisation. And I really encouraged her to come to that realisation and she stopped coming to see me.
>
> But I have been told that she is going to see someone at the [name of another counselling centre] and they don't allow men in. So I thought: "That is a good thing". On the one hand, I sort of felt a bit funny, I guess I questioned myself: "Had I done something wrong by really encouraging her to see what was happening to her?" You see, she then went and told him. That's right. Because the next time I phoned her for an appointment he talked to me and said: "You are not supposed to be talking about me in your sessions." And that was a really hard thing to handle. I just said: "what we talk about is between me and her and I am not at liberty to discuss that with you". But I wanted to kill him! (laugh) I really wanted to kill him. So that was a very, very strong reaction…

The idea that sexual abuse therapists travel a parallel path to their clients in terms of the need to do their own healing (Pearlman and Saakvitne, 1995), resonated with the responses of the counsellor-participants. Hardest to hear for the therapists were clients disclosing situations of 'no escape' involving vulnerable groups such as the young, physically/intellectually disabled, and those disabled due to age or illness. When trauma was repeated over time within a trusted relationship of 'care', the challenge to the therapist's hope and the need for a revised personal philosophy to include such knowledge, was greater. As Glenda describes:

> When there are multiple traumas, when it has been rape for years or particularly violent ways of inflicting sexual abuse. Yes, I think if there has been multiple trauma on the person and the effect that it has had, whether it is a kid or an adult. There still is a disbelief in me that anybody can do this to anybody. So one incident of abuse at the moment is like: 'rape is bad', but the years and the repetition of the abuse and the torture- the mental and emotional, definitely.

> It's when it happens to kids which often it does. As adults they come and tell me what happened as children and I can't ... it always affects me. It always does and it always moves me and it always shocks me. I just feel for them like the pain they had to go through.

The creation of 'counter-memory' (Bakare-Yusuf, 1998 citing Lipsitz, 1991) enabled the counsellor-participants to re-author their personal narratives in ways that grounded them in the predominant discourses and yet put them beyond the control of them. These accounts of re-authoring were like an antidote to living within the predominant discourses that formulated women's bodies as existing in lack. Foucault (1990b: 23) sees the exploration of the self as 'an art' which encompasses the idea of an ascetic re-invention of the self: 'It is the development of an art of existence, that revolves around the question of the self, of its dependence and independence, of its universal form and of the connection it can and should establish with others ...'

For Foucault, pursuing one's pleasures was the way to secure power and constitute the self. However, the disconnection arising from trauma prevents the survivor from accessing her own subjectivity and so separates her from her own powerfulness. Feminists who have reworked Foucault's aesthetics of the self, question why it is that violent assault attacks the 'pleasures' of the self (MacCannell and MacCanell, 1993). They see sexual abuse as attacking one of the prime sites of 'pleasure' in that the victim's subjective functioning is disrupted in the process. The survivor becomes disconnected with her relationship to her own pleasure, whatever that might be: 'If

there is pleasure in eating, the victim is forced to eat vomit. If there is pleasure in absolute trust of another human being, the baby is tossed into the air and not caught...violence does not attack the pleasure directly, but insinuates itself into the relationship of the subject to her own pleasure' (MacCannell and MacCannell, 1993: 221). Violent assault attacks the 'pleasures' by separating the victim from resources that nurture and sustain the self (MacCannell and MacCannell, 1993:224).

This description of the impact of abuse on the relationship of self of the survivor mirrors the disruption in the counsellors' relationship to their own 'pleasures'. This disruption often led to a re-definition of the self of the therapist and their definition of 'pleasure'. In hearing accounts about the client's life subsequent to experiences of abuse, one counsellor-participant, Rose, connected strongly with themes in her own life history. Rose had separated from a long-term marriage and now reflected on her liking for 'peace and quiet' and her deepening spirituality. She reflected on maintaining celibacy over the duration of the ten years in which time she had been intensely involved in therapy with sexual abuse survivors:

> I'm very interested in this topic of vicarious traumatisation. I daresay I've made some decisions in my life because of the nature of my work too. There are probably quite a few situations I choose not to go into. I think those are the probably the main impacts if I think about it. Choosing carefully myself around my own sexuality.
>
> I think I'm far more sensitised to the effects of abuse than a lot of other people in society would be... I would imagine the nature of the work that I'd chosen would have an impact. Myself, I was married for 21 years and I've chosen to lead a celibate life for the last 10 years and I guess my spirituality has been deepening, and with my sexuality expressed through this spirituality.

Conclusion

The counsellor-participants, who connected empathetically with sexually abused clients, found themselves relegated to their corporeality and disconnected from their sources of sustenance, in a parallel way to their clients. The development of a spirituality that returned to them their subjectivity allowed them to help their clients to reclaim their voice. What these counsellor stories of practice suggest is the importance of working with clients until they have integrated what has been practised in therapy. However, in the cases discussed as 'difficult', there were impediments to achieving this goal that included continuing victimisation and death by suicide. In developing this discourse, I am suggesting that sexual abuse can be usefully considered as an external affliction to the flesh that then holds memory traces and residues that are brought to therapy through the various 'inscriptions' (Grosz, 1994; 1995) on clients' bodies. These 'memory traces' and 'inscriptions' are brought into the counsellor's awareness through their empathetic contact and engagement with clients. The body retains memory traces and residues of trauma that are not accessible through language. The counsellor-participants, in the process of engaging empathetically with survivors of sexual abuse connected with these memory traces and, in so doing, were relegated themselves to their own corporeality. This connection with the body in pain brought the counsellor-participants into an awareness of their own physical mortality and loss of voice. They found they were separated from their own subjectivity. Trauma typically denies its victims the facility of language to express traumatic experience and so reduces experience to the level of the flesh. The challenge faced by the counsellor-participants became one of re-connecting with their own subjectivity to enable clients to re-connect with theirs. To do this, the counsellor-

participants actively pursued sources of knowledge that allowed them to re-invent themselves, using the lived experience of the body.

Both counsellor and client are brought into a greater awareness of their corporeality as women living within male stream discourses. Irigaray and other feminists writing from an essentialist feminist perspective have suggested that the place of the unspeakable (the body) is also a place of desire, celebration, power and joy. There are also emancipatory stories of the body that are resistant or even impervious to trauma. These are narratives of the body that are resilient to living within the predominant discourses whilst, simultaneously, learning to live outside them. The transformation from the body as 'voiceless' to the remaking of the body through reformulated discourses, creates a counter culture within the predominant patriarchal discourses and returns subjectivity or voice to the speaker. Bakare-Yusuf (1998:321-323) citing the narratives of oppression of Afro-Americans as slaves likens this process to 'reconstructing the flesh'. She calls the process a client goes through to come back from being reduced to corporeality through trauma as the creation of 'counter-memory':

> Counter-memory enabled the slaves and their descendants to construct a different kind of history, a different kind of knowledge, a different kind of body that is outside the control of the dominant history and knowledge production. The body's return to the flesh is a central site for the production of that counter-memory...The terrorised body remembers the stories of the flesh and makes every effort to trace its step back to the feel of the flesh, the fecundity, the freedom, the dance of flesh.

This 'dance of the flesh', as I will attempt to demonstrate in the forthcoming chapters, is the counsellor-participants' 'return from the edge'. The 're-authoring' of personal narratives discussed in the previous chapters, includes the body as a site of inscription and re-inscription.

CHAPTER EIGHT

CAREER THEMES IN THE LIVES OF ACC APPROVED COUNSELLORS

Introduction

This chapter focuses on the careers of the counsellor-participants, what their original motivation was for entering the field, how their practice experiences modified earlier expectations for the work, and subsequent diversification into other roles. Those counsellors interviewed, described developments in their thinking about sexual abuse which influenced the theoretical approaches they espoused and the way they undertook therapy with clients. Coming to terms with their own early traumatic material meant that many of the counsellor-participants accumulated knowledge about their own healing process that they could use constructively in assisting other trauma survivors.

As the counsellor-participants matured and progressed in the work, they entered other roles that were in the areas of training, supervision, management and consultancy. In preparation for retirement or with the goal of reducing time spent in direct contact with clients, therapists actively planned other projects alongside therapy. When these other projects developed, there was a choice of career paths that counsellors could then pursue. Other income generating enterprises were planned. These were most often linked to a movement to rural locations in the expectation of a different lifestyle. Projects linked to the land such as horticulture, farming, became more integrated into the lifestyle of the counsellor-participant as they matured.

A Call to Service?

The counsellor-participants had worked in a range of occupations prior to entering the field of counselling and psychotherapy. Three were trained as ministers of religion before becoming counsellors. Other occupations were given as: 'cook', 'talk back host,' 'soldier' 'clerk', 'bus driver', 'ambassador/public relations consultant', 'nurse', 'accountant', 'teacher/adult educator', and 'secretary'. With additional training, the group became social workers, counsellors, psychologists and psychotherapists, reflecting the composition of the professions listed in the Register of Approved Counsellors. Once trained, these professional divisions seemed less relevant as working in the field of sexual abuse/trauma established a connection among colleagues. I, therefore, use the terms 'counsellor' and 'therapist' interchangeably as these terms are the generic categories for the groups comprising the Register of ACC Approved Counsellors. A common scenario was for a social worker, general counsellor or psychologist to train to become a psychotherapist. Therefore, it seemed artificial to impose one professional label, when membership of more than one professional grouping applied.

A theme for the counsellor-participants was a progression into counselling after having some insight into the inadequacies of existing work or lifestyle, and some personal experience of trauma, and recovery from trauma. Some had entered counselling and moved into managerial, supervisory and training roles. Four participants had published as a way of bringing their experience of particular issues they had encountered during their years of clinical practice into broader public awareness.

The initial motivation for entering counselling was to be helpful to clients in some way. Looking back on their careers, with the advantage of hindsight, the counsellor-participants often recognised and acknowledged an unconscious motivation to work through some residual personal or family of origin issues that had not been dealt with previously. These included family issues where the counsellor had fulfilled a helping role within their family of origin which was later professionalised, a variety of traumatic experiences that they had survived and now wished to assist others through; and, the development and expression of various humanitarian and altruistic values. Hayley, one of the counsellor participants, discussed the connections between her personal philosophy, her own personal experiences of trauma, and how this related to her decision to train as a social worker and, later, to become a sexual abuse counsellor:

> I think about wider social issues: about injustices between men and women there. I have strong feelings about equity and justice, that's why I work in the field that I do. And I think that is more reflected in a nuclear family as well. So I think that people's histories have a huge impact on why things happen...
>
> So for me, too, like my individual experience of abuse early on, I'm sure, is one of the reasons for getting into the area. I have been involved in this sense. As well I feel that people have a higher chance of resolving issues for themselves if they have the right kind of input. So I guess I have greater faith in people's abilities to change and develop if they are enthusiastic about being part of the process. That's been a good thing.

For the counsellor-participants, who generally came to the work later in life, there was often a sense of calling or mission as they matured. For the two self-identified Maori counsellors interviewed, the counselling role was one that their whanau had seen them assuming, as they were part of a lineage of healers. The strength drawn from this prophecy and the presence of ancestors within whanau, hapu and iwi, sharpened their sense of resolve to pursue a

career in one of the healing professions. Becoming a counsellor was seen by whanau and by the individuals interviewed, as a fulfilment of a prophecy held for their lives. Key moments were described as being pivotal to making this transition from the occupations listed, to counselling and psychotherapy. Maxine had made the transition from accountancy to psychology after her grandmother's funeral and reading the novel 'Tangi' (Ihimaera, 1989). This novel and the creative writing course Maxine was enrolled in put her in touch with the presence of her grandmother. Her grandmother had prophesised her entry into the healing professions to carry on a family tradition of involvement in healing others. This prediction became a self-fulfilling prophecy as she then returned to university to study psychology:

> My grandmother was a healer comfortable with spirituality. She would have been called a Matakite. So, for me it [counselling] was normal. She told my Mother in Maori because she didn't speak English, what I would be doing when I was eight years old. Of course, resistance was my forte; my first profession was accounting until I returned to high school and studied Maori poetry ('Tangi', [Burial] and the poetry of Hone Tuwhare). And my direction changed completely.
>
> Spirituality is one of the only reasons I would do this work. Rather than a profession it was a calling directed by my elders.

In contrast, other counsellor-participants interviewed described involvement in sexual abuse work as happening more by accident than by choice. However, on closer reflection, this progression was related to a barely realised acknowledgment that there were personal issues acting as a motivating force for entering the work, and for staying in it. Often the counsellor-participants also had social connections with those already working in the sexual abuse field. Thus, they were well positioned to hear about job vacancies available. It seemed advantageous and sensible to take up these opportunities for both entry into sexual abuse work and for advancement for those already employed. Lesley talks of a series of fortuitous

co-incidences leading her into a full time position in a sexual abuse agency. She had already worked in this agency as a student whilst completing her psychology training:

> I saw doing psychology as a way out of sexual abuse work. No, it wasn't [movement into sexual abuse work] a choice at all. It was just through my course, I had a placement. I went and did a little bit of voluntary work at the sexual abuse agency because I knew some of the people there and I needed a bit of money. Things fell together at the time they set up their programme and here they were looking for staff and here I was looking for a job. And it happened and it fitted my placement, the placement criteria; and I just decided to do it and I stayed. If I had seen the job in the paper then I wouldn't have applied.

Formative Experiences

Early expectations of the work usually failed to meet the day-to-day realities of it. Few felt adequately prepared for the situations they were confronted with on the job. Working in the sexual abuse field in the early 1980s was experimental in New Zealand and internationally. The publication 'The Courage to Heal' had reached New Zealand shores by the later 1980s and was heralded as one of the main self-help guides referred to by clients and counsellors in New Zealand (Bass, and Davis, 1994). (See Chapter Four for details).

Working in the absence of established systems, knowledge and protocols hampered the counsellor-participants' efforts to provide what they considered to be effective and appropriate services. They also described the backlash encountered from the public about their involvement in bringing abuse to public attention. This 'backlash' mirrored the subsequent litigation and legal proceedings Davis and Bass themselves encountered in the United States following publication of ' The Courage to Heal'.

The gap between initial expectations and practice-based experiences fuelled a search for alternative responses to working within agency structures. These responses mirrored the strategies and styles identified by Harre-Hindmarsh (1992) who studied social work students returning to work following attendance at a professional course of study. Harre-Hindmarsh (1992) found that some returning professionals sought a 'niche' or area of specialisation to launch their careers from, which led on to roles as consultants or advisors within the organisation. Alternatively, some social workers became disillusioned with the status quo on return to the workplace and became increasingly oppositional and confrontational with management. They usually left the organisation after a time, as this response was emotionally arduous and difficult to sustain. Thus, direct confrontation often evolved another adaptation to the workplace. A third response by other social workers was to accommodate their ideas to the existing philosophy of management. These individuals often became expert at dealing with complex matters and systems dilemmas, for which they received kudos and recognition. They sought promotion which was usually successful and swiftly moved up the hierarchy of the organisation. Male social workers were found to be more successful in gaining promotion using this strategy. Fourthly, some social workers adopted a political analysis of the systems in which they were working and with this critical analysis operated from a position of 'detached strength' by attempting to change organisational systems from within, in ways in which they avoided 'burning out' (Harre-Hindmarsh, 1992).

Within this theoretical framework the counsellor-participants most often adopted a 'niche' adaptation to the 'oppositions' they encountered. This 'niche' adaptation was the

more widely developed response of the counsellor-participants due to sexual abuse/trauma work being seen as a specialty among counsellors, social workers and other trained helping professionals. This 'niche' within sexual abuse counselling facilitated a range of career developments and progressions. More generically trained counsellors looked to ACC Approved counsellors for advice and consultation. These career progressions enabled the counsellor-participants to diversify and progress rapidly into the roles of educator, trainer, supervisor and author on the basis of their experience in the field.

A difference between my participants and Harre-Hindmarsh's was that the social workers in the group I interviewed no longer actively identified with the social work profession. Social work was seen as a profession they had out grown in favour of other roles and professions, such as psychotherapy. The tendency for social workers to identify with other professional groupings may also reflect ACC's preference for their approved counsellors to provide short-term structured psychological intervention, using cognitive-behavioural and other psychological approaches. Whilst I found this minimising of social work as a professional identity espoused by ACC counsellors; it was informative of what this meant for perceptions of social work within the wider professional community. Those social workers who remained working as ACC counsellors seemed to be more able to work from a political analysis of their role and so assume a position of 'detached strength', referred to in the literature (Harre-Hindmarsh, 1992). This seemed to be a result of their training that emphasized critical-reflective approaches which had much in common with feminist and postmodern thinking (Fook et al, 1999; Featherstone

et al, 2000; Ife, 1997; Napier and Fook, 2001). They described uncovering the power relations that were implicit in practice theories as a means of critically appraising their own practice. Through this process, they developed practice that was at once more emancipatory and congruent with their own personal philosophy.

Regardless of the professional training, that the counsellor-participants had completed, a common initial response to the work was to feel overwhelmed by the content and volume of traumatic material counsellors heard daily. The counsellor-participants discussed feeling unprepared as they entered the work from training courses, and mentioned the gap between theory learned and practical experience. Sally, one of the counsellor-participants, describes this critical-reflective process as guiding her own practice as an 'addiction counsellor' within a female prison. A process of deconstruction and reconstruction assisted Sally in dealing with her own sense of being 'overwhelmed' with the people she encountered who had been abused. Through such processes, she acknowledges the contradictions in her role as an 'addiction counsellor' to do what she thought would most benefit her clients:

> I used to think about it far more when I first went into the work but I was also dealing with a large number of people who had been abused. My first work in the trauma field was when I was working at the prison, and so I was seeing about ninety-five percent of the people were abused in some way.
>
> They [clients] were coming to me because I was an addiction counsellor there presently and they were coming to me for their addiction problems and I was then realising that it [sexual abuse] was an underlying problem. Maybe one could fix the addiction problems but it was just putting like a sticking plaster on a huge wound. And the huge wound would weep. It was then that I realised I needed to get some skill in dealing with abuse. In those early days some of those stories really blew me away. I think they don't blow me away any more.

The Decision to Becoming ACC Approved

The decision to become ACC approved, in a similar way to becoming involved in these ancillary roles of training/management/consultancy, was seen as a natural progression in the work. Once the counsellor-participants were finding more clients self-referring by word of mouth or being referred by other helping professionals, they wished to offer clients the option of a free or subsidised service, via ACC. This involved the client registering a claim for 'sexual abuse', as defined by the Crimes Act 1961. Similarly, to become ACC accredited, counsellors needed to engage in a complex bureaucratic process.

The Registration Process to Become an ACC Approved Counsellor

Whilst ACC has now moved into a direct contracting environment, the process of approval has been integral to publicly funded sexual abuse therapy, since its inception. The process of registration for ACC therapists has many different stages involving a written submission, referees names and evidence of professional association membership. A panel of four assessors then interviews each candidate. Records to provide evidence of the counsellor's specialisation is then kept and maintained by ACC who publish a register of the names and contact details of the therapists available for payment by ACC.

The assessment guidelines discuss qualities required of applicant counsellors as:

1) Relationship Qualities e.g. 'accurate empathy, genuineness and unconditional positive regard'
2) Flexibility and Creativity

3) Non- judgmental

The counsellor's knowledge and skill base are to cover the following areas:

1) Socio-political analysis of gender politics and how sexual abuse occurs in our society
2) Normal and 'abnormal' psychology/human growth and development
3) Communication skills
4) Empowering therapeutic knowledge
5) Counselling skills

(Competency Guidelines for ACC Registered Therapists, 1998)

While these are basic criteria of competency, there were no overall accepted coherent competency criteria across the country. In the absence of the overall acceptance of competency criteria, the Sensitive Claims Unit has maintained responsibility for monitoring therapy by way of reports and external reviews of counselling progress.

For the counsellor-participants, the approval process was found to be a long and rather convoluted process that no person interviewed found very constructive to go through. Two key advisors to the study said they had decided not to seek ACC approval because their professional standing brought them work rather than seeking work from other sources, as their supervisees and students had needed to. However, for those interviewed, becoming registered for work as ACC counsellors was seen as a necessary step to becoming professionally and economically effective, and to provide a service that clients

could afford. Beth, one of the counsellor-participants became ACC approved in order to respond to a need her clients had identified:

> I absolutely didn't ever sit down and say to myself that I wanted to become a sexual abuse counsellor and head in that direction. It certainly wasn't like that. I moved from being in adult education first to become a counsellor because I wanted to have both lots of skills and one led to the other. I was very enthused about starting out as a counsellor and I saw myself as a general counsellor working on general issues, personal life stresses, life changes, grief and loss and it was only within the first few months of working as a counsellor that I had requests from clients, from potential clients, saying they wanted to do sexual abuse work and was I able to do it with them and was I ACC registered. And, so, in the course of supervision, I realised that sexual abuse work didn't have to be a foreign category, it was a logical extension of working with grief and self-esteem. And so, therefore, I decided I could be competent with it and then I decided I didn't like being on the end of the phone saying to people: "No I can't do sexual abuse work because I'm not ACC registered", so I went through the process of becoming so, and so then I was a sexual abuse worker and that's how it happened: it was because of this need that came to me and so I responded to it.

Becoming ACC approved, whilst advantageous for client, was seen personally as something of a non-event rather than a 'rite of passage' for counsellors. As the registration process changed over the time in which I was undertaking the research, different people, depending when they went through the approval process, had different experiences. I interviewed one person who was the first to become registered in the early 1980s and another who had completed the process in 1996. By the terms and conditions of the Counselling Approval Committee, a ministerially appointed body that decided on the acceptability and eligibility of applications from counsellors, there were a number of specific requirements for applicants. One requirement was that the counsellors possess a professional qualification, recognised by membership of a professional association, with five or more years working in the sexual abuse/trauma fields. A background in 'abnormal

psychology', was a further pre-requisite to being considered as an applicant. In 1999, The Counsellors' Approval Committee was disestablished in favour of direct contracting with counsellors and ACC. Greater accountability to meet ACC protocols with the movement of ACC into a business environment, has increasingly coloured the environment in which this counselling takes place, since the movement to a direct contracting environment. More proactive case management by ACC is a further factor impacting on the work of ACC counsellors that the counsellor-participants discussed as being intrusive of therapy in a number of ways.

The ACC approval also increased the range of work options and settings for the counsellors who were successful in the process. Many of the counsellor-participants over the time that they had been registered for ACC work, had for a variety of reasons, moved into private practice from working in an agency. For some, this movement was seen as a way of resolving conflicts with agency politics and protocols, by either establishing a private practice or entering a group private practice with colleagues. Group practices were helpful to developing a shared ethos of the work, and to organize the workplace administratively to suit those working together. Having greater control over the way that the workplace was organised, was considered important.

Another theme backgrounding the movement to private practice was the rapid change occurring in the helping services in New Zealand in the 1980s, 1990s and beyond (Fulcher, 1988). Workplace change, including widespread restructuring and reorganisation within the public, charitable and voluntary helping sectors, meant that two

of the counsellors interviewed had been made redundant from their employing agencies after ten to fifteen years of service, due to the changing focus of the agency. Both individuals were in the process of finding other work, which included some component of private practice. Having greater control over the way in which the workplace was ordered was often a response to counsellors having these kinds of experiences where they were employed. This movement into private practice for social workers has been previously documented within New Zealand (Van Heughten, Forthcoming). Having greater flexibility for organising work systems and, generally, having greater control over the work setting, were among the motivations behind the movement into private practice. Disillusionment following restructuring is specifically discussed by Van Heughten (Forthcoming) to account for the movement of social workers into private practice in New Zealand. For ACC approved counsellors, this movement into private work may also reflect the nature of these counsellors' specialisation in the sexual abuse/ trauma fields. This specialisation seemed to lend itself to private work with the availability of funding from ACC directly to providers accredited to do sexual abuse therapy.

The Early Years: Was Vicarious Traumatisation an Issue?

The counsellor-participants upon graduation from a professional course of study were aware of the competitiveness of the pool of counsellors who were entering the field and setting up independently in private practices without necessarily working for a period of time in an agency. However, for the counsellor-participants there was generally a period of agency work prior to diversification into private practice. Describing the early years of clinical practice was, therefore, distinguishable from subsequent specialisation and

diversification into other roles. One of these roles was to establish oneself in a private counselling practice.

Vicarious traumatisation was seen as a theme in the early years of practice. It was difficult to know how far this was vicarious and how far this was a direct experience of being traumatised. The operation of agencies, and the systems dilemmas inherent in the workplace were specifically mentioned as 'traumatising'. This was more an experience of being directly rather than vicariously traumatised. Audrey, a clinical psychologist working with children and families in a child protection agency had a child client abducted despite her best efforts at care and protection. She said she found this one of the most 'traumatising' incidents of her career:

> From memory the main thing I thought is that I hadn't so much had VT [vicarious traumatisation] as having been traumatised from the horrible stuff people told me as being actually traumatised. Not quite traumatised but being made anxious by family group conferences, courts and those few incidents that I told you about where actual things happened that distressed me. Like the child being abducted. So I was thinking of another way of looking at it. That there is trauma that happens to us on the job, because a lot of people get a lot worse than I have, particularly the front line social workers and then there is the stuff that actually comes from what you hear.

What the counsellor-participants did refer to as 'traumatising' was often related to the assessment or forensic role that was required by various agencies such as The Department of Child Youth and Family Services and ACC, which was seen as conflicting with counsellors' efforts in therapy and their desire to assist clients to affect positive change in their lives. The demands of being in a dual role were discussed in relation to The Departments of Justice, and Child and Youth and Family Services. Difficulties with meeting ACC requirements, to a lesser extent, posed other kinds of dilemmas when the

specific details of the abuse were needed to determine the question of eligibility for a 'sensitive' claim. The dilemmas encountered were usually defined as administrative issues that were seen as a 'hassle' more than 'traumatising'. Sally, in the following passage, discusses ethical dilemmas surrounding: what was seen as sexual abuse under ACC law and protocol, who was eligible for her services, and what was outside the legislative framework:

> I have a case just recently, a new client, who in terms of abuse, if you look at it on a scale of abuse, her abuse may be about a three out of ten but, for her, the effects on her life have been ten out of ten. It was hard, in fact, when we were filling out the form I was thinking: 'Here, they [ACC] may not pay out on this one, because it's not a biggie in the wider things.' But in terms of the trauma in the person's life, that's something. It's really useful for me, I thought, as a grounding: it's not what happened, it's the effect over time.

For Angela, writing the in-depth assessment and treatment plans for ACC was traumatising for her in a way it was difficult for her to define. It seemed that the writing of these reports whilst being separated from the client and the therapeutic process, did not fit with approaches she had adopted in her work as a psychotherapist with psychodrama training where her role was one of being a more active collaborator:

> My worst thing is writing those intensive reports. [Full assessment and treatment plans] When I have to write without being in relationship to them [clients], I'm writing about them and somehow that's the worst for me...
> I actually haven't worked out quite why it's such a terrible thing. Sometimes, I've just got to walk away or I'd sit there and yell at them [the reports]. (laugh) What's been done and such, you know, when that's really a lot of what the intensive reports are, of course, quite cruel and violent, as well as sexual. I find that traumatic.... [Pause to self reflect]
>
> I just know it happens and I've just written two or so [full assessment and treatment plans]. Not all of them are as bad, but when they're really terrible, when it's really crushing, it can't help but affect your spirit, your whole spirit, even working with someone who is telling you these things. It's like your heart just punctures really. And it is quite hard to let go, that's why I think anyone working with only this work, it's pretty dangerous I reckon. The risk of either being in it;

> that this world, your having to sort of, make it smaller in a way to be able to survive yourself.

Keeping the number of ACC referrals to a 'manageable' level was seen as important to survive the rigours of the work. This was a central criticism of the vicarious traumatisation framework I had presented to the counsellor-participants: that there seemed to be an underlying assumption that it was professionally viable to work exclusively in the sexual abuse/trauma fields. A response from some counsellor-participants was that doing this work exclusively was inherently hazardous to therapists' mental health. 'Why didn't the workers in the case vignettes who were experiencing symptoms of vicarious traumatisation, in the Pearlman article (McCann and Pearlman, 1990) revise their case loads, seek therapy or get out?' This was a common recommendation from participants who read this article. A consultant to the study with thirty years of working in the field went so far as to suggest that ACC should limit the number of sexual abuse referrals at any one time to any one ACC counsellor. He hastened to add that there would be financial drawbacks to his suggestion of limiting ACC funded referrals to ACC accredited counsellors. There was an implication that ACC work provided a steady income for particularly new therapists who were establishing their careers as psychotherapists. As these therapists were probably more at risk of vicarious traumatisation, there were ethical questions raised about who should take on ACC referrals and how many is a safe number on the caseloads of newly trained therapists.

The Development of Personal Philosophies

A theme in discussion with the counsellor-participants was the evolution in their thinking about sexual abuse. Whilst earlier in their career sexual abuse may have been more of a sub field of professional specialization, more latterly it was described on a continuum of other traumas and oppressions. Although, currently, ACC only funds for a limited definition of sexual abuse counselling under current legislation and policy, therapeutically the counsellor-participants viewed sexual abuse as being part of the wider context of other oppressions, many of which have their origins in society. The distinguishing of sexual abuse by ACC from other traumas was seen, at best, as unintentionally harmful to clients, who were usually presenting with a range of concerns. Teasing out the part that ACC could fund, that is for recovery from the sexual abuse incident, was seen as 'traumatising' for the counsellor as well as the client. As current trauma theories generally avoid differentiating the source of the trauma, ACC was seen as requiring their counsellors to deviate from these best practice guidelines.

Kevin, one of the counsellor-participants referred to specific theorists to explain and rationalise his views and emphasis on 'trauma' rather than 'sexual abuse' in his work:

> Well, coming at it from a much broader perspective, I think that in my work with trauma goes far beyond sexual abuse, in that my work with trauma goes far beyond sexual abuse. I mean half my clients at the moment are physical trauma- direct physical trauma- some head injuries some attacked with a razor that kind of thing. So it's a broader kind of thing. So I see sexual abuse, I suppose, as a trauma among others and I think it is really important to highlight that. I suppose I feel quite strongly that it [sexual abuse] is not to be put into a special place. The reactions that people show are the same as what a war veteran has, that kind of thing. So I see it as putting it in that sense. I see sexual abuse in terms of my knowledge; philosophically the person is affected in every dimension. In the last two years, I've moved. I've worked for the last

> 10-14 years but for the last 2-3years I've moved an enormous amount particularly in terms of my understanding. This is more based on Van Der Kolk, that we are processing it [trauma] in an entirely different part of our brain: it's not a rational experience it's a very primitive emotive, pre-verbal, kind of a reaction; and consequently a lot of therapeutic intervention needs to involve a point of view that doesn't try to rationalise it away, which was really what the first ten years of my work was doing.

The inter-generational patterns of abuse that the counsellor-participants daily witnessed, suggested that societal factors were often discussed as to why sexual abuse occurs. Theorists who combine this kind of social/political or structural analysis within their theories, were among those that the counsellor-participants found the most useful to draw upon in their work. To acknowledge the historical and cultural origins of abuse and oppression in society, and to avoid making similar assumptions, the counsellor-participants sought an analysis of the socio-cultural and historical/political factors. Angela, one of the counsellor-participants had developed her own theory about the colonization of New Zealand as being related to sexual abuse:

> I think New Zealand in particular is very bad [in terms of the prevalence of sexual abuse], and my theory would be like, I can't remember who it is wrote stuff about how come people left so long ago to come here from so far away; and being so far away weren't so accountable to society. So just the line goes and then, of course, it's intergenerational and happens because people don't do their own personal work. Why it [sexual abuse] originally happens. I don't know. I think sexuality and the power and control issues around it [sexual abuse] are huge and I think New Zealand in particular has a long history of, you know, all that happens here or has happened in the past. I've been sexually abused. It wasn't an issue, well of course, it naturally had many consequences, but it wasn't confronted for many years. But it just totally wipes people and their lives and the consequences of what they decide the world's about and the area of it [sexual abuse] is so important. People to get an opportunity, to really explore their beliefs and cultures and values.

Another view was to draw from a range of theories that were considered 'useful'. Sally, another counsellor-participant found a rationale for her practice in the writings of 'The New Trauma Therapy'. In a similar way to Angela, she refers to power inequalities that exist across history, generations, socio-economic classes and cultures as being associated with her understanding of abuse and oppression:

> I think it is a mixture of theories and certainly I've found people like John Briere's model, really useful. And Judith Herman's really useful. And it's interesting: it's often those people who we've heard talk and you read more about their theories. I'm not a psychoanalytical person so I don't follow that theory. It doesn't appeal to me...
>
> I think they [Herman and Briere] fit in well without dragging out the theoretical model. My own belief is that abuse is something that is perpetuated from generation to generation so if one can do some really early childhood education that prevents this, that long term, and you're probably talking a generation or so, there would be much less abuse. Because abuse is not a new thing it has been going for generations and I think back to historical readings of Victorian times when there was a very high level of abuse and it was accepted because it was very much power over somebody. And in Victorian times, the lord of the manor could do what he liked to his servants. Class was a factor then. I don't believe that class is a factor, any longer, particularly not in New Zealand. I believe it's much more of a learned behaviour. It's not inherent in us. If we were abused we are more likely to abuse.

An awareness of sexual abuse as being a prevalent phenomenon particularly for women and children came as an uncomfortable realisation for some counsellors. In this context, the counsellor-participants discussed a growing awareness that those in their social networks, close friends, or family members, had been either victims of abuse or perpetrators of abuse. This realisation brought with it a more personal awareness of the effects and repercussions of abuse. It was difficult to separate these more personal experiences from the day-to-day work. Inevitably these kinds of experiences had an impact on counsellors' day-to-day functioning. In small rural communities, there was often the increased likelihood that this knowledge would be known among entire

communities. Supervision, support from those not involved in the immediate situation, were of assistance in dealing with such situations. Once abuse within counsellors' social networks was disclosed, there were often particular flashpoints of stress that affected the counsellors' general health and well-being. Learning to live with this knowledge, whilst challenging, enabled, one of the counsellor-participants and her partner to emerge with strategies for dealing with abuse that was 'close to home':

> In fact, I think I have less impact [from the work], no that's not true. There's not less impact, I am less bothered by it now than I have ever been. I have had this personal stuff as well. My niece and nephew disclosed that my father abused them and I was abused by grandfather who abused all of the kids in my family. So there has been lots of fall out from that. And one of the fallouts is that my next sibling- there are five of us- was also an alcoholic who has also abused his kids. So that is one piece of fall out. And there has been lots of fall out that we have all had to deal with. But I think what has happened is that I have dealt with it pretty sensibly. And now the next bit of fall out will be what is life going to be for these kids?
>
> So this kind of stuff keeps kind of going within my family as well. But I think what I do have now is that I have the skills to deal with it and to deal with it really sensibly. And from that point of view, it has been a huge crisis but not a shattering crisis. It's been OK.

Part of the early years of practice was sorting out what belonged to the personal biography of the therapist and knowing how this affected the style of practice, and integrating this knowledge into their evolving professional life. Many of the counsellors interviewed had described some early or formative traumatic experiences of trauma including sexual and physical abuse as children. This theme is similarly reflected in the literature of helping professionals disclosing traumatic personal histories (Follette et al, 1994; Pope and Feldman-Summers, 1992; Martin et al, 1986). When worked through, in the course of therapy with clients, the counsellor-participants described drawing on a vast pool of intuitive wisdom and knowledge to guide their work with clients. I often heard

from the counsellor-participants who were survivors that they could not envisage knowing how to guide the therapeutic process without this knowledge. Their experiential insights, arising from their own knowledge, were often described as being more important than any of the conventional theories propounded in psychological textbooks. The counsellor-participants used this knowledge to engage in social and political action to address the societal myths about abuse and to work actively towards greater social equity. Balancing work in the therapy field with working towards social change has been recommended as an antidote to vicarious traumatisation. (Pearlman and Saakvitne, 1995). The counsellor-participants concurred with this recommendation. When the therapist had personal experience of sexual abuse or other trauma, this seemed to sharpen their resolve to pursue political action promoting social change. For Hayley, counselling survivors was seen as a natural outworking of her values and personal philosophy:

> In terms of the trauma work, as I say, the personal experience was one of the pieces and the positive experience I had in terms of receiving counselling. If I go back even further to think of why I was so much into the rights issue then it would be as well living in different cultures and seeing at a young age people who had a lot more rights than other people, who were able to access their rights more than other people. So that has always been there for me in terms of rights and justice issues.

This intuitive work had two parts to it: the counsellor-participants described a sense of knowing how to 'hold' the client (Winnicott, 1960), and at the same time, to work collegially with the client as is recommended in the literature (Herman, 1992; Briere, 1996). It encompassed an emphasis on inductive rather than deductive thinking, concern for 'the artistry' (Fook et al, 2000:212) of therapy and attention to the importance of context in practice. Secondly, the counsellor-participants were working from a deconstructive and socio-political analysis that accounted for sexual abuse occurring in

society. This was akin to Harre-Hindmarsh's social workers working from a position of 'detached strength', within their employing agencies (Harre-Hindmarsh, 1992). The dimensions of culture and gender which are at the base of sexual abuse occurring in society, was part of this way of working from the storehouse of one's own accumulated, intuitive knowledge.

Consolidation and Diversification

In the middle stages of their careers, when referrals meant a steady stream of work was available, fatigue and tiredness often impeded counsellors from doing all that they wished to do. As the counsellor-participants were middle aged or older, there was some anxiety about keeping up with the demands of the work as they aged. A common regret was of not beginning to practice earlier. The youngest participant I had interviewed began to wonder if he would fulfill his ambition to still be practising at age sixty, given his experience of the demands of the work to date.

However, for those who had earlier risen to management in the helping professions without having formal qualification in counselling, the learning curve was a steep one and the challenges were different. Bronwyn, a consultant therapist to the study, had started early and quickly been promoted to positions of authority. This had been challenging of her abilities:

> Yes I think I have had quite a full experience, and that's partly because I keep being either thrown into or diving into the deep end myself. I mean, for example, there I was at thirty being appointed director of a national counselling agency without any counselling background.

> And so this is a mountain learning curve in a sense. I mean suddenly I was both responsible for an agency and learning to be a counsellor myself, and having just finished a degree and going through a break up. I mean life was pretty dramatic and full at that stage. I suppose the other thing I've always tried to do is, a blend of the personal learning and the professional research, academic learning. I've always felt that was a very important balance.

Once established as a counsellor in the trauma field, diversification into related work to therapy became increasingly appealing and realistic. Diversifying into a range of work options assisted in ameliorating vicarious traumatisation, as well as enhancing professional status and development. A benefit often discussed, was one of no longer needing to rely on ACC referrals for regular income. Working more independently from ACC was seen as advantageous in other ways: it was no longer necessary to rely on ACC funding to keep economically afloat, and, stemming from this, there was no need to work according to the administrative requirements that was seen as interfering with the therapeutic role. During this phase of developing and consolidating a new business, a portfolio of sub specialties served as professional insurance in the face of changing fortunes. Bronwyn, for example, discussed the need to pace herself and to limit the number of new clients, particularly referrals for individual therapy to her private practice:

> So people who invited me to take roles or be on committees or be in advisory groups or whatever, I was flattered into accepting because it sounded interesting and I was pleased to be chosen. And that's the part I regret about not doing a bit more selecting. About what I could manage.

> ... Another phenomenon that occurs to people over time is that at first it's so fascinating, at first it feels such a privilege, at first it's such an adventure, in terms of being in touch with people personally in ways that you never expected, but if you do it for too long, for too much, too much of it every day then the fatigue factor wears in. And which is why I'm really pleased to have cut my practice back to a more manageable level. And that I feel more attentive and more alert again than I've done for years.

Pearlman and Saakvitne (1995) mentioned this refocusing on more of a variety of roles as being important to ameliorating work in the sexual abuse field. At some level, the counsellor-participants recognised and acknowledged this. Several counsellor-participants described experiencing patches of fatigue, tiredness and 'burnout', due to working long hours doing trauma-focused therapy and assessment. Career diversification became personally necessary in addition to being a professionally savvy move. Rose, who had experienced redundancy from her employment, saw herself as developing into other work areas and other roles:

> Yeah, although I think in leaving the agency when their direction changed from working with trauma, to more working alongside parents and teaching parenting skills. It helped me know where I wanted to continue working and I've been very clear in the last few years that I have certain skills and I think my philosophy makes me a fairly good person to be working in the area.
>
> I've also in the last few years been interested in the work that's been done in New Zealand and Wellington with refugees and their traumatic experiences there and the new life that keeps occurring...It is also going into it at a deeper level and, at the same time, I'm aware that is part of my work but not all of my work. I'm also very interested in myself as a trainer and getting people to think through and develop their critical thinking. In terms of psychodrama, in terms of training counsellors and community workers...'

The discussions with the counsellor-participants and the Focus Group reflected the literature in a number of ways. Huffam (1999) uses the analogy of counsellors being on a 'teetor-totter', which falls off balance if factors in the work and personal life of the counsellor are out of kilter. Whilst I heard many such accounts of when this 'falling off balance' had occurred for the counsellor-participants interviewed and for members of the Focus Group, these stories were swiftly followed by accounts of 'regaining balance'.

Only one counsellor-participant had decided to leave counselling. She had decided to establish another career alongside her agency work and private practice, following the death of a family member. She had obligations to several clients who would require several more years to complete their psychotherapy. I reflected on how difficult it became to leave the field once the decision had been made due to the ethical considerations of completing work with long term clients.

Sometimes it was enough to change the balance of one's work to restore the balance and to remain professionally effective. Several of the counsellor-participants had made a decision to do less work in the trauma field. In practice, the counsellor-participants said it was difficult to reduce or change workloads, as they had gained a 'niche' for specialising particular kinds of work. Audrey, one of the counsellors interviewed, describes her decision to change the balance in her work:

> Well, yeah, it is not quite half sexual abuse now, but basically it was to have a mix. Before I had been doing full time, almost sexual abuse work for twelve years, mainly assessments. Probably about eighty or ninety percent of my work was sexual abuse work and about ten percent would have been therapy- twenty percent therapy and the rest assessments. So it was to have a balance....
> ... It was to stop having the focus on the assessment and broaden the skills because I thought if I stay in this too long, if I stay in this for four to five years, I thought: 'that's not very good for my career, so I will broaden it '. Which happened for about the first couple of months and then I did one assessment and they saw that I could do it and they needed them so I just got hundreds of assessment. I still kept my therapy.'

I encountered a further phenomenon that did not fit easily into any model I had read about. This was a diversification into roles that suited the particular requirements of mid-career counsellors who were busy juggling the demands of home and family life. In some ways, the experiences of Berger's participants were informative. (Berger, 1995). His

conversations with therapists revealed increasing work responsibilities and workloads coinciding with increasing family and home commitments. However, the counsellor-participants were older than Berger's participants and were in a different stage of life. They were already planning toward some kind of alternative business that would sustain them in an early retirement situation. This vision for the future involved retaining a small private practice alongside other lucrative hobbies such as horticulture, farming, training, supervision and consultancy; and various other artistic and creative pursuits. Movement to more rural locations from the city or suburbs was often part of this distinctly New Zealand vision from a nation of self-defined, do-it yourselfers'. Building houses, establishing gardens and lifestyle blocks; establishing businesses from home, was seen as part of 'the good life'. This was not a 'stepping off the balance' (Huffam, 1999) but a movement towards a new way of life that encompassed a desire for greater economic self-sufficiency based on ecological principles and self-employment. Improving her quality of life was encompassed in Sally and her husband's vision for their future:

> I always like to keep a bit of a mix but as a retirement project it wouldn't be bad. We were talking just yesterday because we had an advisor here yesterday talking about the flowers, and my husband said: 'In about two or three years time I would like to retire completely but your work is such that if you want to continue, you can. And we will have a very pleasant balance.' It sounded great! (laugh)

Conclusion

Coming through periods of stress and fatigue often suggested the need for longer-term solutions to address counsellor's health and welfare. Becoming immersed in the work was seen as an essential feature of the early years of practice as an ACC therapist. The

counsellor-participants discussed as essential knowing when to step back to enable a clearer perspective. This 'taking stock' of how the work was impacting after some time being immersed in it, enabled the counsellor-participants to move from feeling 'saturated' by sexual abuse disclosures to thinking that sexual abuse is more of an isolated event. They saw this process of intensive involvement in sexual abuse disclosures as part of the ACC counsellors' 'rite of passage' as it provided the learning environment in which to understand and manage vicarious traumatisation. By focusing on behaviours and seeing sexual abuse as occuring in a context, counsellors decided that sexual abuse was not the worst thing that could happen. This kind of abuse was more often seen on a continuum of other abuses and traumas. Sexual abuse was able to be seen as a series of episodic events rather than continuous. These events were increasingly seen as being ameliorated by other, more positive life events. Perpetrators stopped being faceless criminals but their behaviours were seen in a context of their own life experiences and victimisation by personal and socio-economic oppressions. By integrating these learnings into their scheme of knowing, counsellors found it easier to put their exposure to traumatic events into a framework that accounted for what had happened. It also enabled them to move on from them.

Their personal philosophies and hopes for the future were among the resources the counsellor-participants said sustained them in their work in the sexual abuse field. They saw the diversification into other roles as an outworking of their vision for themselves and their futures, which were based on these deeply held philosophies. I go on to explore these philosophies in greater detail in the next chapter.

CHAPTER NINE:

A SEARCH FOR AN INTERPRETIVE FRAMEWORK

Introduction

Interpretive frameworks are the lenses through which the individual attributes meaning to experience. These frameworks are the means by which experience becomes integrated into a repertoire of intuitive wisdom. This wisdom is then available as a guide to reflection and action. The counsellor-participants developed their own interpretive frameworks derived from a variety of sources. In this chapter, following earlier chapters, I suggest that the counsellor-participants experience various crises that challenge their original intentions, necessitating a search for alternative approaches and philosophies. I investigate the theoretical backgrounds that the counsellor-participants discover, experiment with, and integrate in order to resolve these crises. I distill some of the common elements from these frameworks and synthesise them in an attempt to put into context the counsellor-participants' varying responses to the vicarious traumatisation literature. The counsellor-participants' responses emphasised connection based on their shared experience of the work. Work as a sexual abuse therapist involved several identifiable stages. To understand the processes involved in becoming a 'seasoned' practitioner better, I turned to feminist, postmodern and critical-reflective approaches in social work. These perspectives provided a context for the reformulation of the relationship between client and worker and the worker with themselves. Feminist theories assisted the counsellor-participants to make sense of the pervasiveness of male perpetrating of sexual abuse on women and children. From such frameworks, I conclude

that there are two journeys that the counsellor-participants are engaged in, simultaneously. The first, 'a search for self', is a personal journey of discovery. This search integrates knowledge about oneself, one's personal history and biography with one's original motivations and intentions for entering and remaining in the helping professions. The second, 'the search beyond self', addresses the deeper realities of existence, and deals with questions of where I fit within a common humanity. The counsellor-participants developed theoretical backgrounds that resonated with their experience through both 'journeys'.

The counsellor-participants presented me with a mixed response to the article by McCann and Pearlman (1990). I, therefore, began to gather together, integrate and analyse what they were saying about their experience. Combinations of three theoretical backgrounds provided a better fit between what counsellors were saying and explained why they were responding in a critical way to the article. To begin with, the discourses I found most helpful in understanding their perspectives were those drawn from narrative therapy and oral history (Noddings, and Witherell, 1991; White, 1997); systems theories that take into consideration the socio–economic, cultural and gender aspects of human experience as epitomised in 'Just Therapy' (Waldegrave, 1997; Waldegrave and Tamasese, 1993), and lastly, transpersonal psychology (Grof and Grof, 1989; Walsh and Vaughan, 1993). The counsellor- participants proposed these theories as being helpful to them in their day-to-day understanding of their work. The scope of the topic I was investigating thus broadened to encompass what the counsellor-participants were telling me was important from their own experience, in addition to the theoretical framework I

had presented to them as a starting point. In this chapter, I examine the art of reinventing the self of the therapist using the frameworks they suggested to me and some that I discovered in the feminist and social work literature. Following from chapter seven, I explore spirituality as one of the primary means by which the counsellor-participants create 'counter-memory' to ameliorate their vicarious experience of trauma.

Exploring Frameworks: A Search for Meaning

The idea that the counsellor-participants belonged to a culture that was important to them as an organising principle and underpinned my discussions with them. The social connections among them were a major source of support and influenced the way in which their more personal social relationships were ordered. These connections, they told me, sustained them in the work that they did. The concept of culture I found most helpful was that Clifford Geertz (1975) used. He quoted Max Weber as saying that '[Wo] man is an animal suspended in webs of significance that [s] he has himself spun'. Geertz (1975:5) takes culture to 'be those webs and the analysis of it to be, therefore, not an experimental science in search of law but an interpretive one in search of meaning'.

Beyond vicarious traumatisation, I discovered there were stories of the counsellor-participants' personal journeys that represented this 'search for meaning'. Connections among the counsellor-participants working in the sexual abuse/trauma fields, established shared meanings that were linked to the nature of the work they engaged in collectively. It was a detailed investigation of this 'web', however, that seemed missing from the existing literature on vicarious traumatisation. To understand the perspectives of those interviewed

better, I turned to postmodernist and feminist frameworks (Fook and Pease, 1999; Fawcett et al, 2000; Fook and Napier, 2001; Abu-Lughod, 1991 and 1993). I found the framework of critical-reflective practice (Fook, 1996; Napier and Fook, 2001; Fook, Ryan and Hawkins, 2000; Fook and Pease, 1999) arising from an ongoing engagement in critical incident analysis, relevant to my discussions with the counsellor-participants. Fook and Napier (2001:236) have suggested that critical-reflective practice based in critical incident analysis, is useful for experienced professionals to explore themes in their own practice that have developed over their careers. Knowledge which is transferable across a variety of contexts becomes the hallmark of the 'expert' practitioner. The transmission of this knowledge is bound in a wider 'cultural knowledge that can only be gained through a process of professional socialisation' (Fook, Ryan and Hawkins, 2000: 246). This conceptualisation of practice as holistic, creative and sensitive to context, fitted the experience of the counsellor-participants who perceived their work in these ways. Critical-reflective practice was in contrast to the masculinist view of psychoanalysis in which the counsellor-participants' experience in working with female, marginalized knowledges, was absent. The bridge from their initial training to more feminised models of working involved a deconstruction of the known and a journeying into uncharted territory. Meanings that emerge out of values where no objective meaning can be assumed, are central ideas in postmodernist thought (Fawcett et al, 2000; Fook and Pease, 1999). Working in a postmodern times, provided an environment conducive to this deconstructive process, out of which other ways of working could be developed.

The 'knowledge' transmitted to counsellors during professional training was grounded in Freudian conceptual frameworks that were, and are, patriarchal. Knowledge within Freudian psychoanalysis is the preserve of the 'scientist' who tests theory using logo-centric paradigms. However, in the field of psychology and psychotherapy, the predominant concepts and Western, patriarchal structures have been critiqued in favour of a more socially constructed vision of social reality. The therapeutic relationship has been reformulated. Unlike the Freudian psychoanalytic 'blank screen', where the psychoanalyst carefully controlled what occurred in the therapy room, a mutual search for meaning is intrinsic to the relationship between client and therapist (Kahn, 1991; Herman, 1992, Briere, 1996). These theorists acknowledge that the 'blank screen' approach may further traumatise clients. 'The New Relationship', now assumes that the client is an active participant who works collaboratively with the therapist in shaping the process of therapy (Kahn,1991; Waldegrave,1997; White,1997). Mc Goldrick, (1997: 400) cautions therapists to 'be more humble in their claims to knowledge'. In the field of abuse and trauma, 'expert' knowledge, in the form of clinical diagnoses and 'treatment', have largely failed those whom they are aimed at helping (Herman, 1992, Dalenburg,2000 and Courtois, 1997). Therapists, thus, need to look to alternative theoretical frameworks which more accurately and respectfully describe the human experience of trauma, to equip them to understand their own and their client's healing better. This conceptualisation more accurately fits the work of sexual abuse therapists working with women clients who have been multiply abused and oppressed.

It is only recently that concepts of individualism, autonomy and self-determination, inherent in concepts of 'wellness' within psychological literature, have been questioned as being

Western, middle class constructs, ill fitting the experience of women and indigenous people. Those whose experience does not fit Western models of psychological health then find their experiences are placed on the fringes of mainstream society (Waldegrave and Tamasese, 1993). The ' Just Therapy Approach' is an example of theory developed in New Zealand to address the culture, gender and socio-economic contexts of therapy. The way people express values in their lives and communicate them becomes the focus of attention rather than a sideline of investigative inquiry within 'Just Therapy'. Social connection and interconnection is seen as a way of both ameliorating contact with trauma and de-marginalising those who have been systematically disenfranchised and marginalised within society. 'Just Therapy' de-stigmatises the experiences of those whose voices are not heard by the dominant groups in society. Questioning the taken-for-granted values and assumptions underpinning conventional therapy is one of the ways in which Just Therapy does this. Therapy is seen as being a social and political as well as therapeutic endeavour where the personal and political are intertwined.

The pervasiveness of male perpetration and female victimisation in the sexual abuse field has inspired new approaches for women working with women who have been sexually abused (Herman, 1992). Those working as ACC approved therapists, at some point in their careers, consider the question of why it is that the overwhelming majority of sexual abuse perpetrators of women and boy and girl children in this country are men. Ninety eight percent of all perpetrators for the 1996-7 year, reported to ACC, were identified as male. (Sensitive Claims Unit Database Statistics, Unpublished). Maori and Pacific Island women are over represented in the client group seeking ACC funded therapy for rape and other

kinds of sexual abuse when compared proportionately with the population of New Zealand. (Mathews, Unpublished Sensitive Claims Unit Report, 1999) Sexual abuse reported to ACC, for Maori and Pacific Island women, is likely to begin at an earlier age and to continue over a longer period of time. Whilst most self-identified European survivors of sexual assault encounter abuse by spouses and flatmates, those self-identifying as Maori are more likely to report abuse by blood relatives, principally cousins, uncles and birth fathers.

An analysis of the roles of culture and gender was pivotal to the counsellor-participants' understanding of sexual abuse. It was how they made sense of the material they worked with daily. This understanding was based on a feminist, structural analysis of sexual abuse. Pateman (1988) discusses the historical rights of the 'brothers' established in the craft associations of fifteen-century Europe. The establishment of legal rights through marriage or partnership were important to understanding why sexual abuse most often happened at home among family members who were related by birth. Men traditionally asserted these rights over women and children who, through the marital contract, became their property (Pateman, 1988). Men's sexual access to women and their children by virtue of marriage and partnership legitimised sexual access, marital rape and incest within 'the brotherhood'. Pateman (1988) concludes that the marital contract operates to uphold patriarchal power through the subjugation of women and children, rather than establishing mutually beneficial rights. Pateman argues that a contract assumes that there are two parties who have legal and civic rights. In this sense, the position of women in society negates the existence of marriage as ' a contract'.

The counsellor-participants found it helpful to reflect on the power dynamics inherent in depression and abuse as being linked to being a woman within a patriarchal society. Therapy was also seen as a source of oppression if misused. George, a consultant to the present study, describes using a gender analysis to guide his work with women who are labelled as 'depressed', that critiqued the conventional medical model. He sees counselling as being part of the medical, patriarchal model that can 'entrap' women in a cycle of powerlessness and mental illness: 'I believe that most depression is not mental illness but the result of oppression. Like powerful husband tells the woman to shut up and if she doesn't shut up she gets hit. So she learns to depress herself and then, finally, develops all the classic symptoms of depression and gets pills that she doesn't need. She needs someone to deal with the violent husband. But medicine and counselling tend to entrap her in her response to the husband.'

These themes brought therapists to a search for meaning which hinged around why they considered sexual abuse occurs in society, which led on to a rationale for why they were still involved in the work. In linking sexual abuse to other kinds of violence, McCannell and MacCannell (1993) discuss the structural violence of capitalism and what it does to workers working within oppressive systems as being the same as the subjective damage to the victim of sexual assault. Capitalism is steeped in narratives of insatiability and the drive to produce more, through efforts to extract more productive labour from workers. The same dynamics underlay survivor accounts whose narratives are written as existing in lack, whilst the perpetrator's narrative is authored in excess:

> In domestic violence, childhood incest, rape and other hate crimes, the assailant may be motivated to commit the crime for no other reason than to affirm his will to

> pleasure, to 'have it all' while reducing his victims to less than nothing, clumsily occupying the subject position of the classic capitalist (MacCannell and MacCannell, 1993:224).

The counsellor-participants had an appreciation of how their proximity to survivors of sexual assault imbued their narratives. One area in which they became aware of their narratives as being seen differently from the predominant discourses was when other people heard of their employment. The counsellor-participants had well developed replies for outsiders to the field who exclaimed repeatedly that they did not know how the therapists could listen to sexual abuse material that was daily encountered on the job. Therapists found it necessary to reassure others making such comments that they had strategies in place to deal with any negative impact arising from the contact with traumatic material. At social gatherings, it was considered unwise to talk about work unless there were other colleagues present. Therapists' lives became increasingly compartmentalized between the personal and the professional self. Two of the counsellor-participants, Sally and Sophia discussed the difficulty of communicating the hope that inspired their continued involvement in sexual abuse therapy to others:

> Sally: I don 't actually often tell people what I do. I'll tell them about my teaching work but if it's new people and they say: "what do you do?" I'll usually say: "I tutor and do counselling and grow flowers". And because it's all together they can pick out which one they want and they don't usually pick out counselling of course. (laugh). It gives a balance. When I was counselling full-time, yes, there were people who were in groups wandering away from you or trying to tell you all their problems. And I think that's why I cut right down because I don't want to hear someone else's problems. Go and see a counsellor. Not me though! (laugh)

> Sophia: People often say: "How can you do this kind of work?" "How can you sit here and hear these terrible things day after day". And my stock response is usually: "Well I couldn't if there was no hope". I am hearing stories of regeneration, of people succeeding over hideous odds often. And if there wasn't that, I couldn't do

> it. Like being a doctor where you are diagnosing people's illnesses and often they are not getting better, they are getting worse and dying. You generally don't get that in this work. The people you work with for a longer time tend to improve. Thank God. Otherwise it would just be hideously depressing to do it.

The sense of the work being isolating due to the constraints of confidentiality and the need for the work to be conducted in private locations, usually on a one to one basis, seemed to add to the rarefied atmosphere in which counseling took place. Another counsellor-participant wondered if the dentist who worked next door to her practice experienced the same sense of re-entering the world at the end of the working day. To her way of thinking, the difference between her work as a psychotherapist and that of the dentist was that she was dealing with the details of the client's inner world. To this world the therapist brings her own inner world to sustain her while she bears witness to the unfolding interior realities of the client. The intimacy that comes from involvement in the psychological world of another inevitably changes the ways in which the therapist begins to view her own world.

In order to reconstruct their identities, the counsellor-participants ventured out of the known into uncharted territory. Their experiences mirrored the dilemma feminists highlighted of the need for women to move into areas of traditional male power with the intention of transforming them and the need for women to redefine these same areas with their own experience of their suffering and powerlessness (McNay, 1992:97-98). Sophia, a survivor of domestic violence, discusses in the following excerpt, the life she has created since leaving a violent marriage and establishing her counselling practice. She interweaves her

own struggle as a sole parent and moving into a new field (counselling) with her enjoyment of life within her circle of friends:

> Oh yeah. (laugh). I have flown by the seat of my pants. I've learnt by trial and error! And I think sometimes I have made mistakes, and we all make mistakes. My life is much more satisfying now. I'm in charge of it (laugh) which is one thing I really like. Not being married is really good. I really love having my own place. I love it when the kids are this age now because they can look after themselves a lot now. I've got lots of good friends. Life's a struggle financially somewhat being solo. But my life is good, very full and I'm out of a bad situation so there is a sense of enjoying it more and more as I get older. I love doing this work and I would also love to be able travel. And the sense of being able to do that as time goes on.

Sally describes how hearing the stories of survivors brings home to her an emancipatory potential that transforms her own life:

> There's that saying about whenever you're in the process of teaching you're in the process of learning and it's so true of this and people. It's a balance between the terribleness of it and the awful, awful stories that you hear and the amazement of people, what they've made of their lives. Something quite different and their values. I mean I'm hugely affected by these, [stories] but they're really amazing. I'm constantly in awe really of some of the stories because, I mean, some I have to say: "How on earth is this person still alive really?" " What is holding them?" There's some creative spirit that they keep moving forward.

For the male counsellor-participants, a range of other issues in relationship to women clients and colleagues were discussed that were not mentioned by female counsellor-participants. One theme raised by the three male counsellors was this tendency to think that all women whom they knew had been subjected to some form of abuse:

> One of the things that has affected my personal relationships, yes it has, I'm in no doubt at all about that, it has made it a lot more difficult to relate to women because one of the things is I'm almost unconsciously looking for trauma and then I withdraw. So that's an issue, and yet, I say some of my closest friends are also women who've been traumatised, so I mean that ends up being simply a friendship though, because there's probably some work I need to do in that area myself. I think certainly my views have changed in that my assumption is that there's a far higher range of these women [sexual abuse survivors] out there. It wouldn't be the case if I hadn't worked in this area.

The male counsellor-participants discussed feeling, at times as though they were being directly challenged by women colleagues for working in the sexual abuse field with women clients. In this context, they discussed their observations that women colleagues tend to gravitate towards something they discussed as 'situational lesbianism'. This term referred to the tendency they discerned for women colleagues to leave heterosexual relationships, or to become dissatisfied with males in general, as a consequence of involvement in sexual abuse therapy, and to seek intimacy with other women. This pattern was seen in a somewhat negative way.

As a consequence of these experiences, the male counsellor-participants often changed their views about the appropriateness of counselling female clients who had been sexually abused. Kevin, one of the counsellor-participants describes a change in his thinking through his own experience of being challenged by female colleagues:

> I think my own thoughts have changed a lot there too. I mean, ten years ago, I would have held very adamantly to that, to the fact that as a male therapist I could work with female clients who are abused and it comes up in the transference and there is a certain amount of specific healing opportunity that becomes possible by virtue by working with a man in healing. Now I would look at it probably far more gently and say that I think there's a number of women for whom it is not helpful to work with a man even if they're willing to, and where possible, if that was the case, I would tend to refer that person onto a woman.

Maturing through these confrontations brought with it a greater ability to resolve personally these dilemmas of being a man in female places. Again, a broader, structural analysis assisted male therapists who worked in the sexual abuse field. David, one of the counsellor-participants interviewed drew on his own experience of being 'abused' within

a workplace as informing his views about abuse being associated with the misuse of power:

> They [sexual abuse/trauma] fit best with an ongoing analysis, I believe from my experience of talking with and being challenged by women, by actually all victims of abuse, (bearing in mind that anybody can be a subject of abuse), the structural power arrangements where they are most conducive to a person are within a gender relationship but they are also between countries and between cultures- between managers and staff. Between those who have power and those who don't. So in any situation where there is an imbalance of structural power (sigh) there is the possibility of abuse, basically. And I think I actually had a very purist view of abuse in that men were abusive to women and men needed to learn all along what they had done. And I think I have changed my view or matured into it a bit in that I've seen women, and this isn't an anti-women statement at all, but I've seen women in positions of power who have used that power very abusively. So I modify my view that if anyone, whether they be indigenous or white, or black or women or lesbian or gay, can exercise power in ways that are abusive. And I find it more helpful to look at the structures that are around the abuse and the ways in which it can be perpetrated. And, obviously, the predominant groups that it affects are women and indigenous cultures.

These cycles of personal reflection and development I have referred to as: 'the search for self', and 'the search beyond self'. These are connected processes in which the trauma therapist is engaged. These processes, over time, enable therapists to make sense of their work, themselves and the societal forces that colour the environment in which sexual abuse and therapy take place.

Personal Growth: the Search for Meaning and the Search for Self

The counsellor-participants I had interviewed were 'experts' in the sense of being able to maximise the transferability of their skills across different contexts (Fook et al, 2000). The breadth of their accumulated years of practice meant that they were able to look back over their careers, to recall what the early years had been like. They also described their

development as they matured both personally and professionally over five to thirty years of working in the sexual abuse field. These discussions informed my thinking about the development of the counsellor's self. Feminists reworking the writings of Foucault have critiqued his earlier work on the surveillance of body on the basis that there was an absence of self and individuality (For example, McNay, 1992). In his earlier work, Foucault saw psychoanalysis as an example of the insidious nature of surveillance, producing 'docile bodies'. Through compulsion to confess, Foucault saw psychoanalysis as a form of oppression as it aimed to normalise through self-surveillance in a similar way to the confessional within the Roman Catholic Church. Feminists have found Foucault's understanding of 'docile bodies' as limiting women in a similar way to Freudian psychoanalysis has, in formulating women as existing in lack (McNay, 1992:46). In his later work, Foucault (1990) shifts to an analysis of ancient Greek culture to discover an aesthetics of the self through an exploration of how one actively attains pleasure. By focusing on examples from Antiquity, Foucault is concerned with how the self is actively created and recreated. The evolution of 'style of activity' is central to his later conceptualisation of the self.

The early years of work in the trauma field centres on the search for the self of the therapist in terms that fit Foucault's conception of the creation of the self through active discovery and reinvention of the self. For the counsellor-participants, this discovery and re-invention of the self involved integrating and referring back to what was learned in professional courses of study, and then applying these to areas of professional life, and life beyond the therapy room. This process has been described in some detail in the literature (For example,

Berger, 1995; Edmunds, 1997; Fook, Ryan and Hawkins, 2000; Napier and Fook, 2001). This phase seemed to be most intense for the participants I had interviewed, as they reflected on their first five years of professional practice following attendance at a course of study.

For the counsellor-participants, who began practising as therapists in the 1970s to mid 1980s, there was little written on the subject of trauma therapy and the effects of trauma on the client, let alone the therapist. Efforts to assist trauma survivors were, at best, experimental and tentative. Those who took up the challenge of offering therapy or assessment services quickly became 'authorities', a role they neither wished for nor actively cultivated. Counsellors learned from one another, in the absence of other resources. These contacts proved to be a 'life-line' in a professional as well as a personal sense. A sense of camaraderie and culture developed in the course of this 'baptism of fire'. Audrey, one of the trailblazers in the field of child protection and the assessment of abuse, found the on-the-job experience 'far more stressful' than anything she had imagined. Part of the 'stress' was dealing with the backlash in bringing abuse into the public's attention, and the lack of systems to support her assessment of complex situations where the child was at risk:

> When I first started working people didn't believe it [sexual abuse] occurred and so you copped a lot of flack in bringing it to people's attention. So I think it was actually far more stressful than I had imagined and I never imagined like going to court or anything like that and there were no systems. So that was far more stressful. Like I can remember the first case I ever did, and someone from Child Youth and Family Services rang me and said - you know it was a horrific situation and said: " Well we don't know what to do". And I said: "Well I don't know what to do". (Exasperated Laugh) and "so shall we all not know together? OK!" It was <u>that</u> bad. I mean, Child Youth and Family Services didn't have a clue. Not a clue! (long sigh, head shaking).

On the training course, there was often an opportunity for counsellors to experience a level of emotional intimacy with colleagues that may have been missing from more personal relationships. Such relationships with colleagues were then maintained or referred back to as prototypes to other, more personal relationships. Where there were major differences between the satisfactoriness of the personal relationships of the counsellor, the training course and professional associations made there, seemed to bring these personal relationship dilemmas into sharper focus. Key figures, who may have been supervisors or teachers, became important mentors, acting as a source of inspiration and affirmation in the counsellor's life. For some, these trends led to a sorting through of significant relationships and the expectations attached to them. Greater connection across the 'work lines' became evident. Bronwyn, one of the consultants interviewed, summarises this sense of disjuncture between the personal and the professional during attendance at a professional training course: 'After my first weekend training course we had a whole session on "don't burn up on re-entry." They were well aware of how we would be stirred and how the feelings would be heightened, and how we just had this exquisite experience of being close to all these people, and then we'd go back to being with somebody who didn't know what we were talking about'.

Rose, one of the counsellor-participants discussed how she works from broader systems of meaning as a therapist which she has transferred to other areas of her life. 'The companionship' of likeminded associates helped her to apply her knowledge across different contexts: ' I met through my psychodrama training which in a way, psychodrama for me is another community of people which is a bit of another way of life. I met some people there

who were part of another spiritual community which I felt attracted to, so that meets a lot of needs too, and that especially meets my need for some structured celebration of spirituality and also developing independent thinking.'

Experimentation with a variety of approaches and therapeutic techniques for the counsellors' own personal therapy and for use with clients, was exemplified during the training phase of their careers. Personal therapy continued to be an important resource in coping with the demands of the work. Contacts with mentors and colleagues had an important modelling function for fledgling therapists. Sophia, a counsellor-participant, describes learning from other therapists through undertaking her own personal therapy. She chose therapists who work in different modalities and live in societies different to her own, so that she could learn from them:

> When I was in the States I worked with a number of different therapists. That was amazing, they let me tape their work. I told them it was part learning experience and part personal stuff. I ended up doing that so I've experienced a number of different modalities, too, by doing that by psychotherapist, drama therapist and traditional therapist. I think also it actually should be mandatory that therapists do their own work, because it keeps you in touch with the process. I think you can get into a bit of a 'holier than thou' situation if you are always in the therapist's chair, so it helps to feel that vulnerability again from time to time. Most therapists I know do stuff for themselves all the time. I think you get choosier and most of us are doing some sorts of training as well. I'm a bit of a personal growth junkie. (laugh)

Initial enthusiasm, a sense of 'mission'; a tendency to be driven and to overwork in this stage of the counsellor's development brought with it an imperative to find a better balance between work and non-work interests. The challenge became one of how to manage or survive increasing responsibility with professional development at work and with personal responsibilities at home. This was particularly a theme if counsellors had entered the field

during their twenties or thirties as Berger (1995) discovered in his 'Conversations with Psychotherapists'. Berger's participants were simultaneously trying to establish families, homes and careers as psychotherapists. Metaphors of this juggling of roles as being 'a balancing act' (Huffam, 1999) within which adaptive responses are developed to various 'oppositions' encountered on the job, are related concepts developed in the New Zealand context. Similarly Harre-Hindmarsh (1992) noted the pressures on women social workers who had families to support, when they were responsible for parenting and housekeeping both practical and emotional at home.

The counsellor-participants generally entered the field as mature students who were established in their personal lives and were looking for personal/professional growth experiences. The training course and early years of practice, often, for the first time, enabled the counsellor-participants to reflect on their personal histories and the connections to their original motivation for wishing to enter the helping professions. Early traumatic experiences and other issues linked to family relationships were sorted through with the assistance of personal therapy, travel, study and other activities that were broadening of the counsellor-participants' definitions of who they were. This expanded personal philosophy was then integrated back into the professional self of the counsellor in an ongoing way over time.

The Search Beyond the Self

The counsellor-participants discussed making contact with a deeper sense of their own being beyond notions of their own personality and ego as they progressed in the work. This was described to me as an unfolding awareness which sustained them in their contact with

stories of human courage and suffering. This contact brings with it a profound personal transformation that continues alongside the personal healing journey mentioned, to assist therapists in their work. This is 'knowledge' beyond the tangible realms of everyday existence often referred to as 'spirituality'. It encompasses concepts of 'intuition', 'creativity' and 'artistry' in life that manifests in one's practice. Fook, Ryan and Hawkins (2000:223) use the term 'artistry' to refer to 'the skilful combination of a range of knowledges (existing or new) in ways that are contextually relevant'. For the counsellor-participants interviewed, this 'artistry' was grounded within their own personal healing and quest for spiritual awareness. This journey was described as beginning in Christian or church contexts which, over time, became less relevant, and were discarded or fundamentally adapted. The counsellor-participants evolved beliefs and faith prefaced on a deep respect for nature, the sacred in everyday life, and a sense of abundance and universal love. Three participants had trained and were practising as ministers of religion prior to entering the counselling field. They described increasing disillusionment with the churches they found themselves working within. The paternalism of church dogma and hierarchy were specifically referred to in their decisions to leave. Sally, one of the counsellor-participants, saw her movement into counselling and out of her role as minister of religion as 'a natural progression'. 'For me it was a natural progression and it was a progression about male domination and theological movement, so that my own theology didn't fit into a church situation'. George, a consultant to the present thesis, left the church as he found it was 'interfering with [his] personal growth' and 'was damaging to women':

> People ask me why I left and I said it was interfering with my spiritual growth. The straw that finally broke the camel's back for me was sitting in Church with a wife and three daughters and finding them invisible. They just didn't fit in the system; there

> was no language for them. There was no structure for them – it was a total male structure- and what do we say at the beginning of our service? We say: "our Father". So there was no place for women. Now, of course they [the church] have tried to make the language gender inclusive but it doesn't work of course because it is still in the patriarchal structure. I remember preaching one Sunday in a Church for my friend and a guy came out of it afterwards and said: "So what do you want us to do, close down a session, make all the session women, have no men on the session at all?" And I said: "No, it won't make any difference. The session is still a patriarchal thing and the women would still have to fit it. Would you be willing to allow twelve women to decide how the Church should be organised and run and going with that – if it wasn't any structure you had any knowledge of before"? He said: "Don't be silly"! So it was a real disappointment about having a structure that I thought was damaging to women. It was a huge motivating factor with having a wife and three daughters who are all feminists.

The search for inner strength through spirituality seemed to be connected with a growing disillusionment with hierarchy and patriarchal structures. The counsellor-participants developed an awareness of being connected to a greater source of being, which replaced or modified earlier held beliefs. These evolving beliefs established a new way of being and relating to the world and others. These revised beliefs established a context for continuing to practice as an ACC counsellor. Rose explains how she has integrated her developing sense of spirituality with her involvement in the church in which she was raised:

> I value, currently and for the last twenty years, being part of a community of people with similar spiritual beliefs. I'm currently part of two communities, one a community of women whom I 've been involved with, two of a group of eight for about twenty years and that's a group which is based around the Catholic spirituality. Their work is to carry out spiritual retreat work. And, as my own spirituality has grown and changed, I still feel comfortable with that group of women. Probably half of them are Catholic and half are not and I feel valued and accepted for the person I am and having moved away from Catholicism. I was brought up in Catholic culture, and there is still, what I have received from that is very important to me, but a lot of the dogma doesn't fit with my beliefs anymore. So I meet with them every month and more often with individual members. And then there is another community I met through psychodrama. I came in contact with an independent church group through that which highly values being free from dogma and at the same time celebrating spirituality in a structured way.

Underlying these changes in 'frame of reference' were notions of a growing awareness of one's own spirituality. Pearlman et al have used the term to refer to those aspects of human experience that refer to the creative, non-material and intangible dimensions of experience, including 'hope, faith, joy, wonder' acceptance, forgiveness, gratitude, creativity (Pearlman, et al, 1996, p287) I have discussed 'spirituality' to refer to those aspects of the self that encompass notions of membership in a universal humanity and belonging to a community of like minded individuals, and called this 'the search beyond self'. The predominant worldview in Western culture, based on a rational, scientific/medical and patriarchal paradigm, is largely incompatible with these notions of spirituality (Grof and Grof 1989). Challenges to existing Western paradigms have lead us to re-evaluate our thinking about many unexplained phenomena such as mental illness that defies diagnostic labelling (Grof and Grof, 1989). Trauma and in particular, sexual abuse has similarly challenged conventional psychiatric thinking. Instead of referring to the potentially harmful and stigmatising effects that psychiatric diagnoses and treatment can impose, in recent times, there has been a redefining of trauma as a normal reaction to abnormal events (Herman, 1992). The role of spirituality in recovery from sexual abuse trauma has been more recently acknowledged. (Fallot, 1997;Wittine, 1995). Increasingly theorists writing about personal transformative experiences are developing new frameworks for understanding what Grof et Grof (1989) have called 'spiritual emergencies'. The counsellor-participants drew from a diverse array of spiritual traditions including Eastern philosophies incorporating strands of psychological thinking

(Kornfield, 1993; Dass, 1993); psycho synthesis and transpersonal psychology (Grof, and Grof, 1989; Walsh and Vaughan, 1993), Buddhist teachings and philosophy, (Kornfield, 1993; Wilbur in Walsh and Vaughan, 1993), meditation, hakomi and various forms of bodywork. These were approaches much discussed by the counsellor-participants as offering alternative frameworks that better fitted the experiences they had had personally and in being a therapist working in the field of trauma.

For those therapists who had an awareness of sexual misconduct, male oppression and abuse within the conventional church systems they had worked and worshipped within, there was a desire to leave the existing hierarchies to begin a new life. For Sally, one of the counsellor-participants, being involved in abuse within the church where she was a minister was 'the last straw' :

> I guess in the end I got very disillusioned by the Church. And so a part of that, not the whole, just a small part, I was involved in, I forget what they call it, but it was basically being available in the area here over people coming out about sexual abuse cases within the Church. And that was almost the last straw I think. [pause to self-reflect]. Yes, it was; and it was a period of change for me but it seemed like I was already moving away from the Church, and then just to become more aware of the abuse, of actual cases of abuse that was going on. One was aware that there had been abuse in a wide sense, but to actually now hear specific cases I thought: 'I don't actually want to be part of this abusive situation'. I was hearing it obviously in the media, as everybody else was. I know there was one minister, I think he is probably still in prison. Yet they are all little points to saying: "you've got choice, you've tried to change the system or you can actually leave the system". And I decided: "No. I would rather leave". I think I have spent too long trying to change systems, so let's have a break.

For a dual role significant other, Mavis, her relationship with the primary therapist interviewed, David, became affected by Mavis's disillusionment with the church within both worshipped. Mavis spoke of her respect for her colleague/friend who was now her

manager, after she had been instrumental in recruiting him to the organisation where they now work in a small team. Both described making a parallel transition away from the hierarchical structure of the church but taking their original notions of their own spirituality with them. Former associations and values seemed less relevant now:

> I am not going to be part of the Church again because in a way it is like stuck in there so long, its sort of like being in this domestic violence sort of thing: I keep coming back for more. I won't be part of it. I was also part of the sexual misconduct advisory group within the Church. And I stuck with that because I thought that was one place where I could make a difference. But in fact I've just resigned from that. That is partly why I am not in the Church anymore. I think it is abusive to even think of women as being lesser in some way. To me, that is abusive as well as actual physical/ sexual abuse.

David concurred with Mavis's views. At the basis of his personal philosophy was the quality of the relationship between himself and his clients. Hope needed to be present alongside despair or traumatic experiences:

> I find pathologising discourse pretty unhelpful to my clients. And most of psychological papers or theories are purely psychological discourse or pathological discourse. So anything that is prescriptive or diagnostic around me or may pathologise me or other psychologists or therapists I'd avoid just as much as I would for my clients. That's why I think this article [McCann and Pearlman, 1990] is quite interesting. It sits quite comfortably alongside that book that I mentioned [White 1997] which is about the opposite of traumatising therapists. It is the flipside of that: it is how therapists that are exposed to a lot of trauma and difficulties actually overcome them. Because what we are about with clients is about how to help them in transforming their lives from all of the 90% of the problem to seeing the 10% of the hope and the solution. In some ways from a personal and professional viewpoint, not in vicarious traumatisation of therapists; but those therapists who have been exposed to a lot of this kind of work, how they sustain themselves, and how they manage to have a full life and help people in ways that are helpful and are also helpful to themselves.

The Growth of Spirituality

Reclaiming spirituality that had become lost in patriarchical discourses within organised religion was a theme in the interviews with the counsellor-participants. Increasing disillusionment with hierarchical church structures prompted them to reauthor other versions of their own spirituality. In this spiritual questing, counsellors were reclaiming power in a parallel sense to their clients.

This movement into alternative belief structures, the counsellor-participants discussed as being a process of developing their own personal spirituality in the context of their lives and life experiences. They described increasing frustration and disillusionment with conventional patriarchal church systems once they began working in the sexual abuse field. For those who had been trained or raised in Christian, traditional, church-based structures, increasingly these were seen as limiting, restrictive and patriarchal. Changes to the worldview of the therapist inevitably challenged the foundations of previous associations. As Rose, suggested, to begin with, there was an intensive immersion in sexual abuse therapy followed by a stepping back to take stock and to decide where to place her energies. Over time Rose described a falling away of the fear associated with her proximity to trauma that was like 'transcending' the fear and despair evoked by the traumatic material brought to the therapy room by clients. This ability to 'transcend' was intimately associated with the sense of Rose's own growing spirituality:

> Yes I think the work at first felt all-encompassing. And now the work feels balanced in my life far more. I think over the years of the work it feels like cutting through the crap of institutions and dogma and feeling the frustration that it takes

> many years for institutions to come on board with new ideas, with theory and social change. And in a way I struggle to stay with part of an institution and then made the decision that I could live more freely and be more alive free of institutional life.
>
> ...I've experienced with my knowledge of what the impact of abuse has been and the effect of power and control and then being close to an institution that doesn't necessarily examine itself fast enough; where it tends to be the male dominated systems, the change is just not fast enough. It's been easier to get on with my own life, my own being away from those institutions; I have now given up on trying to bring about change within the institution. At the same time I'm hugely supportive of those who continue to stay within and work for change.

Human experience is less easy to label as 'dysfunctional', when these wider perspectives were espoused. There was a greater need to develop alternative understandings of experiences thought of conventionally as, for example, 'psychosis', 'dissociation' and other diagnoses conventionally labelled as 'mental illness'. A diverse range of disciplines, cultures, therapies and philosophies were, instead, referred to for guidance. The 'self', in terms of transpersonal psychology consists of shifting patterns of experience that are less identified with ego or personality constructs and conventional reality. This 'self' is the 'not-self' of Buddhist psychology, or has been variously referred to as 'the witness' or 'the one who watches' (Grof and Grof, 1989). Various forms of bodywork, meditation, prayer, ritual and other forms of devotional or contemplative practices the counsellor-participants described as a means to accessing this 'not-self'. Sophia, one of the participants who had been raised within her mother's Samoan culture, describes her spirituality encompassing elements of all religions. Seeking solitude was a means of 'nourishment' and replenishment:

> I think that because there are so many personal demands on you in doing this work, I can't imagine what it would be like to be not plugged in to something greater than that. Part of my degree was religious studies so I'm interested in the essence of all the traditions I'm not a practising Christian at all, I'm not a practising Buddhist but there are elements of all the religions that I practise. I was part of this School of Philosophy for about five years and it advertised itself that it taught esoteric traditions from all of

> the world's religions and it was like: "Yay". It was how to practise them in your daily life by using exercises and techniques and so on. And I still do it. I keep trying to get back into a regular meditation practice. I think that is really, really important for restoring yourself. It's hard to do that sometimes because of the time. So I can work as easily with a Muslim as with a Christian and without it becoming an issue. I just like my orientation and training has allowed me to work within different belief systems which is good. So I can work with a Samoan woman who has been brought up as a Westerner but it's like part of her has Western beliefs and the other part of her believes she was cursed in the Samoan way for particular things so it's useful to be able to use both of those at the same time. And some families of experience that, like my mother was very superstitious or what I would have called superstitious, actually she was just in the Samoan belief system. So any wise tradition I subscribe to. And I tend to draw my nourishment from being alone.

Beth, one of the counsellor-participants, had a nurturing sense of the presence of important figures in her life, who are now deceased. Giving thanks and gratitude to all beings was part of her daily routine:

> Well, the spiritual practices that are important that have sustained me over the last year or so, are getting in touch with nature things like walking on the beach, like enjoying the fabulous garden I've been living in and like beginning each day with a personal meditational, prayer-like ritual. And being thankful for life. That's something that's very important to me that I've practised a lot which maintains myself for work and for life generally. So that's very important to me. And it includes remembering my family connections in the present and remembering the people who've been in my life who've died and who are still with me.

Thus as some writers have suggested, 'we can distinguish between the self experiences, which are transient moments in which consciousness is dramatically expanded to include the transpersonal dimension of the "unconscious" (Wittine citing Jung, 1966) and self knowledge which is a more or less permanent acquisition, reached by enduring the difficulties of many years of spiritual practice' (Wittine, in Sussman, 1995:294). It was the latter part of this definition that I became aware of as sustaining counsellors both in their personal journey of discovery and in dealing with the 'on-the-job' dilemmas. The more 'transient moments in which consciousness is dramatically expanded', was encompassed in

what I have earlier referred to as 'the search for self'. The two journeys are connected as illustrated by the following quotation from Ellen, one of the consultant therapists interviewed. Ellen, as a consequence of her growing sense of spirituality arising from her work with dissociative clients, now saw her resources as being more 'internal':

> I realise, too, that my work with sexual abuse has been balanced by clients who are on their own journey of self-discovery. In that time, I realise, too, where I might have a focus of authority which is external, when I first began working in this area, I have shifted now to much more having an internal focus of authority. I can still be extroverted, when required but I would say that my resources are now internal. So that has come, I think, from working with clients who have to find their own internal resources. They have been abused, but they need to find their own source of life within. I guess that has been their gift to me. I recognise that working in this field, has also been very costly. The benefit for me, the richness has been, attending to my own and discovering my own inner resources. I guess you could call this spirituality. But I think this work has certainly made it possible for me to focus and be much more aware of my own need for growth.

A major aspect of this developing awareness of 'not-self' was associated with the relationship that the counsellor had with the client. Counsellors talked of the therapeutic relationship as being a 'living process', which was dynamic and synergistic, which evolved between the self of the therapist and the self of the client. This interactive process was seen as greater than the skills, abilities, and actions of the therapist or the client. It was something that was ever-present in the work but almost impossible to define without reducing to something meaningless. Concepts such as 'bearing witness' to clients' stories of trauma (Herman, 1992) and the concept of both client and therapist being actively engaged in a parallel process of healing (Pearlman and Saakvitne, 1995), were included in this notion. However, it was more the evolving quality of the relationship and the depth of the therapeutic relationship that seemed to inspire in the therapist, a pervading sense of hope, respect and wonder. The awe-filled accounts of therapeutic interventions were referred back

to as a source of sustenance in the counsellor-participants' work. While aware of vicarious traumatisation, the counsellor-participants seemed to be saying that they have deep and abiding sense of faith in the ability of both client and therapist to engage in this process and to emerge transformed by the experience. This theme, however, seemed beyond the scope of vicarious traumatisation literature, which focused on the negative aspects of the phenomenon. These discussions brought to mind collections of stories of trauma survivors that have been gathered by recent writers. Their accounts rely on telling the story of the survivor (Leibrich, 1999 and Coffey,1998). These are stories that are both 'unspeakable truths and happy endings' (Coffey, 1998) . In a sense, hope would not be possible without the bearing witness to these stories of trauma and the aftermath. Rather than the counsellor-participants discussing the negative aspects of the therapeutic encounter, I was more often hearing that 'it was a privilege to have been there'. Again, the notion of balance in dealing with and learning to hold both the client's despair and hope, was considered crucial. Sophia refers to her experience of listening to stories of survival as enriching and 'expanding [her] life' and, at the same time, her 'tiredness':

> It's changed me so much in terms of expanding my life. There are so many vicarious lives I have experienced now, not only vicarious trauma but also people's healing stories, just people's experiences and I feel like hearing so many people's experiences has broadened my experience bank enormously. That's a richness that is added in, a huge richness to my life. It's increased my tiredness, my patience and understanding and all sorts of things, in a way that I find it hard to imagine any other field would do. I'm sure there would be, I guess any service field or helping field and perhaps many others too, but this one is particularly rich. Just knowledge about what it means to be human. When I'm sitting there hearing peoples' stories thinking: "God, this is amazing!" That I am able to hear that story.

Conclusion

The counsellor-participants were involved in a personal transformation that was a two-way process. The transformation of self was related to the development of a personal politics that aimed at societal change. In this process, the counsellor-participants' relationships with personal associates were also transformed. Gender and cultural differences were informative as to how these transformations impacted upon practice and relationships with others. I found the gaps between counsellors and their significant others as informative as the connections. I discovered that for personal significant others there was a parallel 'search for meaning', and 'search for and beyond self'. However, these were different journeys to those of the counsellors interviewed. In the next chapter I go on to explore these journeys from the significant others' perspectives.

CHAPTER TEN

THE SIGNIFICANT OTHERS: PERSONAL AND PROFESSIONAL

Introduction

This chapter focuses on the significant others that the counsellor-participants nominated. The purpose of these interviews was to assemble three perspectives on a theme – the counsellors' responses to the vicarious traumatisation literature have been supplemented by interviews with their nominated significant others. I compare and contrast the views of the personal, dual and professional significant others in terms of the issues they raised. Among the topics they discussed included the effects of vicarious traumatisation on the therapist in ways that are congruent with McCann and Pearlman's (1990) framework. Whilst the personal significant others did not use the same terminology used by the dual and professional significant others, their descriptions of their relationships with the counsellor-participant strongly mirrored the vicarious traumatisation literature. The professional and dual role significant others resonated with the issues experienced by the counsellor-participants, as they had been through similar experiences. The counsellor-participants ways of seeing and understanding the world were understood by those significant others who worked in the same field. Those significant others who were outside this discourse drew upon frameworks of knowledge that were quite different from and in some instances in conflict with the paradigms used by the counsellor-participants.

The literature had suggested that the significant other's support, or conversely the lack of it, was a key variable in how effectively counsellors approached and dealt with the rigours of

trauma related helping. (McCann and Pearlman et al, 1990; Pearlman and Saakvitne, 1995; Mediros and Procaska, 1988; Figley, 1995). Johnson (1993) had recommended that future research on vicarious traumatisation among sexual abuse therapists focus on the impact of the work on the relationships of sexual abuse counsellors. However, the views of significant others remained largely undocumented in the literature. One quantitative study undertaken in New Zealand discovered that collegial support assisted police officers to ameliorate symptoms of post traumatic stress disorder (Stevens, 1996; Stevens and Long, 1997). Critical incident stress debriefing was found to be less effective than the informal support of colleagues, as officers feared that a disclosure of feelings in a public arena might hamper their opportunities for promotion. A macho ethic within the police force also prevented police officers from discussing their responses to trauma with their managers.

Rationale for Involving the 'Significant Others' and Methodological Issues

Discussions with colleagues suggested the value of gathering the significant others' perspectives to see how they were similar and how they differed from the counsellors' views of the work and its effects. The literature on feminist research methodology recommended triangulating the research data by gathering views from different standpoints (Cook and Fonow, 1986; Stanley, and Wise, 1983; Reinharz, 1992). Three viewpoints formed the 'triads' of the counsellor and their nominated personal and professional significant others. Similarities and differences were then noted within the triads and across the groupings.

All but one of the interviews was conducted on an individual basis to preserve the confidentiality of the primary participant. The exception to this was two adult children who

wished to be interviewed together about their parent. Any material raised in one interview was not disclosed in any other interview. Sometimes significant others asked whether the primary participant had raised certain topics. This was a request I declined to answer citing the original confidentiality agreement with the counsellor-participant.

Initially I had assumed that counsellors would want to nominate two different individuals who represented the dimensions of support offered by a colleague or work associate (professional significant other), and those dimensions offered by a spouse, friend or family member (personal significant other). In practice, I discovered that these distinctions between the personal and the professional did not readily fit the experience of many of the counsellor-participants. The division between the personal and the professional blurred, as the counsellors had spent many years in this area of clinical practice and had gravitated socially towards colleagues who were like-minded in their personal philosophies. As the fieldwork progressed, it seemed natural to me that the divisions between the personal and the professional would fall away. This was my experience of work colleagues becoming friends over the length of my own career. In this way, five significant others were nominated by counsellors to represent both the personal and professional other in their lives. These 'dual role' significant others were most often colleagues who had met on the job and /or had trained together. One became an intimate long-term partner who continued to work in the sexual abuse field. Another employed her dual role other to establish her new business, as she moved out of counselling into other areas. The other three continued to be key figures in the life of the therapist: socialising

out of work with their combined families, attending conferences and supervision groups, holidaying together, and consulting one another about clinical practice.

Though the distinction between the personal and the professional seemed like an increasingly artificial construct, those personal significant others who were exposed to the work but who did not have a working knowledge about trauma, provided different views to the other groups interviewed. The personal significant others' insights as relative outsiders to the profession and the work, were, in some respects more revealing than those schooled in the language of psychological analysis. These were the significant others who were more purely 'personal'. They were most often family members – adult children and spouses, or life long friends, who did not have the 'hands on' knowledge of what it is like to work in the trauma field. I, therefore, refer to this group as personal significant others in this sense. The professional significant others and those participants I have referred to as 'dual' significant others, had experiences that were clearly distinguishable from those of the personal significant others. The professional and the 'dual' significant others had a shared frame of reference in terms of the language of psychotherapy and the experience of counselling/therapy. I refer to the professional significant others and the dual significant others separately to reflect these differences in experience.

I found personal significant others' comments were also more raw in their emotional intensity, than either the professional or dual significant others, as it was often the first time they had been asked about their experiences. I felt a special imperative to record the

personal significant others' views, as these were the voices missing from the literature on vicarious traumatisation. As I commenced interviewing, I realised that my assumption that significant others were 'supporters' of the counsellors was incorrect. There were some personal significant others who seemed to resent the personal growth that went with the counsellors' experiences of counselling in the trauma field. I often heard from personal significant others that they felt left behind or relegated to the role of being the practical, behind the scenes, person.

Professional significant others, too, were sometimes critical of the foibles and habits of their colleague, relating to me in psychological terminology the reasons for their criticisms. 'Personality differences', were often cited in response to difficulties within the counsellor/professional significant other relationship. In the face of trauma disclosures, however, these differences were set-aside in the interests of working together.

Personal significant others did not have this shared frame of reference and, hence, did not easily recognise the forces behind the personal transformation that they observed in the counsellor. I discovered in talking with the counsellor-participants and their nominated personal significant others that misunderstandings and mis-communications were more likely to arise in their relationships, in the absence of this shared frame of reference. These mis-communications were instances of 'talking past each other' in a cultural sense (Metge and Kinloch, 1978). This 'talking past each other' (Metge and Kinloch, 1978), had implications for the quality and longevity of the counsellor/ personal significant other relationship.

Characteristics of The Significant Others

The ages of personal significant others ranged from 17-59 years. Most were living in the household with the counsellor. They described their career as being: 'student', 'unemployed',' 'retired/ manager, turned builder', 'home-maker/mother', 'nun/spiritual director', 'marketing manager', 'rehabilitation worker' and 'systems analyst/manager'. The counsellor had known the personal significant other for 17 to 33 years. Those nominated by counsellors as their personal significant others were adult children, long-term friends and husbands. One personal significant other identified as Maori, two as Samoan/Pakeha and the remainder self-identified as Pakeha.

The professional or dual significant others were all actively employed in counselling roles with a particular interest in sexual abuse/trauma therapy. They were often working in private practice or agency work or a combination of both. The length of time that the dual and professional significant others had known the primary counsellor ranged from 5 to15 years. The ages of the dual and professional significant others ranged from 38 to 60 years. One self-identified as Maori, one as Samoan-Pakeha and the remainder self-identified as Pakeha. The dual significant others were partners to the counsellor, or employee, work colleague, and past supervisors or teachers who later became friends to the counsellor-participants.

All nominated significant others were asked to comment on their perceptions of the counsellor over the period in which they had known them. Did they consider the work

had impacted on the counsellor in any way over time? Different accounts of the history of their relationship, its ups and downs, were woven into the discussion. Then I explored how the significant other accounted for the themes and patterns discussed in relation to the counsellor and the relationship of which they were a part. I asked the personal or dual significant others if they considered there had been any effects for them of living with a counsellor doing sexual abuse therapy. I found it was this question, answered from their own perspective that sparked their interest in the topic, so this is where I decided to begin the interview.

Intimacy and Relationships

Husbands discussed the counsellor-participants' attitudes about men as being more demanding of them to perform certain 'acceptable' behaviours. For some, there was a sense in which the expectations of their own role as husband within the marriage had changed. The increasing intolerance with the 'unacceptable' behaviour of men by the counsellor-participants was accounted for by some husbands as being part of their partners' maturing process as they aged. The counsellor-participants were prepared to tolerate fewer behaviours they saw as restrictive or oppressive of women, according to their husbands. This guiding principle applied to their own partnerships and to the counsellors' dealings they had with men more generally. As Mark explained his partner worked in fields prior to entering counselling. Each change of career necessitated a transformation for her and so it was difficult for him to distinguish whether some shifts in her attitudes were the product of her involvement in sexual abuse counselling. Some of these shifts in attitude appeared to him to be related to a progression in thinking that

accompanies age and experience. He concluded that 'it's hard to pick but she always was reasonably forthright and independent and demanding that she liked equality from a gentleman, which I'm aware from talking to colleagues that this sort of attitude is not necessarily uncommon'.

Other husbands saw this increasing intolerance with the behaviour of men as being more directly connected with their partners' work in the sexual abuse field. These were husbands who interpreted the comments from the counsellor-participants about men in general, as applying to them more personally. For one marriage, the expectations of the counsellor-participant made it difficult for her husband, Steve, to behave as he usually did without being judged and labelled as being chauvinistic and aggressive or depressed, he told me. This made everyday life more complicated and difficult to navigate his way through. He conceptualised some of the changes he observed as being related to her work as a sexual abuse therapist:

> 'Her tolerance level about any abuse of any sort has diminished. I think she would be very vocal if anything cropped up in the family about those kinds of issues. As I've said, I've just been thinking about one aspect. About the time that she was learning about violence and going through these changes, I got labelled as being violent and I reacted quite strongly against that.... I think, over time, she has realised that it's not necessarily violence and it's certainly not aimed at her. So her attitudes have modified a little bit. I don't know quite what she thinks about me now. But I wouldn't be surprised if she put that label on me over those issues.'

These attitudes had implications for the husbands' sense of closeness and intimacy within the relationship. The space to be oneself and to express oneself was missing. Friends were selected who would understand his point of view, so that Steve found emotional closeness with another man in a relationship outside the marriage. Steve was aware that

his partner was confiding elsewhere and he tended to do likewise, as time went on. Interestingly, he found it easier to confide in his friend, Glen, who was not a counsellor. A second male friend, Harry, was an ACC Approved counsellor, like Steve's wife. Harry was considered by Steve to have different interests from his friend Glen, due to his involvement in therapy.

The husbands who were married to the counsellor-participants interviewed, told me that they were increasingly mindful of being a man, and the power attached to men's power in society. For some this led to a tendency to retreat into the sidelines of gender debates to avoid these dilemmas as far as possible. For other husbands, the challenges inherent in their masculinity led them to join men's groups to educate other men about male sexuality and the power and control issues that stemmed from being a man in New Zealand society.

Friendships

Women significant others described greater cynicism about men in general and identified more closely with the survivor of abuse. Their experiences of abuse and oppression as women were often raised by their contact with the counsellor-participant. The counsellor-participant often guessed when women friends had been abused and made suggestions as to where to seek help. For Natalie, a dual significant other, the assistance of Hayley, one of the counsellor-participants, helped her in dealing with her early childhood abuse. Both women were able to relate to one another the circumstances of their own abuse. This sharing of experience about many areas of their lives, including their abuse, provided a shared frame of reference.

For personal significant others, theories that viewed sexual abuse as being related to power relationships in society, were discussed as the most helpful in terms of understanding the reasons why abuse occurs in society. This understanding assisted those who had some personal experience of abuse to put what had happened into a wider context. Natalie in the following quotation, integrates her knowledge of her own abuse with her understanding of violence as a 'cycle': 'Well I see it as a cycle and I see that there are people who don't receive help and therefore either go on to become abusers or who marry people or connect with people who do abuse. There are so many other things that it involves but I think on the larger scale it is a continuation because that cycle is not broken'.

This 'shared frame of reference' (Pearlman and Saavitne, 1995) between the counsellor-participants and their professional or dual significant others soldered over the differences within their relationship. For another professional relationship, spanning a decade, the early years were fraught with tensions that came from the differences perceived in personality. In the following passage, Mary remembers her early impressions of her work colleague, Rose. More latterly Mary noted as each continued her personal development, their friendship deepened:

> 'I think it [Rose's anger] was probably a measure of where she was up to with her personal work. And possibly also her life experiences, generally which presumably she has talked to you about. I found it [her anger] quite hard to cope with actually. I found it quite hard dealing with other people's anger too. I think as we have both continued our personal development work and become more comfortable with a range of our own feelings, that's changed. I was also very aware of her coming from quite a different work background. I had no idea what that meant, I couldn't make sense of it (laugh). And now some of my closest friends are working or have worked in that field.'

Parenting

Parents who were therapists were helpful to their children and their children's friends, revered for their understanding of the complex developmental issues facing young people. Sam and Jesse, two adult children whose mother was one of the counsellor-participants, discussed their appreciation of their mother's efforts to help them and their friends with personal issues. They both had an interest in volunteering to help others who had not been so fortunate.

Conversely, some adult children wished that their parents, who worked as psychotherapists, would be like their friends' parents and avoid counselling them at home. Hana's mother and father were both counsellors. Like Jesse and Sam, she was appreciative of the sensitivity with which her parents tried to understand her feelings. However, sometimes, she said she disliked being 'therapised':

> 'I should have said this earlier. She used, I don't think she does it consciously, but she'd, like, counsel me. (Sigh)… Well, um, the things that they say, like you can tell a counsellor's statements from a non- counsellor, because they'll say things like: "Why don't you tell me how you feel about that." Oh, I don't know, things like that. I think you come to recognise it after a while. Oh, they'd say, like with my Dad, I'd be like really, really angry with him, and he'd be like: "Are you sure you're angry with me?" And I'd be like: "Yes"! (Gasp of exasperation)…

One teenage son whose mother was a counsellor-participant declined to be interviewed as he was reported by his mother to be intolerant of any matter related to his mother's work. 'Why can't you just be a mother and not a counsellor', was reportedly his complaint to her.

On a more positive note, some of the adult children were aware that the work was expanding the outlook and horizons of their mothers. Other lifestyle and work options seemed more available when there was the choice of working from home in a private practice capacity. I heard personal significant others who expressed pride at the personal and career growth of the counsellor. This was particularly so among adult children of the therapists. Because of their emotional proximity to the counsellor-participants, some adult children had an awareness that there would be positive flow-on effects for them and the relationship of which they were a part. Two adult children, Jesse and Sam, discussed their mother's decision to leave a violent marriage around the time of her counselling training and the improvements that resulted in terms of their home life and their mother's self-esteem as a consequence of these changes. Jesse explains: ' I'm really, really proud of her. Like I think it's really wonderful. She has found something that she loves so much and just at that time in her life, she fully went for it and she's just done so well…'. Sam: 'I think she's a really good role model. You know? Doing something you love, doing it well and doing it by yourself, I think too. That's so amazing. And also the way that she manages to have so many other great things in her life'.

The literature on vicarious traumatisation and secondary traumatisation had suggested that counsellors' beliefs about their own personal safety and that of their loved ones were affected by the work, as a normal response to contact with traumatic material. (McCann and Pearlman, 1990; Pearlman, L and Saakvitne, 1995; and Figley, 1995). Children in particular, were the objects of parental concern when the parent was involved in trauma therapy. Three adult children interviewed commented that they had felt restricted by

their parents as teenagers as a result their parents' fears of their being sexually abused. One daughter was not permitted out at night as a sixteen year old, but was allowed to bring her friends home to socialise in lieu of going out after dark. Her mother said she was too worried to allow her to remain out at night. The daughter saw this restriction as being connected to her mother's work in the sexual abuse field. Adult daughters talked about the protectiveness of their mothers who were sexual abuse counsellors at the time when they were rebelling against parental restrictions. Later they appreciated this. This period of rebellion had unfortunate consequences in that the more protective the counsellor/mother became, the more the daughters told me they had engaged in risk-taking behaviour with friends. Sometimes, this resulted in these teenagers having some experience themselves of abuse. Hana, an adult daughter of one of the counsellor-participants, talked of an incident in which she had put herself in a situation of danger when she had been rebelling against her mother's wishes as a teenager. The separation of her parents also coloured her experience of home at that time:

> ' Well, things like when I was younger, and I first started wanting to go out, she was a lot more careful than a lot of parents. Because she knows, what happens. Yeah, and if I did [go out], she wanted to know where I was going and who was going to be there and stuff. Well, it used to make me quite mad because my other friends could go out and also because my Dad let me go out. So, I used to have big fights with her about it. For about a year we were always fighting, but you know, I stopped and now we're friends.'

Balancing Work, Play and Family Life

For personal significant others, who lacked the theoretical knowledge about the impact of work in the trauma counselling area, the changes observed in the counsellor-participant, were less easy to understand. There was a sense in which personal significant others found the counsellor-participants as emotionally absent, though physically present at the end of the working day. Concerns about the tiredness of counsellor-participants which was sometimes linked to sleep difficulties, emotional fatigue and over work, was a major worry expressed. Sam and Jesse discussed their mother's sleep problems since beginning to work in the sexual abuse field. Her tiredness meant that they thought she feigned listening to their news at the end of the day. They were aware that she was too fatigued to absorb any more and so walked away:

> ' I sometimes get annoyed by how tired she is and I think any one's life has so much stuff in it and imagine dealing with all these other people's. And I just sometimes think she loves it [being a counsellor] above anything else and that's awesome. And I think that's excellent and love her for doing that, but, at the same time, I don't know how I could do it. So it takes so much energy from so many places that I sometimes wish she would look after herself a bit more, like rest. She's a bit of a workaholic.'

In small, rural communities, there was a sense in which counsellors became local public figures whom others regularly turned to for advice when in crisis. Whilst partners accepted these out-of-hours telephone calls as part of the job, they were seen as intrusions, disrupting the private family home life. One partner, Geoff, hoped that his wife would decide to diversify into roles other than counselling or that his income, in the future would be sufficient so that she could do less of this work, enabling them to have more quality time together as a couple:

> The trouble is too, with the telephone, even if you don't give out the number or you're not listed in the book [telephone directory] which I don't think we are, under Jill's name. I think it is under mine. It just gets out there anyway. And then people ring, and people often get up to an hour's worth of counselling on the phone just to make their appointment. You can't do that with your doctor. Very often, you can't do that with your lawyer. And so it is quite invasive. So I think she gives them [clients] quite a lot really.

Geoff was hopeful that Jill would decide to pursue her creative writing and artistic pursuits from home, in addition to, or instead of, counselling. Her work as a counsellor was seen as taking her away from the family both physically and emotionally, from his perspective. He talked longingly for the time when the family would not rely on her income from counselling, so that she had the choice of taking on fewer cases, or, in time, leaving the therapy field. He reflected on his own responses to his partner's work as a therapist:

> 'I suppose, really, in some ways I get resentful about it [Jill's involvement in counselling] and I suppose if I think about over those fourteen years, I think it's bad to be resentful because here are people who have huge traumas in their life. And I think sometimes I'm resentful about the space it's taken, which is why I like Jill being either a teacher and doing some supervision or a small amount of counselling. I never thought that I was resentful but I think I have been at times.'

For the dual significant others who were partner to the counsellor-participant, there was a level of support available that was not usually a feature of the personal significant other /counsellor relationships. Thus, one partner talked about some evenings turning into 'an extended supervision session' that dealt with the counsellor-participant's issues and responses to particular cases that were complex in some way, or where the client

remained at risk. However, there was also awareness that these sessions caused strain to their relationship, as her dual significant other said she did not like talking about casework at home, whilst her partner, the counsellor-participant did. There were special challenges for counsellor couples who met as colleagues and continued to live together and work in the trauma field. Maintaining clear boundaries between home and work life as far as possible, was considered important. Whilst maintaining these boundaries, there were times when this became impractical. An example of this occurred when sexual abuse was disclosed within the extended family and a Christmas reunion raised a heightened concern for the welfare of the participant- counsellor couples' child when the alleged perpetrator, came to stay.

The Need to Compartmentalise Experience

Some husbands discussed playing a less direct role in the life of the counsellor to whom they were partners. Important in this role, as they saw it, was the ability to know when to absent oneself or to play a low profile. Some husbands felt uneasy when their partner was counselling clients at home. Gardens, garden sheds and workshops offered sanctuary to retreat to when there was counselling being conducted in other rooms of the home. These areas were seen as safe places, free from possible intrusion from being around the area in which the counselling was taking place. Mark, married to one of the counsellor-participants understood his wife's client's need for privacy. He chose to seek such a sanctuary:

> 'It's not a problem, most of it [therapy] is done when I'm not around anyway and she had had some sessions at weekends. But it's not a small property so there are other places where you can be out of earshot. I can find something to do that is half a mile away. I am working on the basis that clients would value privacy and

> confidentiality and the thought that they are being gorped at by some other clown. They don't need it.'

The work of Mark's wife, Sally, one of the counsellor-participants, was referred to with pride and reverence, and with the distance of one who did not wish to know much of what went on inside the therapy room. Practical services were offered ,though, as Mark explains: 'If I end up being involved in doing some of the word processing, or the copying and things like that, it is amazing how you can push a piece of paper through a copier without reading it. I very consciously do not. If doing these things involves client information, I literally do not want to know what is in there, because if I know it I can release it inadvertently. If I don't know it, I can't. It's a protection.'

Unofficial helping was often part of the personal significant others' role, inherited as part of being in relationship with the counsellor-participant. Mark mentioned an instance illustrating this when friends, who were experiencing marital difficulties, were invited to the home under the guise of an invitation to dinner. The hidden intention was to assist the couple with the perceived current difficulties within their relationship. Once the guests arrived, Mark talked of taking his lead from his wife, Sally, in a complex system of non-verbal cues, to assist her to do unofficial marital therapy. He recounted the evening with much pride in his wife's ability to manage the situation which he expressed, at times, uneasiness about not knowing what to do. How to support Sally in what was unfolding before them both, became the challenge.

This kind of helping in an ancillary role was common for husbands of the counsellor-participants who generally considered themselves to be professionally untrained for much else but making the tea and doing practical things around the home. Both Steve and Mark, husbands of two counsellor-participants discussed the metaphor of 'a switch' being turned on and off as the demarcation between what they perceived as the counsellors' personal and professional roles, and the ability they observed, for their wives, to move between them.

Generally their supporting role was accepted philosophically as part of the relationship, however, there were those who saw the work of sexual abuse therapy as taking their partner away from them. Husbands also saw the role as practical supporter as being somewhat minimising of them as individuals and their life together as a couple or family. Life was seen as becoming more complex and increasingly 'compartmentalised'. When the counsellors confided in others about their work, some husbands thought this meant a more limited range of emotional support functions were expected from them within the relationship, as these aspects of support were found elsewhere. Husbands had mixed views about their wives seeking supervision, and emotional support for the work outside their marital relationship. Mark, for example, said he was relieved that he did not have to know very much about his wife's work, as he knew he lacked the skills for the job of being a pseudo-clinical supervisor at home. He spoke of having an uneasy awareness about cases that were worrying her, but he was mindful that these concerns were to be dealt with elsewhere.

However, another husband interviewed, Steve, said he felt excluded from areas of his wife's life that she now chose to share with colleagues and friends in the counselling field. He reflected on his wife's comments about his behaviour of late, which he thought unfairly scrutinised and judged him, using psychological jargon that came from her professional associates and training courses. He did not agree with her assessment of his psychological problems and was increasingly guarded with what he said or did in her company. The pressure on him, he said, once he was labelled in various ways by his wife, meant that he tended not to confide in her as readily and, in turn, chose others to turn to for his emotional support.

> 'I'm a good support when she has got, she did have a friend of ours dying; and when the kids are needing support. I'm good from that point of view and act as a normal husband in that role. But when it comes to support on an emotional need as a result of her job, or a business need as a result of her job, it goes entirely to someone else. Either to a supervisor or other close female friends. And they are, in fact, all female friends that she gets that kind of support from.'

This diversion of interests also meant that their vision for their future changed, with the consequence that they had decided to live apart to pursue their differing work and leisure interests, in separate parts of the country. Though both described, individually, a wish to live together again, with the passage of time while they have been living apart and establishing their respective homes and social networks, neither could see how this could happen without major compromise. The decision to live apart and to develop different lifestyles was the only way in which both parties thought they could meet their respective dreams for their future. Steve describes relying on his friend, Glen, to meet his need for emotional intimacy. He thought this process began when his wife was completing her counselling training and she turned to fellow students rather than him to meet her

emotional needs. He described these issues as impacting on his relationship with his partner: 'It's like half of our relationship doesn't exist. The half that is to do with family and friends and socialising and to a limited extent her personal views of the world, are mine, but a very large chunk of her emotional support needs come from other people. It comes from people within the profession not even people on the fringe. I think that had a significant impact on our life together.'

On the one hand, there were greater personal and financial rewards from the work witnessed by personal significant others, resulting in enhanced work opportunities, status and self-esteem for the counsellor-participant and for the family. Conversely when responsibilities were heavy, tiredness, fatigue, and emotional unavailability were observed by personal significant others. They expressed concern that they felt powerless to know what to do to help, at times. Whilst the professional significant others were likely to identify the counsellors' emotional distance as being related to fatigue or dissociation, there was a greater tendency for personal significant others to be confused as to what was occurring for their spouse or parent or friend, and consequently to blame themselves or to take the counsellor-participant's emotional unavailability, personally. In some instances, some husbands felt this emotional withdrawal was a statement about their being identified with sexual abuse perpetrators. Steve suspects that his wife sees him as an abuser by virtue of his gender. This places a distance between them from Steve's perspective: 'I suspect she still sees me in the roles of those males. [Perpetrators of abuse]. I've felt threatened as a person. Not physically but in her view of men because if she is dealing with sexual abuse, for instance, most of the perpetrators are men on women

so she looks at me as one of those men. So I think she would have a great deal of difficulty giving me all the hurt and suffering that she might want to share with somebody'.

Similarly, another partner, Geoff, worried about talking too much at the end of the day, as he realised that his partner was, in a sense, working when he recounted the events of his day. Listening and reflecting was also one of the activities, he was aware, that his partner, Jill, did automatically due to her training. He recognised her need for space and solitary activity when she had been listening and reflecting back what clients brought to the therapy room. Rather than saying that she was fatigued, Geoff knew that Jill's departure for bed for 'silent reading', was her designated time for restoring herself at the end of the working day. He had resolved not to talk so much and to respect her need for both silence and aloneness. This was a challenge for him and for their relationship from his perspective.

Physical intimacy was often discussed by husbands as problematic with wives who were counsellors. This was seen within the context of the nature of the work by husbands and the emotional detachment that they saw resulting from work related demands. However, husbands' sensitivity to being perceived by their counsellor wives as less than politically correct in dealings with women, seemed also to alter the dynamics of the relationship. Steve, explained to me that he considered his wife's expectations of him had changed in the area of physical intimacy. He said he struggled to know what was 'appropriate' conduct for him in that aspect of their relationship.

Debriefing, Support, Supervision and Parallel Processes

Professional and dual significant others recognised that vicarious traumatisation was a fact of life that needed to be worked with using a variety of strategies. Often in talking about themes in their relationships, professional and dual significant others made connections between the parallel processes they were unconsciously engaged in that were linked to the traumatic disclosures from clients and the dynamics of the therapeutic relationship. Transference and counter transference coloured the relationships among colleagues within the organization due to the nature of their work with trauma. A poignant example was from a dual role significant other, Douglas, who found that, on reflection, he became dissociated in observing and assisting his colleague to deal with his dissociative states following contact with traumatised clients. Douglas was aware that the contact with the client's traumatic material was a likely trigger to his associate's, Kevin's dissociative states. Empathetically engaging with Kevin triggered a parallel dissociative state for Douglas: He explains:

> 'Since I've known Kevin, it's been a period of time when I haven't been doing that sort of work [ACC work], but occasionally I have been worried about Kevin's personal safety, just in terms of his own wellness in himself and what he might do with that. I think the dissociation thing, it can be very hard to ground people. And sometimes you just have to walk away, give people space and wait for them to get to a point where they can do that themselves. So that's something I do in our relationship'.

Similarly a professional significant other, Mavis, discussed an instance with her colleague who were counselling a couple in which there had been domestic violence.

David, who was counselling a perpetrator of abuse whilst Mavis was counselling David's client's wife who was the victim of her husband's violence. The dynamics of the two therapeutic relationships that each counsellor was involved in, mirrored the communication difficulties that the two colleagues found they were jointly involved in. Fortunately their shared frame of reference enabled them to recognise and acknowledge what was happening so that they could unravel the reasons behind their communication difficulties.

For another dual significant other, Gloria, who was employed by her counsellor friend and former work associate, Glenda, to assist Glenda in establishing her business, there was a mutually supportive aspect to their relationship. Glenda had decided to leave counselling and move into another field. Family bereavement, marital separation and adjusting to single parenting were events that Gloria had helped Glenda with, over the duration of their association. Gloria's support of Glenda in the work setting and with the issues at home occurred seamlessly as their relationship evolved from the workplace in a sexual abuse counselling agency. Gloria noticed changes occurring for Glenda at this time:

> 'Very recently, and I was coming into work [at her home] and she didn't even want to get out of bed. The only reason why she was getting out because I was coming in. And she was telling me bits and pieces of what was going on, and it was really stressful for me because I was going through the same thing and it was a relationship break up. So I didn't quite know what I was doing in that instance because I was going through the same thing. I just sat there and listened, I couldn't do anything else at that stage. So I suppose that was really stressful because I couldn't be my own self and do what I used to do for her.'

Changes to Frames of Reference

For male spouses, there was a greater need to be politically correct in dealings with women. Becoming disillusioned with humankind, through exposure to work in the sexual abuse field, was a response mentioned in this context. The literature discussed alterations in the counsellor's worldview that had been brought about by contact with traumatic material on the job (McCann, and Pearlman, 1990; Pearlman and Saakvitne, 1995). I discovered that the significant others' worldviews were similarly impacted upon. The views of the significant others, however, were missing from the literature. I discovered there was a parallel 'search for meaning' by personal significant others, who were indirectly exposed to traumatic material via the counsellor in their life. Mark, one of the husbands interviewed, discussed a loss of faith in mankind, since his exposure to sexual abuse trauma via his wife's work. Increasingly, he said he was careful about using language from his country of origin since he had become more aware of sexual abuse and gender issues. He said that he did not wish to offend. He thought that the need to be politically correct in all dealings with women put restrictions on him: ' In my background it is perfectly normal from that context to talk to any lady of any age there as: 'Love'. Whether you are the coal man or not. But that is not going to work too well in New Zealand in 1999. You have to some extent to betray your own upbringing which is a bit of a shame really'.

Beliefs relating to the esteem of self and other were identified as being affected by trauma related work in the literature on vicarious traumatisation. (McCann and Pearlman,

1990;Pearlman and Saakvitne, 1995). Male personal significant others often were sensitive to being identified with the perpetrator of abuse, as Mark explains in relation to his wife Sally, one of the counsellor-participants: 'Now whether that's just the trend of the moment, she's reasonably becoming more obviously intolerant of men who behave, as they should not, which since she is counselling with the female end of the business, is not unreasonable'.

For adult children of the counsellor-participants, becoming more responsible at a young age due to their awareness of parental emotional detachment and/or unavailability was an issue. Hana thought that she had taken on a more parental responsibility as a consequence of her mother's work: 'Well, I was only quite young when she started, [counselling] but I think I then started worrying. I am more worried than I would be if she didn't do the work. And I think I'm also more responsible'.

Conclusion

The counsellor-participants drew upon particular truths that were quite different and, at times, at odds with the discursive frameworks used by their partners, friends and adult children, who lacked a practical understanding of what it meant to work in the sexual abuse counselling field. Personal significant others, generally knew less about sexual abuse, trauma, and psychotherapy from a theoretical perspective than their professional counterparts. However, despite lack of formal training, they had evolved ideas about why sexual abuse happens and the role of therapy in assisting survivors of abuse. This knowledge inevitably changed their outlook and attitudes. There were always other factors to consider now, which coloured their own personal philosophies about many areas of life. This

newfound awareness, in turn, changed the way they viewed being a woman or man in New Zealand society. They noted that the outlook of the counsellors they were in relationship with had altered. In the next chapter, I return to the perspectives of the counsellor-participants to explore in more depth, what these changes were about.

CHAPTER ELEVEN

THE IMPLICATIONS FOR SOCIAL WORK THEORIES OF PRACTICE

Introduction

In this chapter, I conclude that the range of social, organisational and theoretical factors identified in this research differ from vicarious traumatisation. This has led me to reformulate the research question into an exploration of the manifold issues that lead to and ameliorate traumatic stress encountered by sexual abuse therapists. The trauma and stress experienced by sexual abuse counsellors has a much broader basis. This explains the mixed response I received from the counsellor-participants to the literature on vicarious traumatisation. I propose that trauma and stress be approached as a pervading sense of dissonance or disjuncture that arises from the day to day experience of injustice, patriarchy and oppressive organisational cultures. This dissonance is experienced on a number of levels that are interrelated and impact one upon another. Wherever this dissonance is present for practitioners working in the field of sexual abuse counselling, liminal spaces are created to process and deal with the experience. Within such spaces, workers select from and integrate a diverse range of personal philosophies and theoretical frameworks to make meaning from this experience. Where there are obstacles to the creation of liminal sites, this sense of dissonance remains. In such a climate, relationships with self and other tend to fragment, necessitating change and transformation.

A Multi-Dimensional Perspective of Trauma and Stress

As a result of this research, I have come to understand that traumatic stress occurs on several layers that interact, hence the complexity of the experience and the difficulty in promoting awareness of it through the identification of simple signs and symptoms.

Adding to this complexity is the eclectic nature of social work theory and the ambiguous position social work holds as a consequence of its development as a discipline. Social work is a bricolage of ideas drawn from several disciplines within the social sciences, including psychology, and psychoanalytic psychotherapy. These disciplines have continued to provide the rationale and frameworks for 'clinical' social work (Epstein, 1999). It was from within social work that women found acceptance and a place to site their practice in a way that seemed unavailable within other helping professions such as psychiatry and psychology. The counsellor-participants who began their careers as social workers capitalised on the eclectic nature of social work by specialising in one or more of these related fields as 'a natural progression' in their careers. However, in the context of their social work training, the way they approached their work as sexual abuse counsellors still reflected their social work origins. Counselling, for the counsellor-participants who began as social workers, remained one of a range of roles. Those counsellor-participants who trained in other disciplines also questioned their earlier training as clinical psychologists and counsellors as they began working in the area of sexual abuse therapy. Like their social work colleagues, increasingly they espoused a dual perspective incorporating ideals of social justice and the redress of social inequities with individual therapy. Sexual abuse counselling needs to be holistic and client-centred.

In placing the concept of traumatic stress within the context of social work and sexual abuse therapy in New Zealand, the concept needed to reflect this multi-dimensional complexity. Concepts of 'vicarious traumatisation', 'burnout', 'compassion fatigue', whilst initially helpful in understanding the experience of

traumatic stress, were micro-processes encompassed within this broader vision . My research suggests that traumatic stress related to work as a sexual abuse therapist is a spiralling process rather than one of cause and effect. It is a process that occurs on several levels simultaneously. Signs and symptoms are both helpful and limiting in any attempt to understand the experience. They do not give access to understanding the whole experience.

First I became interested in the extensive literature referring to the transformation of the self of the therapist and worldview through the empathetic engagement of work in the sexual abuse field (Pearlman and McCann, 1990; Pearlman and Saakvitne, 1995; Pearlman and MacIan, 1995; Johnson, 1993; Johnson and Hunter 1997; Pearlman, 1997; Dalenberg, 2000; Courtois, 1997). The self-constructivist development theory of Pearlman and others focuses on the way in which the individual relates to traumatic material through psychotherapists' empathetic engagement with clients via their individual 'frames of reference' (Pearlman and McCann, 1990; Pearlman and MacIan, 1995; Pearlman and Saakvitne, 1995). However, I learned from the counsellor-participants that the origins of traumatic stress inhered in the predominant discourses, within which the sexual abuse counselling field existed. Sexual abuse therapy revolved around the medico-legal framework within which sexual abuse 'treatment' is located. To deal with the positioning of sexual abuse therapy, the counsellor-participants developed a critical awareness of the medico-legal-religious contexts in which they worked and interacted. They simultaneously worked within these discourses, and learnt to develop practice discourses outside the predominant medico-legal structures. The counsellor-participants actively strove to develop frameworks that drew on existing theories to bring their personal philosophy into line with

practice realities. Part of the practice wisdom that the counsellor-participants described, related to their ability to juggle the demands of the agency, practice, team, and organisational discourses in which they worked. At the same time, they were developing their own frameworks of practice that were positioned outside these discourses.

The dynamic relationship between working creatively within systems that largely did not fit their experience, and searching for frameworks that better 'fitted' with their experience, was related to their experience of traumatic stress. They developed modes of practice and ways of being that were, simultaneously conducive to working within and without male-stream discourses (McNay, 1992). This development positively mediated their experience of stress and trauma. Creating these layers of experience enabled them to create a space that was a refuge from the predominant discourses. In this space, they could re-author their own personal and professional narratives to complement the medico-legal-religious discourses in which they daily lived, worked and interacted. I have conceptualised this space as being akin to a 'liminal space' (Myerhoff, 1982), or the space of creativity alluded to by Irigaray and the essentialist feminists (Irigaray, 1980 and 1993). I have connected the notion of 'liminal space' to the space that exists between the client and the counsellor in therapy, that belongs to neither one nor the other but has the potential for being mutually self-supporting, in the same way as Irigaray (1980 and 1993) and the essentialist feminist discuss the body as itself being constitutive of meaning. Sexual abuse, a violation of the body, threatens wholeness and integration. The metaphors used by Irigaray (1980; 1993) conceptualise experience in ways that bridge apparent oppositions. It is no longer necessary to think in dualistic ways that splinter and fragment. For women working

with women survivors of sexual, physical and emotional abuse, essentialist feminist theories and feminist theories of embodiment offer a structure in which to explore the contradictions of working with survivors of sexual abuse whilst simultaneously working within institutions founded in patriarchal discourses. To offset the effects of traumatic stress, the site of learning about social work and counselling theories needs above all, to be a site of critical awareness.

Liminal Sites

The creation of liminal spaces occurs whenever there was a disjunction between theory, the personal philosophy of the worker and practice experiences. When workers are operating from an eclectic approach, they enter a liminal space where they can select and move between different theoretical frameworks. I have conceptualised the counsellor-participants' attempts to deal with the experience of disjuncture, associated with entering liminal spaces as 'a search for meaning'. This search occurred when the counsellor-participants looked for theoretical and philosophical frameworks and narratives that gave meaning to their work and their lives. The fragmentation the counsellor-participants described in working therapeutically with traumatised clients is interrelated with this 'search'. The therapeutic relationship both fuels and sustains this 'journey'. Wherever disjunction is experienced, a 'search for meaning' is triggered, new liminal spaces are created and options for bridging the gap between theory and practice are explored. I conceptualised this process as the movement from practitioners working predominantly within one theoretical framework to selecting from and moving among a range of approaches. Every client is a challenge to the internal consistency of the counsellor's theoretical base for practice and so the relationship between worker and

client represents a second location of and context for this 'search'. Engaging with clients who had been sexually abused posed specific challenges for therapists in terms of the parallel processes that occur between client and worker. A third site where this 'search' is evident relates to situations in which the worker holds differing philosophies to that of the team, workplace or organisation. In situations in which the internal consistency of the counsellor's theoretical framework for practice is challenged by on the job experiences arising from conflict between individual and organisational philosophies, 'a search for meaning' ensues.

These sites of dissonance necessitate a need to engage with those who experience similar dilemmas. For the counsellor-participants, colleagues in a variety of roles fulfilled these needs. Supervision, peer review, training workshops and personal therapy become liminal sites for such discussions. Within these contexts, there was the opportunity to develop personally and professionally in ways that I have conceptualised as the 'search for and beyond the self'. When working within such spaces in connection with like-minded others, the counsellor is personally sustained in their work with traumatised clients and encouraged to grow personally in ways that mirror the healing process of the client. When counsellors are themselves survivors of traumatic experiences, access to liminal sites is crucial to transform the experience of vicarious traumatisation into survivorhood. Such sites become a necessary prerequisite for continuing to practise as sexual abuse counsellors, to ensure client and worker safety.

The experience of helping sexually abused clients in a parallel way to the personal growth of the therapist is associated with questioning on more fundamental levels.

These dimensions include the therapist's worldview and spirituality. Access to liminal sites that enabled the counsellor-participants to explore these issues included their professional networks, training conferences, workshops, and personal therapy. The 'search beyond self' was intimately connected with the personal discoveries that were occurring simultaneously in relation to the transformation of the self of the therapist through their engagement with sexually abused clients. Perspectives changed and different things came to matter.

As these processes continued in a spiralling fashion with cycles of personal and professional development, the counsellor-participants' relationships outside of the work were transformed. Their relationships with their personal significant others became a source of dissonance in the absence of a shared paradigm for understanding this process. In the absence of a liminal site within which to work through these issues, personal relationships fragmented in a parallel way to the relationships of traumatised clients. Increasingly, the counsellor-participants found themselves compartmentalising experience for audiences who would intuitively 'understand' them. They sought connection with likeminded others who tended to be colleagues working as sexual abuse therapists, to discuss their experiences and to gain support. For many personal significant others who did not work in the helping professions, it was difficult for them to 'understand' what the transformation in their spouse, friend or parent was related to. The personal significant others embarked on a parallel 'search for meaning' and questioning of their worldview as a consequence. Some personal significant others did not find entry points to liminal sites in a parallel way to the counsellors with whom they were in relationship. The absence of theoretical frameworks and support systems denied them access to liminal sites which the

counsellor-participants had created for themselves to understand and integrate their experiences. Personal relationships tended to disintegrate in the absence of access to such liminal sites as discursive spaces from which to make meaning of experience.

I now move to explore each of the levels included in this multi-dimensional model of trauma and stress, in greater depth.

The Three Levels on which Trauma and Stress Occur

There are the three levels which the counsellor-participants discussed as being related to their sense of dissonance. Each level is interrelated and changes occurring on one level impact or have repercussions on the other levels. This 'ripple effect' is not specifically referred to in the vicarious traumatisation literature though Pearlman and Saakvitne (1995) discuss the effects of vicarious traumatisation as affecting and being compounded by the micro-processes of countertransference and burnout. They indicate that both processes are linked and are likely to intensify or compound the experience of traumatic stress. My thesis suggests that the awareness of dissonance jettisons counsellors into unknown zones that, when traversed, create discursive spaces and support networks within which the experience of vicarious traumatisation can be worked with and transformed.

The awareness of dissonance enabled the counsellor-participants to create spaces in which they were able to bridge this sense of disjuncture creatively. In the following section, I conceptualise these levels as the internal consistency of theoretical frameworks and the felt gap between theory and practice; the space between organisational philosophy and the counsellor's evolving personal and theoretical

frameworks and philosophies for practice; and thirdly the space that exists between the client and the counsellor in the therapeutic relationship. The therapeutic relationship provided the model for being 'in relationship with' self and others. This 'being in relationship' involved three interrelated aspects. The first pertained to the counsellor having an integrated sense of self, which enabled the establishment and maintenance of relationships with others. Whilst working from an integrated sense of self, they were enabled to sustain relationships with clients, and significant others and to continue to work from a position of wholeness and integration.

To illustrate the facets included in the multi-dimensional model, I refer to my experiences as a social worker within 'the clinic'. I use this example of practice to illustrate the way in which each level on which traumatic stress is experienced, is interrelated and can only be understood as a whole process.

Level One: A Search For Meaning: Finding a Theoretical Basis for Practice

Within the liminal sites that the counsellor-participants created, they encountered situations in which they needed to deconstruct the known and venture into the unknown. In this space, they experimented with and selected from a range of theoretical approaches to inform their practice. If there is no opportunity to ameliorate the disjuncture through entry into a liminal site, trauma and stress is more likely to feature. With the passage of time, under these conditions, the tendency for the effects of trauma and stress to be permanent, cumulative and irreversible is likely, as Pearlman and others conclude (McCann and Pearlman, 1990; Saakvitne and Pearlman, 1995). For social workers, working in the sexual abuse field, counselling is usually one of a range of roles that they enact. This eclecticism of roles and

theoretical approaches is both a source of challenge and possibility that can be explored within the created liminal sites. The eclecticism of roles and theoretical approaches is also a theme for the counsellor-participants due to the historical times in which they began practising, the evolving state of knowledge about the effects of trauma and 'what worked'. Early on the job experiences necessitated the creation of liminal spaces in preparation for working with clients who had been multiply abused. In such spaces, the counsellor-participants used narrative, in the absence of other theoretical knowledge that 'worked', to create new possibilities for attributing meaning to experience. The telling and re-telling of personal, collective and cultural narratives, based on stories of survival, mediated moments when practitioners were aware of a pervading sense of disjuncture. In adopting these frameworks, practitioners were entering a space in which they began to discover what works with traumatised clients and what does not. Sometimes, the original theoretical approach used was found wanting and discarded. In other instances, fragments were used in a collage that bore little resemblance to any one theory yet represented a sufficient and complete framework for working, however disparate and cobbled together it might at first appear. Through repeated practice with each client, the internal consistency of the emerging theoretical approach was tested. Each client is, therefore, a test of the particular synthesis of theoretical approaches which the practitioner uses.

Level Two: The Therapeutic Relationship: The Translation of Theory into Practice

In choosing the particular mix of theoretical approaches in working with sexually abused clients, practitioners sought to position themselves into a collaborative framework. This was a common element in the way that counsellors bridged their sense of dissonance. This was the major learning to emerge from their immersion and

engagement in their work within sexual abuse therapy. Narrative and story telling represent a primary means of integrating theory and practice when working with traumatised clients. It provides a context for and a method of integration for ameliorating traumatic stress. This awareness of narratives existing on levels of individual, family and society enabled a more direct, collaborative relationship to be established and maintained with clients, the organizations surrounding the work and with wider social discourses. Perspectives that encompassed a dual focus on the individual and the wider collective or social narratives enabled the counsellor-participants to transcend the 'quick-fix' mentality prevalent in institutions based around monetarist policies and case management practices. In the field of trauma, the discourse of 'quick fix' no longer seemed appropriate, as it threatened the internal consistency of the practitioner's theoretical frameworks. Narrative and theories of therapy as social construction had the advantage of not requiring the therapist to engage in trawling for fragments of experience and so risk re-traumatising either the client or vicariously traumatising themselves. It encouraged therapy itself to be a site of critical awareness by encouraging worker and client to engage in a mutual search for language and metaphor to express traumatic experience and to make sense of it. Working within such frameworks represents a paradigmatic shift from a medical model of 'expert-knows-best' to a practice framework that reinforces client strengths, autonomy and self-determination.

Applying insights from narrative therapy to the context of social work practice, I referred to the strengths-based approaches. The risk and resilience literature, on which strengths-based approaches in social work are based, now emphasises the importance of social context in understanding the ability of the individual to rebound following

traumatic experience (Beauvais and Oetting, 1999). What was central to the experience of traumatic stress was the lack of attention to context, with lives as lived. Often what was traumatising was the dissonance of being asked to work with individual clients when the issues were multi-generational and systemic in origin. An awareness of the 'problem' as inhering in the wider discourses of family, community and society, led to disillusionment with models of individual dysfunction. Approaches that espoused social justice principles and conceptualised therapy as a process or 'therapeutic conversation', were preferred. These models were difficult to work within when the team and organisational discourses emphasised clinical efficiency based on models of individual case work and when clinical work was understood as a commodity like any other business. As Opie (2000) discovered, in her study of teamwork within hospital contexts, when organisational discourses conflict with the altruism and ideals of individuals and teams, discourses written in the language of limitation and failure are likely. During the budgetary retrenchment within the health system within New Zealand in the 1980s and beyond, performance measures resulted in teams constructing narratives of failure when they did not meet the performance targets. When teams work from such narratives of limitation, there are serious implications for the quality of service offered to clients. Individuals offering narratives contrary to predominant ones of the organization and team are often marginalised and ostracised for their differing views. Sometimes devalued narratives made so as a result of being contrary to the predominant team and organisational discourses are attributed to particular professions who espouse them, or to individuals who come to represent the profession in their person. Thus, in Opie's (2000) study, some social workers in the hospital multidisciplinary setting were seen by other

professions as being 'difficult' for espousing ideals that are challenging to the wider discourses of the team and employing institution.

Narrative therapy, strengths–based, feminist and postmodern theories, therapy as social construction, 'Just Therapy', 'The New Trauma Therapy' and various bodywork theories are among those that offer a basis for the therapeutic relationship to be beneficial to client and personally sustaining to workers. They promote connection on the three levels referred to: the connection of the worker to her sense of self and identity, the empathetic connection of the client to the counsellor in the context of the therapeutic relationship, and the connection of the counsellor to her framework for practice within the wider discourses in which sexual abuse counselling takes place. By deconstructing the known, therapy becomes a site of critical awareness. The nature of the world, language and one's own practice no longer has a taken-for-granted meaning. In the process of deconstructing their known worlds, the counsellor-participants described being liberated to redefine themselves, what they did, and how they went about doing it. This awareness became their practice and was constitutive of what was 'therapeutic'.

Feminist, narrative and strengths-based paradigms provided models of practice that were liberating and appropriate to these reflexive accounts of experience. The therapeutic relationship was the crucible within which the transformation of both the therapist and client began. The relationship with the client brings counsellors into close proximity with trauma and in this process the relationship often assumes a life and death quality (Herman, 1992; Dalenberg, 2000). The counsellors were brought face-to-face with their own vulnerability and mortality in this process. There was

often a sense of the perpetrator being present as a third party in therapy. In some case scenarios discussed the client attributed characteristics of the perpetrator to the therapist, triggering painful emotional reactions in the therapist. Feminist and gender analyses enabled counsellors to locate points of reference to understanding the traumatising effects of being cast in the perpetrator's role, rather than automatically believing in it. The literature of countertransference and The New Trauma Therapy was helpful in understanding these dynamics. However, psychological theory based in individual models of psychopathology did not offer the counsellor-participants ways to deconstruct their worlds in order to enable them to assist clients to reconstruct their own worlds out of abusive and oppressive experiences.

What was considered stressful and traumatising involved two main themes. The first of these was related to the inherent difficulties of expressing the experience of trauma when this experience characteristically displaces language from the grasp of the survivor and relegates them to their corporeality. In their close empathetic relationship to the client, the counsellor-participants, at times, also discovered that they had unconsciously relegated themselves to their own corporeality in a parallel way to their clients. Realising this upon reflection of their actions within their practice with clients, the counsellor-participants used the reference point of their own bodies to understand emotions and themes that were present in the therapy room but were not yet able to be verbalised. At first, they referred to the literature on transference and countertransference to understand the dynamics of what was occurring. As their careers progressed, the explanations from these sources were insufficient and they referred to feminist, narrative and anti-oppressive literature. I have suggested in earlier chapters that this was because Freudian psychoanalytic concepts, in which the

counsellors' training was grounded, defined women's bodies as inadequate in comparison to the bodies of men, and found them wanting.

Secondly, with the movement of the counsellor-participants into private practice supported by ACC funding, there were wider issues of power and control at stake for women counselling sexually abused clients who are principally other women. In the field of sexual abuse and oppression, power and control over women and children by men, were key themes and central to the experience of the work. However, master theories within psychotherapy founded in Freudian psychoanalysis, reflected back models of women existing in lack and deficit. For Irigaray, and the feminist perspectives of embodiment, Freudian theories of women's development, provided insights for a re-authoring of the psychoanalytic framework. Their writings reflect both the pervasiveness of patriarchal thinking that take much of women's experience for granted and use it to transform these same frameworks. Within Freudian discourses it is difficult for women to know that they are living lives that are constrained by the predominant discourses as they are immersed within them. Until this sense of dissonance is known, there is not the possibility to create the 'liminal space' so central to developing one's own practice and ways of being. This is the reason why I wanted to explore what the counsellor participants saw as 'defining moments' and 'difficulties' in their practice. These moments of crisis were noticed first as physical sensations in the body. These signs became constitutive of meaning in working with clients who had been sexually abused.

The conceptual frameworks of Irigaray and the essentialist feminist were helpful in understanding the positioning of men within the predominant discourses. The male counsellor-participants described a sense of otherness and displacement as men in

female places. Due to their own experiences of trauma, they were moved to their corporeality in this process. This experience led them to identify with women and other marginalised groups. They also acknowledged the benefits that derived from being a male within a patriarchal society.

Level Three: Organisational, Professional Discourses and Personal Philosophies

The third site of dissonance was related to the conflicting roles and organisational philosophies in which practitioners find themselves working. The requirements and expectations of the agencies involved in sexual abuse work often placed the counsellor-participant in an assessing, forensic or 'expert' role vis a vis the client. The hierarchical relationship that was established when the counsellor was cast in these roles meant that it was difficult to form and maintain a more collaborative relationship that was seen to be fundamental to healing from trauma. The counsellor faced a crisis of not being able to carry through with their original intentions for entering the work which was to establish a relationship in which healing could occur. The therapeutic relationship faced various disruptions and ruptures that effectively separated client and counsellor from being 'in relationship' with one another.

The whole text of the medico-legal-religious systems in which the work of sexual abuse counselling takes place, is dominated by 'damage-control' metaphors. These metaphors have parallels in 'maintenance approaches' (Dominelli, 1998) based on monetarist and managerial policies, in which the worker's role is to assist people to adjust and cope with getting on with their lives, after traumatic events. 'Maintenance approaches' are also widely referred to when there is a control function underpinning practice, such as in situations of child protection; the assessment treatment of sexual offenders, or during forensic medical or psychological examination following sexual

assault. The client is conceptualised as the passive recipient of care and control efforts of the 'specialist' with the aim of diagnosing and restoring the status quo as quickly and efficiently as possible. The results of the intervention are to uphold the philosophy and values of the employing organization and those of the wider medico-legal systems. Typically, the worker does not critically question what they are doing, but adopts a 'task-centred', pragmatic view of their work. The practitioner refers to ways of working that fulfils the protocols that have been formerly established from within the wider organizations and institutions. There is little room for worker creativity and reflection. Metaphors of value neutrality and discourses of shame and disbelief of the client until their story is 'proven', underpin 'maintenance' approaches.

This approach is in contrast to the humanist tradition exemplified in the work of Carl Rogers and client-centred counselling theories focusing on individuals' psychological functioning. The emphasis within humanist traditions is to restore the individual to some degree of emotional/psychological well being. The role of the professional is to listen actively and respond to what the client is saying. Respecting and believing the client underpins humanistic traditions within client-centred approaches to counselling. People are guided into a process and relationship that enables them to explore their lives, and the impact of traumatic events. Counselling for sexual abuse is one subtext within the range of 'therapeutic' approaches. Ife suggests that clinical roles in social work have replaced earlier social reformist ideals due to the professional status that they accord to the practitioner (Ife, 1997). Within therapeutic approaches, social problems are located in the person of the individual rather than within the wider societal discourses. Professionals who espouse an individual model of pathology uphold monetarist values in Ife's view (Ife, 1997). Such approaches are antithetical to

the original aims of social work as a social reformist movement. These insights suggest that social work as a discipline has been central to developing social policy from individual casework and therapy. Social work has been instrumental in bringing to public attention 'private ills' and yet this influence has remained hidden due to the marginal status of social work as a profession. The predominance and marginalisation of women and women's experience within social work is another reason why social work's influence as a maker of social policy has remained implicit rather than explicit (Epstein, 1999).

The work of the Anglican Family Centre, Lower Hutt, New Zealand exemplifies an agency which has explicitly combined therapy with a range of roles based on social justice ideals. The success of the Centre in developing models of practice, politicising social issues and contributing to social policy in New Zealand is a model of practice that draws from an eclectic mix of theoretical approaches, disciplines and backgrounds. Internationally the Anglican Family Centre has pioneered the development of practice frameworks with Maori, Pacific Island and low income families. It has been a leader in the development of training for agencies working with cultural minorities and low income families, world wide. Such examples illustrate the way in which agencies can become liminal sites for the development of social work education and the evolution of new practice frameworks.

'The Clinic': Illustrating the Process of Stress and Trauma

Liminal sites or spaces, as well as being places of possibility and refuge are also conceptualised as places of the unknown, of the unexplored and so, of potential danger. In my own experience of practice, illustrated in my relationship with Freda, I

gave an account of an experience of trauma and stress. I became enmeshed in, and identified by, the predominant discourse of the team and medical discourses within psychiatry without an adequate counterbalance of my own practice framework as a beginning social worker. In hindsight, I concluded that I needed to have developed a liminal space that enabled me to stand outside and critically reflect on the team and organisational discourses, whilst simultaneously working within them. I lacked a place in which to develop my own theories for practice with like-minded others. This 'case' had become a defining moment in my own practice.

My experience of the 'problem case conference' whilst working in a psychiatric clinic provided the impetus for creating a 'liminal space' in which I initiated a search for other ways of being a social worker within this setting. Through the realisation that I was positioned in a setting that prescribed modes of practice that neither respected my client's experience of domestic violence nor my own practice as a social worker, I embarked on a journey of self-discovery. This journey anticipated other modes of working that married together my earlier training as a social worker with the practice realities of working with abused women in a psychiatric clinic. In this leg of the journey I have attempted to re-author my own narrative by identifying my own personal resources and ways of being that enabled me to 'return from the edge of the world' (Myerhoff, citing Lifton, 1983). I have also attempted to re-author my practice, using the frameworks for practice used by the counsellor-participants. Part of our difficulty seemed related to working within discourses that labelled Freda as problem-laden and dysfunctional, and by implication, I was held to blame for her perceived lack of 'progress'. This positioned me within a discourse of failure within the organization when 'turn around times' were a key performance indicator within the

hospital. The same discourses positioned Freda as a 'chronic' who tended to evoke frustration and despair in my colleagues for failing to get well, and move on. In response, the predominant discourse became one of impatience and an endless search for solutions. I now understand, in retrospect, that sexual abuse and trauma challenged the predominant medical discourses in which we were enmeshed. This mirrored Foucault's conceptualisation of the clinic as 'a structured nosological field' where:

> the patient is only that through which the text can be read, in what is sometimes a complicated and confusing state. In the hospital, the patient is the subject of his disease, that is, he is the *case;* in the clinic, where one is dealing only in examples, the patient is the accident of his disease, the transitory object that it happens to have seized upon' (Foucault, 1977:59).

The 'text through which' we read Freda, was the DSM III, which positioned her as an example of a depressed, battered wife who exhibited symptoms of 'post traumatic stress disorder'. This formulation interfered with my sense of relationship or connection with her. My practice had been authored by the team as being, in some senses, inadequate, and seemed to be devalued partly due to my status as a social worker within a multidisciplinary, psychiatric team. I now believe that our relationship reflected the devalued role of social work within psychiatric team discourses at that time. I wondered, as Foucault (1977:84) had, if the persistent need to diagnose was itself an act of violence:

> But to look in order to know, to show in order to teach, is not this a tacit form of violence, all the more abusive for its silence, upon a sick body that demands to be comforted, not displayed? Can pain be a spectacle?

Survivors such as Freda had caused a moral panic within the outpatient clinic as they did not fit the client profile and presented issues with which psychiatric services normally dealt. Freda's continued involvement as a 'client', thus threatened the order

that had been established. For my part, my actions had not been seen to restore that order. I appeared to circumvent the status quo of the clinic by my perceived encouragement of Freda's return to our agency. I had also engaged in what was seen as unconventional practice as a social worker by my becoming involved with her beyond benefits and pensions eligibility. I had violated the Team norms as to what social workers were supposed to do.

In a similar way, the counsellor-participants who were trained as social workers, were almost embarrassed to admit their professional origins, as the discourses of psychology and psychotherapy were the predominant discourses for registered trauma counsellors. They were aware they were judged in terms foreign to, and found wanting, by social work. The counsellor-participants whose training was in social work perceived their profession as lacking the clinical expertise to work in the field of trauma therapy and so downplayed their social work origins. This professional low esteem in which they perceived their own origins as existing in lack, made it difficult to espouse social justice principles, as these elements of practice did not fit alongside the 'clinical skills' that others attributed to them. Cognitive-behavioural and progressive de-sensitisation programmes were seen by ACC and other agencies as being the most effective and cost efficient way to help clients who had been abused. The goals of these programmes fitted the style and format of the monitoring requirements for ACC staff. There were challenges to the worker's altruism when the organisational imperatives were different from their espoused personal philosophies. Social workers who face the additional challenges of working in statutory agencies in which there are 'care versus control' dilemmas on a daily basis, experience the dissonance that leads to the creation of a liminal space but are prevented by agency

demands from using the space for personal and professional development. Without such a space for reflection and creativity, practitioners face becoming professionally marginalised and isolated for holding differing views and perspectives. In the absence of connection with their professional peers, they are missing one of the primary means for ameliorating trauma and stress which is achieved through social support and connection.

Challenges to Maintaining Connection: Relationships and Intimacy

Whilst the process of vicarious traumatisation evoked the creation of liminal sites in which counsellors re-authored their personal and professional narratives, there were impacts for the significant people in their lives. The frameworks of knowledge used by the personal significant others differed from the those employed by the counsellor-participants. The transformation of the counsellor through the continued revision of personal philosophies and frames of reference brought changes in their primary relationships. For husbands and male partners who were not involved in the helping professions, there were difficulties knowing how best to support the counsellor. There was ambivalence about being there when they were brought into close proximity with knowledge about trauma and men's role in the perpetrating of abuse. One response was to leave the relationship to avoid continued challenge and perceived criticism. The new demands of being politically aware and correct was seen as 'too hard' for some partners who had decided to 'flag the relationship' and look to others to meet their emotional need for connection.

As the dual significant others had a shared frame of reference for understanding the sense of dissonance that often accompanied the work, they had access to the liminal

spaces in which they had encountered changes and transformations within their own lived relationships. This group of significant others provided a sounding board during times when the counsellor-participants felt misunderstood by family and friends. When the counsellor-participants were experiencing separations from existing personal relationships, here was a person on whom they felt they could rely and confide without reservation. It was not surprising, therefore, to discover many stories of deepening links between the counsellor-participants and dual significant others. As the counsellor-participants became immersed in the work during the early years of their careers, these individuals provided a sense of continuity between their personal and evolving professional identities. They were the bridges of continuity between different phases of the counsellor-participants lives and careers. As such they continued to exert a powerful influence in the professional and personal life of the counsellor.

My thesis suggests that the 'personal' significant others need access to a liminal space parallel to that of the counsellor-participant with whom they are in a relationship, in which they are able to explore the potential impact of their indirect contact with traumatic material. Secondly friends, partners and supporters require support networks in which to discuss their experiences which seem difficult to share with the counsellor who is engaged in a personally transformative process related to their continued involvement with trauma survivors. Within such contexts, personal significant others who do not have a shared frame of reference for understanding what is occurring in their relationships, can gain distance and appraise where it is they wish to be in terms of the relationship.

Their unique positioning of sexual abuse counsellors as representing an eclectic mix of professions and theoretical approaches, who entered into liminal spaces of their own making, simultaneously confers a status as both 'an insider' and 'an outsider'. They were 'insiders' in the sense of being a recognised member of a profession with a code of ethics and a provider of service to clients who register claims with ACC. They were 'outsiders' in the sense of being 'experts' who:

> must be able to quickly devise new categories of experience, perhaps transferring relevant knowledge from other domains, to be able to perceive and prioritise relevant knowledge and actions. Thus the expert practitioner is one whom we would expect can take risks, and act beyond the call of duty. It is these procedural or process oriented skills and values which may in fact differentiate the 'expert' from the merely experienced (Fook et al, 2000:180).

My thesis suggests that practitioners move beyond the competency criteria to enact their personal and professional values and philosophies, as a way of dealing with the experience of dissonance which is the hallmark of traumatic stress in the New Zealand context of sexual abuse counselling. This is a movement from one theoretical framework and profession to a bricolage of many, or from the rule bound to the kind of process-orientation and transfer of knowledge across contexts. Fook, Ryan and Hawkins (2000) concluded that this movement was crucial to the continued practice of social workers who face changing work contexts in the twenty-first century. In the field of sexual abuse therapy, successfully finding the means to create multiple layers of experience through the creation of liminal spaces provided the practitioner with the connection to the self of the therapist that Pearlman had deemed essential to ameliorating vicarious traumatisation (Pearlman and Saakvitne, 1995).

Where individuals did not have access to the liminal spaces in which to explore and make meaning of their experience, there are implications for their practitioner's ability to sustain relationships with self and others. For significant others who lacked the frame of reference and world view that was common among therapists working in the sexual abuse and trauma fields, they lacked a context in which to make meaning of their experience. My thesis suggests that in the absence of liminal spaces for significant others who are not involved in sexual abuse therapy, these relationships either accommodate to the gap in experience, drift apart or fragment.

Conclusion

In looking towards the future, this thesis adds to the body of knowledge about the manifold factors that lead to and ameliorate stress and trauma for sexual abuse therapists. It suggests that there are ways in which social workers and therapists can develop a multi-layered and multi-dimensional awareness and understanding of traumatic stress. It also underlines the importance of workers sampling and integrating into their practice a wide range of theoretical approaches. These approaches which include narrative, strengths-based, critical-reflective, feminist and emancipatory frameworks provide a way for workers to connect with themselves, which naturally overflows into fostering effective connections with clients, colleagues and their significant others. Maintaining relationship is the primary theme of this research which protects the counsellor from the fragmenting sense of disjuncture, that is a key experience of sexual abuse work. Practice in a synthesis of theoretical frameworks provides a context for establishing and maintaining connection on a variety of levels: within the self of the therapist, with others including clients and significant others, and with the wider social discourses in which their work is located.

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APPENDICES

Appendix 1

Interview Schedule: The Counsellor-Participants

Autobiographical Background

Following on from the checklist, I would like to begin by asking you a few questions about yourself and your philosophy:

- Which theories about the causes of sexual abuse do you find most useful in your work? e.g. psycho analytic, feminist, etc How do these ideas fit with your own personal philosophy of why sexual abuse occurs in society?

- Have your ideas about sexual abuse evolved since beginning work as a sexual abuse counsellor? If so, how have your ideas about sexual abuse evolved over time?

- What work did you do prior to becoming a counsellor?

Initial Expectations of Work in the Sexual Abuse Field

Career Hopes

A person's expectations about their job often change with experience.
Thinking back over the length of your career can you tell me a little bit about?

- What attracted you to your present position?

- What did you hope to achieve as an ACC registered therapist when you started out?

- What did you expect the experience of the work to be like?

- Have these expectations changed over time. If so, how so?

- What do you do currently?

Discussion Starter
Overall, what is your impression of this list of statements-do they ring true to your own experiences?

Do you have any strong responses/comments to any of the statements in the list I sent you? If so, which statements and what was your reaction to them?

Responses to the Literature on VT

I also sent an article about vicarious traumatisation to you through the post as background to our meeting. Have you had a chance to read this? I'd now like to take a few moments to ask you a few questions about what you thought of this article:

- Do you have any initial thoughts or responses to the literature posted?
- Is the article relevant from your own experiences? If so, can you tell me about the parts that you considered relevant from your perspective?
- Which parts were less relevant for you from your own experiences?
- Is there anything else you would like to comment on after reading this?

- Do you think there has been any impact of the work on your relationships, both personal and professional?

- Do you think that your spiritual beliefs been affected by the work in any way?

Belief Systems and World View

Given that there are a variety of reasons why counsellors enter the field of sexual abuse, there are often different philosophies informing the decision to work as a therapist in this demanding field.

I would like now to take a few moments to focus on your views about sexual abuse and the wider structures in society, which you use in your everyday contact with clients.

What have your relationships been like with the other agencies involved in sexual abuse work- i.e. ACC, Justice, CYPS, voluntary agencies like Rape Crisis, HELP

- Have your views about society's ability to address sexual abuse changed in any way over the duration of your career?
- What experiences have informed your views on this?
- How have you integrated these views into your work/practice with clients
- Into your life?
- Do you see therapy as helpful as you used to or are there other approaches/services that need to be involved?

Transference/Counter transference

- Have you ever had a strong reaction to a client and her/his story?

- What kinds of situations do you find difficult?

- What things do you find hard to hear?

Thinking back over the length of your career in sexual abuse work:

- What was the most stressful event or encounter you can recall?
- What happened?
- Who was involved?
- Have there been any effects on you or your life/ career subsequently? If there have been repercussions, can you tell me what these have been?

- Do you see therapy as effective as you used to in assisting people as you used to?

- What has informed your views on the usefulness or otherwise of therapy for sexual abuse issues.

Coping Styles and Strategies

In the literature I earlier posted to you, there a number of findings about the effects of the work on the individual counsellor working with traumatic material and disclosures. We now know that work in the trauma field has a number of identifiable effects, which vary according to a number of variables such as personality factors, usual coping strategies, etc.

Thinking about how you find yourself responding to the demands of listening and responding to disclosures from clients involving sexual abuse:

- What do you consider are the most helpful coping strategies for you personally?

- What coping styles and strategies help in your view?

- Which styles and strategies are not as helpful from your perspective?

- Is there anything you would like to say about what you have found helpful over the length of your career in the sexual abuse field?

Advice to Those Considering entering the field of Providing ACC Sexual Abuse Counselling

- Looking back on your career as a sexual abuse therapist with the advantage of hindsight, would you have done anything differently?

- Do you have any advice to those considering work as a counsellor registered for sexual abuse work with ACC?

Thank you for time. I will forward a copy of a summary of findings to you for feedback and comment at the completion of the thesis. Are there any questions you wish to ask me about the research?

Checklist- Counsellor to Complete

- Gender:
- Ethnicity:
- Agency:
- Age Range (Circle one)

20-29 30-39 40-49 50-59 60+

- Areas of Specialisation: e.g. family/group work
- Training and qualifications:
- Part time/full time
- Hours worked per week doing sexual abuse work
- Professional affiliation/background e.g. NZAC:
- Length of time doing counselling:
- Length of time doing sexual abuse work:
- Mix of work- ACC vs other / Private Practice vs Agency:
- Client contacts per day:
- Per week:
- Current Living Situation:

- Nominated Professional Significant Other
- Contact Address and Telephone:

- Nominated Personal Significant Other
- Contact Address and Telephone

Appendix 2

Information Letter to Participants including Ethical Approval

Dear

As discussed with you over the telephone, I am a Ph.D. student in the Social Work Department at Victoria University of Wellington. I am undertaking a study of ACC registered therapists and their significant others in the greater Wellington area. The aim of the thesis is to explore counsellors' experiences of sexual abuse counselling and the effects of the work on the individual and his or her professional/personal significant others. The intention of this approach is to assemble three perspectives on a theme. The Research Ethics Committee of Victoria University has approved the original research proposal.

I am asking twelve therapists selected via counsellors' social networks to participate in this study and wonder if you would nominate a personal and professional significant other to be interviewed. I will then make contact with the individuals you have suggested to see if they would agree to be interviewed. As discussed, these interviews are confidential. No identifying information will be attached to comments made during the interview in the final draft of the thesis.

It is expected that these interviews will take about an hour and will be audiotaped, as discussed, to ensure the accuracy of the recording of your responses. The taped interviews will be transcribed for analysing and kept securely at the University. Only my supervisor, Dr Laing, myself, and the transcriber, who has signed a confidentiality agreement, will have access to the contents of the interview, and these records will be destroyed or returned to you, whichever you choose, at the completion of the study. I attach a confidentiality agreement for you to consider and sign prior to our meeting. Let me know if you wish to discuss or clarify any point raised in this confidentiality agreement prior to signing it.

Should you feel the need to withdraw from the study at any point in the process, you may do so without question or penalty. Just let me know at the time.

Responses collected will from the basis of my thesis which will be submitted to the University for academic assessment. Only grouped responses will be presented in the final draft of the thesis. Every precaution will be taken to ensure that it will not be possible for readers to identify you personally.

I will forward a copy of a summary of key findings to each participant for comment when the final draft of the thesis is written.

I am meeting with a small group of ACC registered therapist to discuss any patterns and trends emerging from my interviews, however, no personal information relating to you will be disclosed to the group. The intention of the group is to test out initial

ideas about the study in each stage of its development from the initial research design through to the analysis/ interpretation of the data.

I attach some reading to do prior to our interview to let you know the background to the topic I am investigating and the ideas of those who are the originators of the concept of vicarious traumatization. I would be interested in your feedback on the ideas presented in this material.

If you have any queries, please contact my supervisor, Dr Patricia Laing at the Social Work Department at Victoria University, P.O. Box 600, Wellington or me. I can be contacted on 4701-777 (daytime) or 4791-603 (evenings). Dr Laing is available on 4721-000 extn 8748.

I look forward to meeting with you at 11 am on Tuesday 7 September.

Yours sincerely

Margaret Pack

Victoria University of Wellington
Consent To Participation In Research

Title of Project

Vicarious Traumatisation: The Experiences of ACC Registered Therapists and Their significant Others In The Wellington Region

I have been given and have understood an explanation of this research project. I have had an opportunity to ask questions and have them answered to my satisfaction. I understand that I may withdraw myself (or any information I have provided) from this project (before data collection and analysis is complete) without having to give reasons or without penalty of any sort.

I have identified at least one support person with whom I can discuss any issues that may arise for me from participation in this research.

I understand that any information I provide will be kept confidential to the researcher and the person who transcribes the tape recordings of our interview. The published results will not use my name and no opinions will be attributed to me in any way that will identify me. I understand that the tape recording of interviews will be electronically wiped at the end of the project unless I indicate that I would like them returned to me.

- ☐ I would like the tape recordings of my interview returned to me at the conclusion of the project.(Please tick the box to indicate that this is your wish)

I understand that the University retains insurance cover against claims relating to harm, loss or damage suffered by participants in research projects as a result of any negligent act, error or omission by or on behalf of the University.

I understand that the data I provide will not be used for any other purpose or released to others without my written consent.

- ☐ I would like to receive a summary of the results of this research when it is completed.

I agree to take part in this research

Signed:

Name of Participant:
Date:

Appendix 3

Discussion Starter

Highlight any responses you feel strongly about or you have noticed a marked change over time, and we will talk about them in more depth during the interview.
Please feel free to jot any notes or comments about each statement in the spaces provided or use another page.

- ❑ 1.My formal training prepared me to handle the work I do
- ❑ 2.I went to work in this field to try to right the traumatic wrongs in my own past
- ❑ 3. I believe I suffer from vicarious traumatization
- ❑ 4. I hear individuals recount traumatic material from their lives in the course of my work.
- ❑ 5. I feel very safe at work
- ❑ 6. I feel very safe at home
- ❑ 7. I trust other people as much as I have ever trusted them since working at this job
- ❑ 8. I have endured a traumatic experience while doing my present job
- ❑ 9. If I know a TV programme or movie is about trauma, I avoid seeing it
- ❑ 10. My co-workers seem to understand and support the kind of work I do
- ❑ 11. I have more bad dreams since starting this job
- ❑ 12. I am a survivor of trauma in my childhood
- ❑ 13. I have not seen the world as meaningful/orderly since doing this job
- ❑ 14. I have sought personal therapy since beginning this job
- ❑ 15. Sexual abuse work has impacted on my sex life
- ❑ 16. Since starting to work at this job, I have taken a self defence class
- ❑ 17. Bad images of traumatic material intrude into my non work time
- ❑ 18. I enjoy life as much as I ever did before starting this work
- ❑ 19. I feel confident in my ability to make a difference in my world

- ❑ 20. I am beginning to see males as more harmful since doing this work
- ❑ 21. I seem to worry more about the safety of my family since I started this work
- ❑ 22. It has been harder for me to develop close friends since I started this work
- ❑ 23. Other professionals value the work I do and let me know
- ❑ 24. I enjoy doing the work I do now
- ❑ 25. I actively believe and practice my spiritual/religious values in my daily life
- ❑ 26. When I hear abut others' trauma at work I feel guilty
- ❑ 27. I find I drink more alcohol since starting this work
- ❑ 28. The system(Police, ACC, Justice, CYPS) as it is work well to help my clients
- ❑ 29. I use a range of coping strategies, e.g., interests and hobbies, time out and leisure pursuits such as exercise, listening to music, being with nature, etc,
- ❑ 30. I belong to a support group(s) where I can discuss the traumatic cases I see
- ❑ 31. I tend to avoid or delay working on my more traumatic cases
- ❑ 32. I am less compassionate than I was before taking this job
- ❑ 33. I take many precautions to ensure my physical safety
- ❑ 34. I find it difficult not to over identify with the victim/survivor
- ❑ 35. I tend to avoid going out at night by myself
- ❑ 36. I think women are extremely vulnerable and are likely to be harmed
- ❑ 37. I am more easily discouraged than I ever was since taking this job
- ❑ 38. During my leisure time I can get away from the concerns of my work
- ❑ 39. I have been involved in court in the course of doing my work
- ❑ 40. I find it difficult not to become enraged at perpetrators
- ❑ 41. I am more anxious since I started doing this work
- ❑ 42. I feel like I have failed if my clients are harmed
- ❑ 43. Since doing this work I feel somewhat removed from my circle of friends and family

- ❑ 44. I have experienced flashbacks /intrusive memories of my client's trauma
- ❑ 45. I feel isolated/alone in doing the work I do
- ❑ 46. I find I feel more depressed/sad since engaging in this work
- ❑ 47. Empowering survivors empowers me
- ❑ 48. I believe the work I do will make a difference in people's lives
- ❑ 49. I am more cautious in trusting new people I meet in my personal life
- ❑ 50. I feel I have a range of resources to manage the strains of my job
- ❑ 51. My professional association/agency is a place I can turn to for support
- ❑ 52. I see therapy as being as effective as I used to
- ❑ 53. I find institutions such as ACC, Justice and Police are helpful in the work I do
- ❑ 54. I feel depressed by the apparent indifference/injustice of the legal systems involved with my client resulting from my work
- ❑ 55. People say about my work: 'How can you listen to such terrible things day after day' or 'I couldn't do that'
- ❑ 56. I feel frustrated when faced with the apparent inactivity of other institutions involved with my clients
- ❑ 57. I often feel isolated and different because of the work I do

- ❑ Adapted from Rich K.D "Vicarious Traumatization: A Preliminary Study', in Edmunds, S.B (Ed) Impact: Working with Sexual Abusers

(Vermont: Safer Society Press, 1997)

Appendix 3

Interview Schedule: Significant Others

To provide general background on the diverse range of people participating in this study, I would like to begin by asking you a few questions about yourself.

Autobiographical Background

Checklist

1. What is your relationship with X? E.g. partner, daughter

2. How long have you known X?

3. What is your employment? Occupational background/ Work Agency

4. How would you describe your age? Please Circle the category that applies to you:

20-29 30-39 40-49 50-59 60-69

5. Ethnicity or cultural background?

6. Current Living Situation

Relationship Issues

As discussed with you over the phone, in doing this research I am interested in your views about whether you consider X's work has affected you and your life, and, secondly your relationship with X in any way. The literature suggests that those closest to the therapist often observe subtle and not so subtle effects from the counsellor's indirect contact with trauma. As one of X's main supporters, I am wondering if any of these themes from the literature have any relevance from your own experience as a supporter.

Starting with thinking about yourself and your own life and personal philosophy:

1. What is your understanding of sexual abuse and why it occurs in society?

2. Has this understanding changed over time in any way?

3. Has this knowledge about sexual abuse affected your life in any way over time? If so, can you tell me about the changes you have observed in your self/own life?

4. Have you ever felt threatened/upset in any way by the work that X does? What contact do you have with the work that X does?

Have you talked about this with anyone? Did this help?

6. What have you noticed about your own feelings about the work that X does?

7. Has this changed over time?

8. Have you worried about X or your own personal safety more since s/he has started to work in this field?

9. Is there anything else you wish to mention about living with X or her work that you feel has affected you and your life?

History of the Relationship

10. Did you know X before she starting working as a therapist?

11. What was she like then from your perspective?
Has your perception of X changed in any way in relation to her work?

12. In what ways has the work affected X from your perspective?

13. Over time and in relation to X's work, what, if anything, have you noticed about your relationship with x? I.e. have there been any changes/themes you have noticed over time? In what specific ways has the work affected your relationship?

14. Can you give me an example of what you are describing?

15. How do you account for those themes/changes?
You have described?

16. Have the issues/themes you have described impacted on you personally in any way?

17. Do you like your partner doing this work?
What have the effects of the work been like from your perspective?

Styles of Supporting

18. Does X talk to you about her work and issues for her arising from the work?

19. How do you support X in your day-to-day contact with her?

20. Is there anything that hinders you in your role as X's supporter?

21. Is there anything that helps you in supporting X?

22. How do you know when to intervene to offer support/provide space, etc?

23. How helpful do you think X finds your support?

24. How do you know this?

25. If it feels comfortable to talk about, what is the most stressful experience you and X have encountered within your relationship, related to X's work?

26. How did you cope or make sense of what was going on?

27. Did you both resolve the situation from your perspective?

Advice to Prospective Supporters

28. What advice would you give others considering entering a relationship with a person who does this kind of work?

Thank you for your participation. I will forward a summary of the research when this study is completed.

Appendix 4

Ethical Approval

HUMAN ETHICS COMMITTEE

Application for Approval of Research Projects
Applied Social Sciences

Proposed Research for:- VICTORIA UNIVERSITY OF WELLINGTON

PHD (Social Work)

Project Title: -The Impact of Trauma Counselling on ACC Therapists and their Significant Others

Researcher: -

Name. Margaret Pack

Professional Code of Ethics NZASW
ASSR
Supervisor (if known) Dr Patricia Laing, Chairperson, Department of Applied Social Sciences

Proposed Starting Date:

The original proposal for M. A (Applied) in Social Science Research was forwarded to the Ethics Committee and approved in September 1997. I subsequently re-enrolled for PH.D after discussion with Dr Laing. Since the submission of the proposal, the specific focus of the research has been narrowed significantly in line with my interests and the discovery of additional theses/literature on the topic.It has been necessary to re -shape the original proposal in light of previous research on the topic.

From the re-enrolment to September 1998, the methodological approach will be clarified and refined. This phase of the research will then be written up as the introductory and methodological chapters of the thesis. The focus group of three individuals with a background in sexual abuse therapy will then be invited to become involved in developing and refining the interview schedule and the research process.

Preliminary data collection will then begin with the selected research participants. The focus group of ACC approved therapists will periodically provide feedback as to the emerging general themes, and the research process as the fieldwork progresses. This process will continue throughout the project. It is recommended that the group also act as an external check on the countertransference/transference between the researcher and the participants, given the nature of the topic and the kinds of issues that are likely be raised in the research process and potential impact on the researcher.

Proposed Date of Completion Unknown at this point in time.

Proposed Sources of Funding : Self

Briefly Outline:

(a) The Objectives of the Project

.To explore the impact of trauma related helping on the relationships of ACC approved therapists

b) To investigate the coping strategies counsellors say they use in day to day work with trauma survivors

(b) Method of Data Collection Individual in depth interviewing supplemented by a self-rating scale, to be used as a discussion starter. A topic guide will be developed in discussion with the focus group of counsellors mentioned earlier, prior to the commencement of the fieldwork

(c) The Benefits and Scientific Value of the Project

.It is envisaged that this project will complement larger quantitative studies, following on from earlier research efforts identified as relevant to the project. It is anticipated that the project will have implications for supervision/training/management and policy development in the trauma counselling/helping professions.

(d) Characteristics of the Subjects (Participants)

Participants will be approved as ACC registered trauma therapists, i.e. will be listed in the Register of Approved Therapists for the Wellington Region.Those selected will then be asked to nominate two significant others to be interviewed.

(e) **Method of Recruitment** For individual participants-Systematic random sample of ACC registered counsellors, drawn from the ACC Register of Approved Therapists, a public document available from the ACC branch offices. The therapists selected will then be asked to nominate one significant other who is considered a personal significant other, and a significant other who is a professional colleague, to be interviewed.

The focus group will be recruited using the researcher's own professional contacts/networks.

(f) Payments That Are to be Made/Expenses to be Reimbursed to Subjects

As I intend to travel to subjects, no travel expenses are envisaged. A token gift such as a gift voucher will be offered to thank individuals for their participation in the research

(g) Other Assistance (e.g. meals, transport) that is to be given to Subjects

Participants will be asked if they have social supports/ counsellor(s) to discuss issues that may arise at any point in the interviewing process. This discussion will be held at the first point of contact so that support people are able to be identified by the participant.

(h) Special hazards and/or inconvenience (including deception) that subjects will encounter

As discussed, the availability of support persons will be established prior to the interview as issues may arise for participants at some point in the research process that requires further discussion.

As participants will be asked to nominate two significant others, one they consider as a personal friend/partner, and another who is considered a professional supporter/colleague to provide multiple perspectives on the same theme, there is a need to maintain clear boundaries of confidentiality between individuals comprising 'the triads'(i.e., Counsellor and significant others nominated for interview. It will be emphasised prior to the interview that, none of the material disclosed by one party about the other will be disclosed during the interview process, accordingly. The purpose of this approach in this project will be clearly.discussed at the point of the first contact with the participant.

It will be confirmed that involvement in the project is the participant's choice and there will not be any penalty or disadvantage to the individual who makes a decision declining involvement at any point in the research process.

The use of a tape recorder to record interviews verbatim will be negotiated prior to the interview. It will be explained that these tapes will be kept in a locked cabinet in the researcher's office, and will be transcribed by the researcher.

Previous findings in this topic will be discussed to background why the current thesis is being undertaken. The status and background of the researcher will be discussed at the first telephone contact with participants nominated/selected.

(i) How informed consent is to be obtained (Include a copy of the consent form and information sheet that is to be used.) (See paragraph 4.3.1(g), 5.2, 5.5 and 5.6.1 of the guidelines) If written consent is not to be obtained please explain why.

It is envisaged that confidentiality will be a central issue in the project which aims to elicit material that is sensitive and private to the individual. It is, therefore, important that confidentiality is raised in the initial contact with participants, later providing written guidelines in the follow up letter to participants. This will be based on the letter to the participants developed with the initial research proposal and will be based on the

standard confidentiality/research agreements recommended by Victoria University's Ethics Committee.

The availability of the researcher to discuss the boundaries of confidentiality can then be offered to answer specific queries and concerns. It will be made clear that no identifying information will be attached to comments made during interviews.

The role of the focus group will be explained. It will be emphasised that the identity of the participants will not be disclosed. Rather, it is the purpose of the group to guide the research process and interpretations made by the primary researcher.

(j) State whether the consent is for the collection of data, attribution of opinions or information, release of data to others, or use for particular purposes.

Consent will be obtained prior to data collection to enable participants to have time to clarify any particular issues prior to the initial personal interview. A written consent form will then be completed prior to the interview.

Participants will be advised that themes from the initial data collection will be discussed with the focus group/academic supervisor(s), and feed back/thoughts canvassed as any patterns emerge.It is envisaged that the group will meet at key moments of the project's development to guide the direction of the research process.

. Again, no personal names will be attached to these themes, however, comments may be used to illustrate broad patterns/trends as the project progresses. Participants will be offered the draft chapter(s) in which their direct quotations are used. Comments will be used to illustrate major findings in the written thesis.

As the report is written, this will be forwarded/presented to the focus group for comment, and broad themes emerging from the group's feedback can then be integrated into the thesis as it is written .

(k) Whether the research will be conducted on an anonymous basis. If not, state how issues of confidentiality of participants are to be ensured if this is intended. (See paragraph 4.3.1(e) of the guidelines) (e.g. who will listen to tapes, see questionnaires or have access to data.)

The research will be conducted on a confidential basis, in the sense that comments made during interviews will not be associated with any participant's name. Data gathered will, therefore, remain non-identifiable. It may be possible to create a general profile of each triad interviewed, to include in the appendices of the thesis, however, the appropriateness of this will be explored with the research supervisor, if it appears individuals could still be identified by broad descriptions.

As discussed, the need for the supervisor to have access to the tapes to check on the process of interviewing and as a professional check on the ethics and practice of the researcher, will be raised with participants. No other individuals will have access to any original tape recordings or transcripts of interviews held.

(l) Procedure for the storage of, access to and destruction of data, both during and at the conclusion of the research. (See section 7 of the guidelines)

As outlined, the data will be kept in a locked cabinet in the researcher's office and will be destroyed/wiped at the conclusion of the project.

(m) Feedback Procedures (see section 8 of the guidelines)

The research will be discussed on a regular basis with the academic supervisor/focus group. As discussed copies of the chapters of the thesis that include direct quotation from the participants will be offered to ensure accuracy of interpretation and foster relationships of mutual trust and respect.

The focus group of counsellors will be referred to for feedback at key moments in the research e.g. in the development of interview topic guides/processes and establishing a framework for analysing responses collected . Once interviews are underway, and as themes emerge from the data collected, these will be summarised and presented to the group for impressions as to what meaning to attach to these themes, in light of previous research findings on the topic.

(n) **Reporting and Publication of Result** A copy of the executive summary of the thesis will be presented to the focus group prior to submission for academic consideration in a seminar format.

(o) Copies of the summary will then be forwarded to the counsellors' professional associations (NZAC, NZASW, and NZAP) and ACC. Workshops /presentations will be offered to these groups. A summary of findings will also be included for consideration for publication in referee journals associated with these professional bodies.

Signature of Researcher

....

Date

Signature of Convenor of Ethics Committee

....

Date

APPENDICES

Appendix 1

Interview Schedule: The Counsellor-Participants

Autobiographical Background

Following on from the checklist, I would like to begin by asking you a few questions about yourself and your philosophy:

- Which theories about the causes of sexual abuse do you find most useful in your work? e.g. psycho analytic, feminist, etc How do these ideas fit with your own personal philosophy of why sexual abuse occurs in society?

- Have your ideas about sexual abuse evolved since beginning work as a sexual abuse counsellor? If so, how have your ideas about sexual abuse evolved over time?

- What work did you do prior to becoming a counsellor?

Initial Expectations of Work in the Sexual Abuse Field

Career Hopes

A person's expectations about their job often change with experience.
Thinking back over the length of your career can you tell me a little bit about?

- What attracted you to your present position?

- What did you hope to achieve as an ACC registered therapist when you started out?

- What did you expect the experience of the work to be like?

- Have these expectations changed over time. If so, how so?

- What do you do currently?

Discussion Starter
Overall, what is your impression of this list of statements-do they ring true to your own experiences?

Do you have any strong responses/comments to any of the statements in the list I sent you? If so, which statements and what was your reaction to them?

Responses to the Literature on VT

I also sent an article about vicarious traumatisation to you through the post as background to our meeting. Have you had a chance to read this? I'd now like to take a few moments to ask you a few questions about what you thought of this article:

- Do you have any initial thoughts or responses to the literature posted?
- Is the article relevant from your own experiences? If so, can you tell me about the parts that you considered relevant from your perspective?
- Which parts were less relevant for you from your own experiences?
- Is there anything else you would like to comment on after reading this?

- Do you think there has been any impact of the work on your relationships, both personal and professional?

- Do you think that your spiritual beliefs been affected by the work in any way?

Belief Systems and World View

Given that there are a variety of reasons why counsellors enter the field of sexual abuse, there are often different philosophies informing the decision to work as a therapist in this demanding field.

I would like now to take a few moments to focus on your views about sexual abuse and the wider structures in society, which you use in your everyday contact with clients.

What have your relationships been like with the other agencies involved in sexual abuse work- i.e. ACC, Justice, CYPS, voluntary agencies like Rape Crisis, HELP

- Have your views about society's ability to address sexual abuse changed in any way over the duration of your career?
- What experiences have informed your views on this?
- How have you integrated these views into your work/practice with clients
- Into your life?
- Do you see therapy as helpful as you used to or are there other approaches/services that need to be involved?

Transference/Counter transference

- Have you ever had a strong reaction to a client and her/his story?

- What kinds of situations do you find difficult?

- What things do you find hard to hear?

Thinking back over the length of your career in sexual abuse work:

- What was the most stressful event or encounter you can recall?
- What happened?
- Who was involved?
- Have there been any effects on you or your life/ career subsequently? If there have been repercussions, can you tell me what these have been?

- Do you see therapy as effective as you used to in assisting people as you used to?

- What has informed your views on the usefulness or otherwise of therapy for sexual abuse issues.

Coping Styles and Strategies

In the literature I earlier posted to you, there a number of findings about the effects of the work on the individual counsellor working with traumatic material and disclosures. We now know that work in the trauma field has a number of identifiable effects, which vary according to a number of variables such as personality factors, usual coping strategies, etc.

Thinking about how you find yourself responding to the demands of listening and responding to disclosures from clients involving sexual abuse:

- What do you consider are the most helpful coping strategies for you personally?

- What coping styles and strategies help in your view?

- Which styles and strategies are not as helpful from your perspective?

- Is there anything you would like to say about what you have found helpful over the length of your career in the sexual abuse field?

Advice to Those Considering entering the field of Providing ACC Sexual Abuse Counselling

- Looking back on your career as a sexual abuse therapist with the advantage of hindsight, would you have done anything differently?

- Do you have any advice to those considering work as a counsellor registered for sexual abuse work with ACC?

Thank you for time. I will forward a copy of a summary of findings to you for feedback and comment at the completion of the thesis. Are there any questions you wish to ask me about the research?

Checklist- Counsellor to Complete

- Gender:
- Ethnicity:
- Agency:
- Age Range (Circle one)

20-29 30-39 40-49 50-59 60+

- Areas of Specialisation: e.g. family/group work
- Training and qualifications:
- Part time/full time
- Hours worked per week doing sexual abuse work
- Professional affiliation/background e.g. NZAC:
- Length of time doing counselling:
- Length of time doing sexual abuse work:
- Mix of work- ACC vs other / Private Practice vs Agency:
- Client contacts per day:
- Per week:
- Current Living Situation:

- Nominated Professional Significant Other
- Contact Address and Telephone:

- Nominated Personal Significant Other
- Contact Address and Telephone

Appendix 2

Information Letter to Participants including Ethical Approval

Dear

As discussed with you over the telephone, I am a Ph.D. student in the Social Work Department at Victoria University of Wellington. I am undertaking a study of ACC registered therapists and their significant others in the greater Wellington area. The aim of the thesis is to explore counsellors' experiences of sexual abuse counselling and the effects of the work on the individual and his or her professional/personal significant others. The intention of this approach is to assemble three perspectives on a theme. The Research Ethics Committee of Victoria University has approved the original research proposal.

I am asking twelve therapists selected via counsellors' social networks to participate in this study and wonder if you would nominate a personal and professional significant other to be interviewed. I will then make contact with the individuals you have suggested to see if they would agree to be interviewed. As discussed, these interviews are confidential. No identifying information will be attached to comments made during the interview in the final draft of the thesis.

It is expected that these interviews will take about an hour and will be audiotaped, as discussed, to ensure the accuracy of the recording of your responses. The taped interviews will be transcribed for analysing and kept securely at the University. Only my supervisor, Dr Laing, myself, and the transcriber, who has signed a confidentiality agreement, will have access to the contents of the interview, and these records will be destroyed or returned to you, whichever you choose, at the completion of the study. I attach a confidentiality agreement for you to consider and sign prior to our meeting. Let me know if you wish to discuss or clarify any point raised in this confidentiality agreement prior to signing it.

Should you feel the need to withdraw from the study at any point in the process, you may do so without question or penalty. Just let me know at the time.

Responses collected will from the basis of my thesis which will be submitted to the University for academic assessment. Only grouped responses will be presented in the final draft of the thesis. Every precaution will be taken to ensure that it will not be possible for readers to identify you personally.

I will forward a copy of a summary of key findings to each participant for comment when the final draft of the thesis is written.

I am meeting with a small group of ACC registered therapist to discuss any patterns and trends emerging from my interviews, however, no personal information relating to you will be disclosed to the group. The intention of the group is to test out initial

ideas about the study in each stage of its development from the initial research design through to the analysis/ interpretation of the data.

I attach some reading to do prior to our interview to let you know the background to the topic I am investigating and the ideas of those who are the originators of the concept of vicarious traumatization. I would be interested in your feedback on the ideas presented in this material.

If you have any queries, please contact my supervisor, Dr Patricia Laing at the Social Work Department at Victoria University, P.O. Box 600, Wellington or me. I can be contacted on 4701-777 (daytime) or 4791-603 (evenings). Dr Laing is available on 4721-000 extn 8748.

I look forward to meeting with you at 11 am on Tuesday 7 September.

Yours sincerely

Margaret Pack

Victoria University of Wellington
Consent To Participation In Research

Title of Project

Vicarious Traumatisation: The Experiences of ACC Registered Therapists and Their significant Others In The Wellington Region

I have been given and have understood an explanation of this research project. I have had an opportunity to ask questions and have them answered to my satisfaction. I understand that I may withdraw myself (or any information I have provided) from this project (before data collection and analysis is complete) without having to give reasons or without penalty of any sort.

I have identified at least one support person with whom I can discuss any issues that may arise for me from participation in this research.

I understand that any information I provide will be kept confidential to the researcher and the person who transcribes the tape recordings of our interview. The published results will not use my name and no opinions will be attributed to me in any way that will identify me. I understand that the tape recording of interviews will be electronically wiped at the end of the project unless I indicate that I would like them returned to me.

- ☐ I would like the tape recordings of my interview returned to me at the conclusion of the project.(Please tick the box to indicate that this is your wish)

I understand that the University retains insurance cover against claims relating to harm, loss or damage suffered by participants in research projects as a result of any negligent act, error or omission by or on behalf of the University.

I understand that the data I provide will not be used for any other purpose or released to others without my written consent.

- ☐ I would like to receive a summary of the results of this research when it is completed.

I agree to take part in this research

Signed:

Name of Participant:
Date:

Appendix 3

Discussion Starter

Highlight any responses you feel strongly about or you have noticed a marked change over time, and we will talk about them in more depth during the interview.
Please feel free to jot any notes or comments about each statement in the spaces provided or use another page.

- ❑ 1.My formal training prepared me to handle the work I do
- ❑ 2.I went to work in this field to try to right the traumatic wrongs in my own past
- ❑ 3. I believe I suffer from vicarious traumatization
- ❑ 4. I hear individuals recount traumatic material from their lives in the course of my work.
- ❑ 5. I feel very safe at work
- ❑ 6. I feel very safe at home
- ❑ 7. I trust other people as much as I have ever trusted them since working at this job
- ❑ 8. I have endured a traumatic experience while doing my present job
- ❑ 9. If I know a TV programme or movie is about trauma, I avoid seeing it
- ❑ 10. My co-workers seem to understand and support the kind of work I do
- ❑ 11. I have more bad dreams since starting this job
- ❑ 12. I am a survivor of trauma in my childhood
- ❑ 13. I have not seen the world as meaningful/orderly since doing this job
- ❑ 14. I have sought personal therapy since beginning this job
- ❑ 15. Sexual abuse work has impacted on my sex life
- ❑ 16. Since starting to work at this job, I have taken a self defence class
- ❑ 17. Bad images of traumatic material intrude into my non work time
- ❑ 18. I enjoy life as much as I ever did before starting this work
- ❑ 19. I feel confident in my ability to make a difference in my world

- ❑ 20. I am beginning to see males as more harmful since doing this work
- ❑ 21. I seem to worry more about the safety of my family since I started this work
- ❑ 22. It has been harder for me to develop close friends since I started this work
- ❑ 23. Other professionals value the work I do and let me know
- ❑ 24. I enjoy doing the work I do now
- ❑ 25. I actively believe and practice my spiritual/religious values in my daily life
- ❑ 26. When I hear abut others' trauma at work I feel guilty
- ❑ 27. I find I drink more alcohol since starting this work
- ❑ 28. The system(Police, ACC, Justice, CYPS) as it is work well to help my clients
- ❑ 29. I use a range of coping strategies, e.g., interests and hobbies, time out and leisure pursuits such as exercise, listening to music, being with nature, etc,
- ❑ 30. I belong to a support group(s) where I can discuss the traumatic cases I see
- ❑ 31. I tend to avoid or delay working on my more traumatic cases
- ❑ 32. I am less compassionate than I was before taking this job
- ❑ 33. I take many precautions to ensure my physical safety
- ❑ 34. I find it difficult not to over identify with the victim/survivor
- ❑ 35. I tend to avoid going out at night by myself
- ❑ 36. I think women are extremely vulnerable and are likely to be harmed
- ❑ 37. I am more easily discouraged than I ever was since taking this job
- ❑ 38. During my leisure time I can get away from the concerns of my work
- ❑ 39. I have been involved in court in the course of doing my work
- ❑ 40. I find it difficult not to become enraged at perpetrators
- ❑ 41. I am more anxious since I started doing this work
- ❑ 42. I feel like I have failed if my clients are harmed
- ❑ 43. Since doing this work I feel somewhat removed from my circle of friends and family

- ❑ 44. I have experienced flashbacks /intrusive memories of my client's trauma
- ❑ 45. I feel isolated/alone in doing the work I do
- ❑ 46. I find I feel more depressed/sad since engaging in this work
- ❑ 47. Empowering survivors empowers me
- ❑ 48. I believe the work I do will make a difference in people's lives
- ❑ 49. I am more cautious in trusting new people I meet in my personal life
- ❑ 50. I feel I have a range of resources to manage the strains of my job
- ❑ 51. My professional association/agency is a place I can turn to for support
- ❑ 52. I see therapy as being as effective as I used to
- ❑ 53. I find institutions such as ACC, Justice and Police are helpful in the work I do
- ❑ 54. I feel depressed by the apparent indifference/injustice of the legal systems involved with my client resulting from my work
- ❑ 55. People say about my work: 'How can you listen to such terrible things day after day' or 'I couldn't do that'
- ❑ 56. I feel frustrated when faced with the apparent inactivity of other institutions involved with my clients
- ❑ 57. I often feel isolated and different because of the work I do

- ❑ Adapted from Rich K.D "Vicarious Traumatization: A Preliminary Study', in Edmunds, S.B (Ed) Impact: Working with Sexual Abusers

(Vermont: Safer Society Press, 1997)

Appendix 3

Interview Schedule: Significant Others

To provide general background on the diverse range of people participating in this study, I would like to begin by asking you a few questions about yourself.

Autobiographical Background

Checklist

1. What is your relationship with X? E.g. partner, daughter

2. How long have you known X?

3. What is your employment? Occupational background/ Work Agency

4. How would you describe your age? Please Circle the category that applies to you:

20-29 30-39 40-49 50-59 60-69

5. Ethnicity or cultural background?

6. Current Living Situation

Relationship Issues

As discussed with you over the phone, in doing this research I am interested in your views about whether you consider X's work has affected you and your life, and, secondly your relationship with X in any way. The literature suggests that those closest to the therapist often observe subtle and not so subtle effects from the counsellor's indirect contact with trauma. As one of X's main supporters, I am wondering if any of these themes from the literature have any relevance from your own experience as a supporter.

Starting with thinking about yourself and your own life and personal philosophy:

1. What is your understanding of sexual abuse and why it occurs in society?

2. Has this understanding changed over time in any way?

3. Has this knowledge about sexual abuse affected your life in any way over time? If so, can you tell me about the changes you have observed in your self/own life?

4. Have you ever felt threatened/upset in any way by the work that X does? What contact do you have with the work that X does?

Have you talked about this with anyone? Did this help?

6. What have you noticed about your own feelings about the work that X does?

7. Has this changed over time?

8. Have you worried about X or your own personal safety more since s/he has started to work in this field?

9. Is there anything else you wish to mention about living with X or her work that you feel has affected you and your life?

History of the Relationship

10. Did you know X before she starting working as a therapist?

11. What was she like then from your perspective?
Has your perception of X changed in any way in relation to her work?

12. In what ways has the work affected X from your perspective?

13. Over time and in relation to X's work, what, if anything, have you noticed about your relationship with x? I.e. have there been any changes/themes you have noticed over time? In what specific ways has the work affected your relationship?

14. Can you give me an example of what you are describing?

15. How do you account for those themes/changes?
You have described?

16. Have the issues/themes you have described impacted on you personally in any way?

17. Do you like your partner doing this work?
What have the effects of the work been like from your perspective?

Styles of Supporting

18. Does X talk to you about her work and issues for her arising from the work?

19. How do you support X in your day-to-day contact with her?

20. Is there anything that hinders you in your role as X's supporter?

21. Is there anything that helps you in supporting X?

22. How do you know when to intervene to offer support/provide space, etc?

23. How helpful do you think X finds your support?

24. How do you know this?

25. If it feels comfortable to talk about, what is the most stressful experience you and X have encountered within your relationship, related to X's work?

26. How did you cope or make sense of what was going on?

27. Did you both resolve the situation from your perspective?

Advice to Prospective Supporters

28. What advice would you give others considering entering a relationship with a person who does this kind of work?

Thank you for your participation. I will forward a summary of the research when this study is completed.

Appendix 4

Ethical Approval

HUMAN ETHICS COMMITTEE

Application for Approval of Research Projects
Applied Social Sciences

Proposed Research for:- VICTORIA UNIVERSITY OF WELLINGTON

PHD (Social Work)

Project Title: -The Impact of Trauma Counselling on ACC Therapists and their Significant Others

Researcher: -

Name. Margaret Pack

Professional Code of Ethics NZASW
ASSR
Supervisor (if known) Dr Patricia Laing, Chairperson, Department of Applied Social Sciences

Proposed Starting Date:

The original proposal for M. A (Applied) in Social Science Research was forwarded to the Ethics Committee and approved in September 1997. I subsequently re-enrolled for PH.D after discussion with Dr Laing. Since the submission of the proposal, the specific focus of the research has been narrowed significantly in line with my interests and the discovery of additional theses/literature on the topic.It has been necessary to re -shape the original proposal in light of previous research on the topic.

From the re-enrolment to September 1998, the methodological approach will be clarified and refined. This phase of the research will then be written up as the introductory and methodological chapters of the thesis. The focus group of three individuals with a background in sexual abuse therapy will then be invited to become involved in developing and refining the interview schedule and the research process.

Preliminary data collection will then begin with the selected research participants. The focus group of ACC approved therapists will periodically provide feedback as to the emerging general themes, and the research process as the fieldwork progresses. This process will continue throughout the project. It is recommended that the group also act as an external check on the countertransference/transference between the researcher and the participants, given the nature of the topic and the kinds of issues that are likely be raised in the research process and potential impact on the researcher.

Proposed Date of Completion Unknown at this point in time.

Proposed Sources of Funding : Self

Briefly Outline:

(a) The Objectives of the Project

.To explore the impact of trauma related helping on the relationships of ACC approved therapists

b) To investigate the coping strategies counsellors say they use in day to day work with trauma survivors

(b) Method of Data Collection Individual in depth interviewing supplemented by a self-rating scale, to be used as a discussion starter. A topic guide will be developed in discussion with the focus group of counsellors mentioned earlier, prior to the commencement of the fieldwork

(c) The Benefits and Scientific Value of the Project

.It is envisaged that this project will complement larger quantitative studies, following on from earlier research efforts identified as relevant to the project. It is anticipated that the project will have implications for supervision/training/management and policy development in the trauma counselling/helping professions.

(d) Characteristics of the Subjects (Participants)

Participants will be approved as ACC registered trauma therapists, i.e. will be listed in the Register of Approved Therapists for the Wellington Region.Those selected will then be asked to nominate two significant others to be interviewed.

(e) **Method of Recruitment** For individual participants-Systematic random sample of ACC registered counsellors, drawn from the ACC Register of Approved Therapists, a public document available from the ACC branch offices. The therapists selected will then be asked to nominate one significant other who is considered a personal significant other, and a significant other who is a professional colleague, to be interviewed.

The focus group will be recruited using the researcher's own professional contacts/networks.

(f) Payments That Are to be Made/Expenses to be Reimbursed to Subjects

As I intend to travel to subjects, no travel expenses are envisaged. A token gift such as a gift voucher will be offered to thank individuals for their participation in the research

(g) Other Assistance (e.g. meals, transport) that is to be given to Subjects

Participants will be asked if they have social supports/ counsellor(s) to discuss issues that may arise at any point in the interviewing process. This discussion will be held at the first point of contact so that support people are able to be identified by the participant.

(h) Special hazards and/or inconvenience (including deception) that subjects will encounter

As discussed, the availability of support persons will be established prior to the interview as issues may arise for participants at some point in the research process that requires further discussion.

As participants will be asked to nominate two significant others, one they consider as a personal friend/partner, and another who is considered a professional supporter/colleague to provide multiple perspectives on the same theme, there is a need to maintain clear boundaries of confidentiality between individuals comprising 'the triads'(i.e., Counsellor and significant others nominated for interview. It will be emphasised prior to the interview that, none of the material disclosed by one party about the other will be disclosed during the interview process, accordingly. The purpose of this approach in this project will be clearly.discussed at the point of the first contact with the participant.

It will be confirmed that involvement in the project is the participant's choice and there will not be any penalty or disadvantage to the individual who makes a decision declining involvement at any point in the research process.

The use of a tape recorder to record interviews verbatim will be negotiated prior to the interview. It will be explained that these tapes will be kept in a locked cabinet in the researcher's office, and will be transcribed by the researcher.

Previous findings in this topic will be discussed to background why the current thesis is being undertaken. The status and background of the researcher will be discussed at the first telephone contact with participants nominated/selected.

(i) How informed consent is to be obtained (Include a copy of the consent form and information sheet that is to be used.) (See paragraph 4.3.1(g), 5.2, 5.5 and 5.6.1 of the guidelines) If written consent is not to be obtained please explain why.

It is envisaged that confidentiality will be a central issue in the project which aims to elicit material that is sensitive and private to the individual. It is, therefore, important that confidentiality is raised in the initial contact with participants, later providing written guidelines in the follow up letter to participants. This will be based on the letter to the participants developed with the initial research proposal and will be based on the

standard confidentiality/research agreements recommended by Victoria University's Ethics Committee.

The availability of the researcher to discuss the boundaries of confidentiality can then be offered to answer specific queries and concerns. It will be made clear that no identifying information will be attached to comments made during interviews.

The role of the focus group will be explained. It will be emphasised that the identity of the participants will not be disclosed. Rather, it is the purpose of the group to guide the research process and interpretations made by the primary researcher.

(j) State whether the consent is for the collection of data, attribution of opinions or information, release of data to others, or use for particular purposes.

Consent will be obtained prior to data collection to enable participants to have time to clarify any particular issues prior to the initial personal interview. A written consent form will then be completed prior to the interview.

Participants will be advised that themes from the initial data collection will be discussed with the focus group/academic supervisor(s), and feed back/thoughts canvassed as any patterns emerge.It is envisaged that the group will meet at key moments of the project's development to guide the direction of the research process.

. Again, no personal names will be attached to these themes, however, comments may be used to illustrate broad patterns/trends as the project progresses. Participants will be offered the draft chapter(s) in which their direct quotations are used. Comments will be used to illustrate major findings in the written thesis.

As the report is written, this will be forwarded/presented to the focus group for comment, and broad themes emerging from the group's feedback can then be integrated into the thesis as it is written .

(k) Whether the research will be conducted on an anonymous basis. If not, state how issues of confidentiality of participants are to be ensured if this is intended. (See paragraph 4.3.1(e) of the guidelines) (e.g. who will listen to tapes, see questionnaires or have access to data.)

The research will be conducted on a confidential basis, in the sense that comments made during interviews will not be associated with any participant's name. Data gathered will, therefore, remain non-identifiable. It may be possible to create a general profile of each triad interviewed, to include in the appendices of the thesis, however, the appropriateness of this will be explored with the research supervisor, if it appears individuals could still be identified by broad descriptions.

As discussed, the need for the supervisor to have access to the tapes to check on the process of interviewing and as a professional check on the ethics and practice of the researcher, will be raised with participants. No other individuals will have access to any original tape recordings or transcripts of interviews held.

(l) Procedure for the storage of, access to and destruction of data, both during and at the conclusion of the research. (See section 7 of the guidelines)

As outlined, the data will be kept in a locked cabinet in the researcher's office and will be destroyed/wiped at the conclusion of the project.

(m) Feedback Procedures (see section 8 of the guidelines)

The research will be discussed on a regular basis with the academic supervisor/focus group. As discussed copies of the chapters of the thesis that include direct quotation from the participants will be offered to ensure accuracy of interpretation and foster relationships of mutual trust and respect.

The focus group of counsellors will be referred to for feedback at key moments in the research e.g. in the development of interview topic guides/processes and establishing a framework for analysing responses collected . Once interviews are underway, and as themes emerge from the data collected, these will be summarised and presented to the group for impressions as to what meaning to attach to these themes, in light of previous research findings on the topic.

(n) **Reporting and Publication of Result** A copy of the executive summary of the thesis will be presented to the focus group prior to submission for academic consideration in a seminar format.

(o) Copies of the summary will then be forwarded to the counsellors' professional associations (NZAC, NZASW, and NZAP) and ACC. Workshops /presentations will be offered to these groups. A summary of findings will also be included for consideration for publication in referee journals associated with these professional bodies.

Signature of Researcher

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Date

Signature of Convenor of Ethics Committee

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Date