

Stories to live by, selves to live with

**Constructing the self through narratives
of childhood sexual abuse**

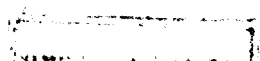
Joanna Woodiwiss

University of York

Centre for Women's Studies

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Abstract

Feminist responses to childhood sexual abuse, once seen as a political issue requiring a political response, are now at the forefront of the therapeutic endeavour of reconstructing victims as psychologically damaged and in need of healing. Women no longer need memories of abuse to find themselves in the pages of therapeutic and self-help literature aimed at victims of childhood sexual abuse. With large numbers of women coming to tell stories of sexual abuse, often based on 'recovered' memories, a fierce debate has ensued. Ostensibly over the veracity of women's stories, this debate centres on the role of therapists in the 'uncovering' or 'planting' of memories. It is a debate that has been constructed by many of those involved as one between feminists and anti feminists, in which those who reject recovered memories are accused of being on the side child abusers. Such a polarisation makes it difficult to critically engage with this subject or challenge the orthodoxies which position not only female victims of childhood sexual abuse but also 'ordinary' women as somehow damaged and in need of healing.

Largely absent from this debate are the voices of those women whose lives are at the centre of these stories. Constructed as victims, either of sexual abuse or therapists, their involvement in writing these narratives is left unexplored. My aim in this thesis is to look at the experiences of these women and the roles they themselves play in the construction, and in the case of some their ultimate rejection, of narratives of childhood sexual abuse, and the use they make of these stories. The research is based on in-depth interviews with eleven women and written accounts supplied by another five. Their stories were based on continuous, recovered and, for some, false, memories of sexual abuse. In locating the tellers of these tales at the centre of this project I am able to show the variety of ways women engage with therapeutic and self-help literature in the process of making sense and giving meaning to their lives and to the selves who populate those lives. They do so with a creativity and imagination that gives vent to the lie that they are merely passive victims, either of sexual abuse or of malicious therapists, within a therapeutic culture which constructs them as psychologically damaged and ultimately to blame for their own unhappiness and dissatisfaction. I have shown that they play an active role in the construction and use of abuse narratives, within which they do not necessarily, or always, accept the principles and ideas that form the basis of these stories. I also show that for many a narrative of child sexual abuse may be the 'best story' even if it is not the 'right' one in a culture where women are limited in and by the stories that can be told. In doing so I hope I have also contributed to the creation of a space where women can tell different stories and construct different selves.

Key words: childhood sexual abuse, healing, recovered memories, the self

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Acronyms

CSA Child sexual abuse

BFMS British False Memory Society

DSM Diagnostic and Statistical Manual of Mental Disorders

DID Dissociative Identity Disorder

FMS False Memory Syndrome

FMSF False Memory Syndrome Foundation

MPD Multiple Personality Disorder

MPS Multiple Personality Syndrome

Part one: Introducing the project

Chapter one: Introduction

Chapter two: Researching women's use of childhood sexual abuse narratives

Chapter one: Introduction

The marriage of feminism and the phenomenally popular recovery movement is arguably the most disturbing (and influential) development in the feminist movement today (Kaminer 1993)

Set against the background of the recovered memory wars, this research explores women's engagement with narratives of childhood sexual abuse (CSA), recovery and therapeutic discourses and the role they themselves play in the construction and use of abuse narratives whether they have, by their own definition, continuous, recovered or false memories. These are the women whose voices have been largely absent from the debates around recovery and the recovered memory wars and who are mostly constructed as weak, vulnerable and at the mercy of misguided therapists or the ongoing effects of abuse. This is not a thesis about childhood sexual abuse. Nor is it a thesis on the recovered memory wars, or on memory. It is also not a general thesis about therapeutic or self-help culture. Yet these themes do form part of the background against which this research project has been carried out, and therefore I have engaged with them to varying degrees.

The main debate in the memory wars is largely centred on whether therapists help their clients uncover memories of sexual abuse in childhood or plant false memories of such abuse in the minds of weak and vulnerable women. However, as even some within the recovered memory movement acknowledge, memories are in fact rarely recovered (Bass and Davis 1988). Whilst apparently about memory this is not a scientific issue but rather a socio-political one. (Kristiansen, C Felton, K and W Hovdestad 1996). Not only do I choose not to engage with this area of debate but I would suggest it is a futile argument in which the voices of those who should be at the centre remain silent (Scott 2001) whilst 'experts' on both sides attempt to prove what is in effect 'a leap of faith' (Berliner and Loftus 1992:573). This leap of faith that we are expected to take leaves many questions unanswered and fails to explore women's experiences of sexual abuse or to look at the role women themselves play in the construction and use of stories of childhood sexual abuse. However, it is not only

those who have recovered memories of CSA who engage with the sexual abuse recovery literature; those with continuous memories do so as well. We should be aware, however, that even where women have continuous memories, these might not have produced the same interpretation of sexual abuse in the past as they do in the present (Hacking 1995).

Since 1990 and following the publication of *The Courage to Heal*, (Bass and Davis 1988), the ‘bible’ of the recovered memory movement, it has been claimed that well over 100,000 cases of recovered memories of childhood sexual abuse ‘have been fomented in the United Kingdom’ (Pendergrast 1997:562). These cases, Pendergrast suggests, represent ‘shattered lives and destroyed families’ (Pendergrast 1997:562). With the publication of his book *Victims of Memory* (1997) Pendergrast, a consultant to the British false memory society (bfms) entered the fierce debate that is the recovered memory wars. His understanding of recovered memories is an entirely negative one, one which identifies the families of those who have recovered memories as victims as much as those who recover ‘false’ memories, a view also promoted by the False Memory Foundation (FMF) and the British False Memory Society (bfms). Whilst ostensibly about the veracity or otherwise of women’s claims to have recovered memories of having been sexually abused in childhood, these wars are in fact fought over the role of therapists in the creation or recovery of memories of CSA. The memory wars are also set against the background of a therapeutic culture (Furedi 2004), in which the ‘reflexive self’ is seen as a project to be worked on (Giddens 1991). Within this culture we are encouraged to engage with therapeutic and self-help literature and to reconstruct ourselves as damaged and in need of healing (Furedi 2004). It is against this background that women, and it is primarily women, engage with a particular aspect of the body of knowledge surrounding CSA, recovery and healing that constitutes the ‘harm story’ (O’Dell 2003) and its therapeutic corollary, the ‘healing discourse’ (Davies 1995).

A wealth of literature, including self-help material, has been written on childhood sexual abuse, the majority of which is based on a harm story and accepts the idea that traumatic memories of such abuse may be buried in the minds and bodies of victims. Within this the key players and most widely cited texts are Bass and Davis, *The*

Courage to Heal (1988), Frederickson, *Repressed Memories* (1992), Herman, *Trauma and Recovery* (1992), Parks, *Rescuing the Inner Child* (1990), and Whitfield, *Healing the Child Within* (1987) and *Memory and Abuse* (1995). Of these only Parks is not a fierce defender of recovered memories. Whilst the principal players in the sexual abuse recovery movement are advocates of recovered memories this was not always the case. Herman, for example, wrote of women's reluctance to disclose their abuse in *Father-Daughter Incest* (1981) but in 1992 she wrote of buried memories. Many other texts have been written on the subject of recovery and recovered memories. A list of those read by the women in this study can be found in appendix 11. On the other side of the debate some of the key players and texts are Ofshe and Watters, *Making Monsters* (1995), and de Rivera and Sarbin's edited collection *Believed-in Imaginings* (1998). Yapko furthered this argument following his survey of over eight hundred American therapists in which he reported that over eighty percent felt hypnotic age regression was a useful technique and of these many believed the details were more accurate than memories recovered without hypnosis (1994a, 1994b). Loftus (1999) and Loftus and Burns (1982) have also contributed to the debate through experiments demonstrating the unreliability and malleability of memory.

The aim of this research is not to question the memories of those women who come to recover and, in some cases later reject, memories of childhood sexual abuse but to place the tellers of sexual abuse narratives centre stage. My intention is go beyond their narratives to look at how individuals draw on culturally circulating stories to construct their own story. I do however take issue with some of the founding principles which underpin the arguments on both sides of this great divide, without which women would not be able to tell the particular stories of CSA that they have come to tell in the twenty-first century. Central to the recovered memory movement is the belief that there is no positive or neutral experience of CSA. It is said to be a psychologically devastating experience, the effects of which can be identified in the lives of adult victims. These symptoms, which include repeat victimisation, help to construct victims as psychologically damaged and in need of healing without which the cycle of abuse is likely to continue through into the next generation. Within this understanding the answer to CSA and the way to prevent it in the future is through

healing. Victims therefore owe it to others as well as themselves to heal from what they believe to be a sexually abusive childhood.

This is not the only story that can be, or has been, told of CSA but it is the story that has become dominant, not only within the psy professions but also within feminism and the women's movement. It is also a story that permeates all areas of contemporary culture to the extent that those who have little engagement with the issues surrounding CSA have at least a rudimentary grasp of 'the harm story' and the 'healing discourse' through reading not only newspapers and magazines but also twentieth century literature such as the novels of Margaret Atwood, and through watching not only news and documentaries on the television but also light entertainment programmes such as *The Bill* (the episode shown on ITV on 2.9.2004 featured a story of CSA and the inner child).

Until the 1970s the consensus within psychology was that the experience of child sexual abuse had few if any long-term negative effects. In the feminist moment of the 1970s and 1980s a different story could be told in which CSA was not constructed as an individual problem needing an individual solution but rather a wider social problem in need of a political solution (Armstrong 1978, Kelly 1988, Rush, 1980, Ward 1984). It was also a story which showed 'the other side of being a victim' (Kelly 1988), a story which recognised that male violence was not just about male power but also women's and children's resistance (Kelly 1988, Kirkwood 1993, Maguire 1992). It was a story that challenged the construction of victims as passive and powerless and allowed for the possibility that 'the process of coping with negative effects may, in the long term, have positive outcomes' (Kelly 1988:159). Faced with feminist discourses around the issues of male violence and the sexual abuse of children psychology has had to reassess its understanding. In doing so it has consolidated its 'monopoly of defining both the "problem" of and the "solution" to sexual violence' (Kitzinger, J 1993:234) and thereby maintained public awareness of the issue whilst at the same time removing victims from the political arena. Feminists and traditional therapists sought to diagnose the effects of sexual abuse, to warn victims and society of those effects and to provide treatment programmes to facilitate women's and children's recovery. Although feminists did not set out to construct victims as permanently

damaged, it was the negative effects which became the focus of concern. Thus the potential insights or knowledge that women might have gained from their experiences were dismissed or problematised. Armstrong argues that:

Feminists, following not their own logic, but their own purloined “language”. followed – almost trance like – as that language was snatched from them and dangled before them by psychology and therapy...Instead of survivors being drawn to feminist designed solutions, feminists were drawn to solutions designed for the defined pathologies of survivors (Armstrong 1994:213).

However, this denies the active role that feminists have themselves played not only in the promotion of healing as an appropriate response to sexual abuse but also in the creation and dissemination of ideas which encourage women to look inward for the cause and solution to their unhappiness and disaffection and to find ‘evidence’ of childhood sexual abuse in their adult lives. For Davies the leading role played by feminists is linked to ‘radical’ and ‘cultural’ feminism which she argues ‘advocates a “return” to a “subjective experience” that is pre cultural and, to some extent, independent from the material basis of society’ (Davies 1995:19). Whilst it would be wrong to include all radical feminists in this argument, such as Kelly and Kitzinger, there is a line of thought promoted by some strands of radical feminism, such as Daly (1978) and Rich (1977), that does provide an understanding of women and knowledge on which feminists can base their adoption of the healing discourse. Not only does this provide for the possibility of returning to a woman’s true, inner self, but as this ‘essential’ self is seen as closer to nature it also suggests that if women trust their own biological instincts or ‘think through the body’ (Rich 1997:39) then women’s bodies can themselves provide access to the truth. Located within a therapeutic framework which aims to alleviate women’s unhappiness this might also provide the motivation to look for hidden knowledge of abuse.

The story to emerge in the late 1980s and 1990s portrays CSA as a ‘profoundly deforming experience’ (Contratto and Gutfreund 1996) and the victims as ‘not well adapted to adult life’ (Herman 1992:110). This is the story that dominates not only the sexual abuse recovery literature but permeates other strands of self-help literature.

This is also the story which enables women to identify symptoms of sexual abuse in their adult lives and to construct a history of CSA, whether or not they have memories of such abuse. It is this story which is at the centre of this study. This is not because it is the only story that can be told, even in the twenty-first century, but because it is this story which underpins much of the sexual abuse recovery literature with which the participants engaged and without which they could not have told the stories they did. Or rather the stories they could tell would be different. My choice of material is based largely on the literature on which my participants drew in constructing their own narratives of CSA. The intention is not to dismiss that literature which offers an alternative construction of CSA but to focus on the material which helped lay the foundations for women's constructions of a historically specific story of childhood sexual abuse. A list of the texts women used or referred to can be found in appendix 11.

Within the debates around recovered memories the women who come to construct a sexual abuse narrative based on such memories are largely absent (Scott 2001). So too are those with continuous memories who also make use of the sexual abuse recovery literature. This research is an attempt to involve these women who, whether basing their stories on continuous or recovered memories, have engaged with discourses of childhood sexual abuse and recovery. For some their involvement with abuse narratives has not been confined to CSA but, as they came to reject their memories as false, they have also engaged with False Memory Syndrome (FMS). I am not concerned with whether their stories are 'true' or 'false', except in the degree to which women believe the stories they tell, but in the way women come to (re)construct these narratives. Of course constructing a narrative is much more than simply telling a story of a life, or telling a life. Constructing a sexual abuse narrative, whether based on continuous, recovered or false memories, is about making sense of that life and of the person who has and continues to live it. It is also about trying to devise a strategy for continuing with that life into the future with a self with which one is happy, or at least content.

Although the ‘harm story’ may dominate the sexual abuse recovery literature it is not the only story line or framework available to those looking to make sense of and improve their lives. Women are not forced to construct a narrative based on childhood and/or sexual abuse but they are constrained by the limited number (Lawler 2003) of stories currently in circulation (Bauman 2001, Jackson 1998, Lawler 2002, Plummer 1995, 2001). We may not be free to tell any story or to have our stories heard, but we are free to draw on material outside of that which dominates the sexual abuse literature. However, when it comes to narrating ourselves, the therapeutic scripts in circulation at the turn of the century do exert a considerable influence on our lives (Furedi 2004). These scripts tell us of a self to be worked on as we are subjected to a barrage of advice on self-improvement and self-development and increasingly on healing, recovery and survival.

This thesis then, is about more than women’s engagement with discourses of CSA and recovery, whether through their use of self-help literature or their engagement with therapists and counsellors. It is about how they make use of this material, the active role they themselves take in (re)writing and (re)constructing their own histories, their own lives and their own selves. In the process of making meaning of their lives women are forced to negotiate a path through a volume of stories. When they engage with the recovery literature they are also faced with contradictory formulations of the self (Simonds 1996) promoted in this literature. This is a self that has a psychological as well as a social dimension (Craib 1998), which is both unitary and fragmented, innate and makeable (Simonds 1996). It is a self forever connected to past abuse and a self that can leave the abuse behind. In the following pages I look at how women do not simply adopt ready-made narratives or step into the shoes of ready-made selves, but engage with these discourses with creativity and imagination to construct a story that gives meaning to their lives and the selves that live (in) them.

Introducing the arguments – echoes of the journey to recovery

Rather than an introductory chapter to the thesis as a whole I decided, after a general introduction and methodology chapter, to introduce each part separately. I have therefore divided the thesis into three main parts. Each part consists of a theoretical

chapter followed by chapters based on the data. Much of the debate around recovered memories, the construction of abuse narratives and women's use of therapeutic literature has been conducted by experts. I was particularly concerned to enable women to have a voice and, having done so as part of the research for this thesis, to make their words visible. I have therefore chosen a structure which I believe offers them greater visibility.

This structure also reflects women's engagement with and journey through, or with, the sexual abuse recovery literature. Women are most likely to engage with this literature because they are unhappy with some aspect of their lives and are in search of an explanation and a way to move forward. Their first involvement is therefore with the stories of childhood sexual abuse which outline or highlight the possible symptoms of such abuse and which enable women to identify symptoms of abuse in their own lives. Having identified possible symptoms women are then encouraged to contact their inner child, or childlike self. It is this self who is said to hold memories or knowledge of their abuse and who is damaged by that abuse. Contacting their inner child is therefore a vital part of the healing process, and for those with no memories she may provide the only knowledge of a sexually abusive childhood. The final stage on women's journey to recovery is to work on the self. However they must not only construct a self that they are happy with, and able to live a life that they want to, but through healing they are told they can avoid becoming a self likely to abuse others.

Against a background of storytelling as a way for women to make sense of their lives I look in part two at the particular stories of CSA and recovery available to women at the beginning of the twenty-first century. I introduce this part with a contextual chapter which serves to introduce the idea of storytelling as well as the particular stories women can tell of childhood sexual abuse and recovery. It is here that I also look at the 'harm story' as the dominant construction of CSA, its causes and consequences, that enables women to construct a history of sexual abuse without having entered adulthood with memories of such abuse. I also look at the implications of this established orthodoxy for those who have entered adulthood with continuous memories of CSA and who might, therefore, have a contradictory understanding of their experiences and of what might be beneficial to them. The remaining three

chapters are based on the data and look at how women draw on different aspects of the literature to make sense of their lives. Chapter four looks at the discourses of abuse. Chapter Five looks at how women drew on these discourses to make sense of their lives and to identify symptoms of abuse in their adult lives. One of the underlying themes of women's accounts is the idea that sexual dysfunction is a symptom of CSA. Chapter Six looks specifically at how women use these discourses to understand and address what they define as sexual problems.

I look at the knowledge claims on which recovered memories are based and the role of the inner child in women's construction and use of narratives of childhood sexual abuse in part three. Chapter Seven serves to introduce the key arguments in the debate around recovered and false memories of CSA. In Chapters Eight and Nine I look at the knowledge claims on which women's abuse narratives are constructed and explore the relationships women develop with their own inner child and the importance of this child for them coming to 'know' they were sexually abused as children. Chapter Ten looks at potential problems with the inner child. This is the only chapter that is focussed largely on the experiences of one woman, Anne, who is the only participant who lives with multiple personalities. However, I do also draw on the experiences of others, both negative and positive, to offer an alternative understanding for the emergence of Multiple Personality Syndrome (MPS), or Dissociative Identity Disorder (DID) as it is now called, to that which claims that hypnosis is nearly always used in the diagnosis and treatment of MPS and constructs those with multiple personalities as victims of either extreme childhood trauma or of misguided therapists.

Part four sees a return to the adult woman. In this part I look at the self as a project to be worked on and the contradictory formulations of this self found in the self-help and sexual abuse recovery literature. Chapter Eleven looks at the theoretical debates around the self and introduces the problems faced by women in the process of negotiating a path through the sexual abuse recovery literature. In doing so women are forced to engage with these different formulations and in Chapters Twelve and Thirteen I explore the variety of ways that they do so. In chapter fourteen I attempt to summarise the findings of this study and to show how women's engagement with narratives of childhood sexual abuse is about much more than writing a history.

Through their engagement with the literature on sexual abuse recovery women are forced to deal with a variety of often competing discourses. To do so they must themselves take an active role. Having summarised the findings I go on to offer some suggestions for the future.

Some points on language and other details

The area of sexual abuse and recovered memories is a contentious one within which not only the narratives but also the shifting language with which they are told is contested. Terms have been rejected and reclaimed, the meanings attached to them shifted and the connotations changed during the course of these debates. I therefore feel it is worth clarifying a few points at the outset.

1. The names, and other identifying details, of all those who participated in this study have been changed.
2. Where I have used quotes from the women I decided, for the most part, against specifying whether their stories were based on continuous, recovered or false memories of CSA. As I stated above, I did not set out when conducting this research to look at whether individual women's abuse claims were true or not and I felt that identifying women by their memory type would focus attention on this issue. Furthermore I did not wish to draw attention to the nature of the memories they drew on which I felt was often irrelevant and might distract from what they were saying. Therefore all the women are identified by their pseudonym only. There were a few occasions when this was not the case, or where I felt it would be useful to specify their type of memories. However a short biographical history of all the women who participated a can be found in appendix 1
3. In addition to a chapter heading, each data based chapter uses a quote from one of the participants to serve as a sub heading. As sub headings these quotes do not include a reference but can all be found elsewhere in the chapter, with the appropriate references.

4. Whilst I have conformed to the convention on only indenting long quotes when these are taken from sources in the literature I have chosen to indent all those quotes taken from the participants, unless they are only two or three words. This thesis is about their words and I wanted to maximise the visibility and impact of those words.

5. As I was looking at women's use of narratives of CSA and all the participants in this study are female I chose to use the pronoun 'she' when I referred to the inner child, even when referring to an inner child outside the participants' experiences, except on the rare occasions where the inner child is specifically male. The use of this pronoun also reinforces the reality that the majority of victims of CSA are female.

6. With the growth of the 'incest industry' (Armstrong 1994) the term survivor has largely come to replace the term victim. Originally intended to challenge the construction of victims as helpless and powerless, the shift towards the use of the term survivor has come to reinforce this construction of victims. In order to claim the status of survivor women must accept their previous status as victims with the said connotations of powerlessness and helplessness. Except where the material dictates against it, I have therefore chosen to use the term victim which recognises acts of abuse perpetrated against women, but without accepting that they are either powerless or helpless.

7. The term Multiple Personality Disorder or Syndrome, (MPD or MPS) has, within the psychiatric and therapeutic literature, been largely replaced by the term Dissociative Identity Disorder (DID). However, whenever women made reference to this disorder, or state of being, they used the term MPS. I have therefore chosen to stay with this term, which reflects their own understandings, rather than switching between the two.

Chapter two: Researching women's use of childhood sexual abuse narratives

If you want to know what its consumers make of self-help, and why they find it useful and/or pleasurable, there is much to be said for asking them. Their answers may not be the ones your own reading has led you to expect (Cameron 1995:206).

Introduction

The debate over recovered memories has come to overshadow the literature on sexual abuse recovery. Within this debate the women who tell their stories of abuse are often silenced but they are central to this research project. My intention was not to engage in the memory wars or examine the veracity of women's claims to have been abused but to look at their engagement with these discourses. I therefore needed a research strategy that would allow them to speak for themselves.

I envisaged from the outset using in depth semi-structured interviews and early on in the research process I conducted and transcribed a pilot interview. I began with a general question on her life history which led to a focus on her experiences of childhood and abuse and at times our meeting felt more like a counselling session than an interview. The interview lasted approximately six hours, nearly half of which comprised an account of her experiences of abuse. At the time I did not feel equipped or able to move the interview along to address her use of therapeutic discourses. I was also unsure about my right to prevent her speaking about those issues she chose. I felt partly responsible as I had, perhaps, not been clear enough at the outset. Although in some ways not a success the pilot study did help me develop an appropriate research strategy and the lessons learnt influenced the recruitment of participants, the design of the research methods and process of conducting the research.

Researching a sensitive area such as this, particularly when using in depth interviews, requires a level of trust on the part of participants (Hooper 1992) and a belief that I, as the interviewer, am interested in them as individuals as well as in what they have to say (Hooper 1992, Jones 1985). However, I was also aware of the potential danger of

constructing my interviewees as 'other' – in some way incapable of making choices and protecting themselves. They were not being asked to discuss their experiences of sexual abuse but only of healing and recovery. I recognised that at times this might prove difficult or stressful but also that the subject of sexual abuse itself might also surface during the interview. Clearly I needed to be aware of women's feelings and sensitive to their needs. However, I also felt it was important to treat them with respect, which included a commitment to avoid exerting undue pressure and putting the research before the participants, and to recognise that they were best placed to look after themselves. Of course I was not directly researching sexual abuse, but I do feel it is important not to contribute to the belief that sexual abuse in childhood is so much worse than other forms of abuse by constructing sexual abuse victims as more damaged than 'others'. Whilst I was also aware that researching this area might have an emotional impact on me as the researcher (Moran-Ellis 1996), I felt this would most likely be in the form of emotional tiredness.

Recruitment

I wanted to ensure that potential participants understood what their involvement would entail. I therefore chose to recruit participants through articles and letters. This allowed me to explain in detail the nature of the project, how it was to be carried out, when and where it could take place and how much time might be involved. The articles also confirmed my commitment to issues of confidentiality and ethics and suggested ways to contact me. I offered a postal and email address at the university and a mobile phone number and indicated that I was available to discuss the project and answer any questions that potential participants might have. Participants were also offered the choice of a face-to-face interview or giving a written account.

I wanted to recruit women whose self-identification was based on continuous, recovered or false memories. Whilst I did not wish to engage in the recovered memory wars I was aware that some women might locate themselves on one side or the other of this debate. As I did not want to alienate members of either group I decided to write two different articles/letters, one for self-identified victims of CSA and one for self-identified victims of FMS (see appendices 2 and 3). I anticipated that those who

continued to believe they were victims of CSA, particularly where this was based on recovered memories, might be more wary. I therefore emphasised my feminist credentials and experiences, including my work with Support and Survival and Women's Aid, when writing for this group. I also provided more discussion of the context for the research. In addressing victims of FMS I focussed instead on the construction of childhood sexual abuse narratives. Aware that guilt could be an issue for some women in this group I stressed that I did not wish to allocate blame but to explore how they came to believe and then retract memories of having been sexually abused.

I advertised for self identified victims of FMS through the British False Memory Society (bfms) who agreed to publish an article and appeal for participants in the December 2001 edition of their newsletter. This approach yielded only three replies of which two were from men proposing their partners, who they believed were victims of FMS. I did reply to the men, but only to point out that I could only contact women who contacted me first. As far as I know these two women did not contact me at a later date. I then reworked the article into a letter which the bfms distributed to the female members on their mailing list. Sent out in November 2002, this yielded a further nine replies most of whom, it transpired, did not read the newsletter. Of these ten, five withdrew and five went on to participate in the research. All those who replied did so within a week of receiving my request.

My first attempt to recruit victims of CSA was unsuccessful. Through personal contacts I was aware of a survivors' support group run by and for female survivors but under the auspices of a hospital psychology department in the north of England. I wrote to one of the psychologists who agreed to forward to the group an article explaining the project together with an appeal for participants but unfortunately the group disbanded before this was achieved. I was also searching for other potential sources for recruitment and subsequently contacted Cisters, a survivors organisation based in Southampton. They agreed to publish an article in their next/June 2002 national newsletter. In November 2002 I also attended their one-day conference, 'Helping or harming', where I left fifty copies of the article in the form of an A5 flyer. All the flyers were taken and one woman, who had read the original article.

approached me and agreed to take part. The material sent to Cisters eventually yielded thirteen contacts, of whom two withdrew and eleven went on to participate. The majority of women replied within a few weeks but some took several months and one did not contact me until the summer of 2003.

I had anticipated not including women who had been involved in therapy/counselling within the last year as I felt it might be too emotionally demanding. However, after hearing from a number of women in this position I decided that the responsibility for deciding to participate should be left to them. This reinforced the need to make clear what the research was about and what I was un/able to offer in terms of support. The women were asked to sign a consent form before participating in the research. This not only signified their agreement to participate in the project and for me to use their accounts but also identified participants as responsible for their own emotional well-being (see appendix 4). Whilst this may seem harsh I felt it important for all concerned that they were aware of these limitations.

The respondents

Of the twenty-three women who responded to my appeals sixteen went on to participate and seven withdrew, of whom one did send me some notes on her experiences of FMS. Of the sixteen who participated five had continuous memories, six had recovered memories (which they continued to believe), and five had false memories of CSA. All those who participated belonged to one of two national organisations but did not know each other. Both organisations produced a substantial newsletter, usually in excess of twenty pages, which included articles and letters together with book reviews. Although the majority of those who received the Cisters newsletter did read it, most of those who received the bfms newsletter did not. One woman (Rae) suggested this was because it was not aimed at victims of FMS but at professionals working in the field. Both organisations held occasional national events, including AGMs, but very few of the women attended. For some this was because the location made it too difficult or expensive whilst others, particularly those with FMS, did not feel it was relevant. They were thus rather different from the group of women I initially sought to involve who, as part of a support group meeting regularly, might

have had a more collective and shared understanding of CSA and therapeutic discourses.

I also considered the Internet as both a source of recruitment and a resource. There I discovered a number of sites with members' forums, notice boards, chat rooms and even diaries updated on a daily or weekly basis. These offered an additional area of investigation with its own challenges and limitations as well as its own potentials (Coomber 1997, Hine 2000). The Internet, I concluded, was an ethical minefield (Sixsmith J and C Murray 2001) and though important I felt it fell outside the scope of this project so, when I had been contacted by over twenty women, I decided against using it. I later discovered that only one participant had used it as a resource.

I interviewed a total of eleven women and received written accounts from a further five. Of the interviewees four identified themselves as having recovered memories, four as having continuous memories and three as having recovered false memories. Of those providing written accounts two had recovered memories, one had continuous memories and two had false memories. All the women's experiences, whether of healing and recovery or recovering false memories, occurred in Britain but they were not all British. Ten women identified themselves as White British, one as White Anglo/Indian, one as White British Afghan, one as New Zealand Indian/Portuguese, one as White French, one White Belgian and one other. The majority were in their thirties (seven) or forties (six) with one woman in her late fifties and two in their early sixties. Eleven identified themselves as heterosexual, two as heterosexual with some bisexuality, one as bisexual, one as a lesbian and one as 'gone of men'. When asked about their educational qualifications one answered grammar school, four had O levels, one had A levels or equivalent, one had NVQs, one was a mature student, one had a professional qualification and seven had a first degree or higher. A description of the women can be found in appendix 1.

Design

The questions

I was interested in looking at how and why women came to engage with CSA, recovery and therapeutic discourses, why they might enter therapy or read self-help manuals, sometimes without knowledge of having been sexually abused, and the extent to which they accepted the ideas and concepts promoted within the healing and recovery literature. I also wanted to look at why some women might come to reject their abuse narrative and identify themselves as suffering from FMS. I therefore needed a method that would allow women to talk freely about their experiences of healing and recovery. The pilot study also taught me that I needed an approach which precluded a focus on their experiences of abuse but which allowed those experiences to be taken as given. I decided to adopt a two-stage approach using questionnaires and interviews.

Questionnaires

I asked women to complete a questionnaire before the main phase of the research, (see appendices 5 and 6). This was designed to provide some autobiographical details together with a brief outline of their abuse, including, if known, their age, the time and place the abuse occurred and the perpetrator(s). It also asked about the therapeutic material they engaged with, including their use of self-help material, and established whether they had continuous, recovered or false memories. The questionnaires enabled women's abuse histories to be taken as given, leaving the interviews to focus on healing and recovery. I hoped this would also reassure those who did not want to talk about their abuse. In addition this process established in advance of the interviews whether women identified themselves as having continuous, recovered or false memories. This I believed might be relevant to how they engaged with the recovery literature as well as the particular literature they engaged with.

All the women were asked to choose a pseudonym. Only half did so, of whom some chose the same name. All the names, together with any identifying information, have been changed but some of the names were chosen by me.

Interviews

I used in-depth, semi-structured interviews based on a small number of open-ended questions that would also allow follow up questions and prompts. This also had the flexibility to lend itself to other methods such as written accounts. The interview schedule was designed to encourage a conversational style in which women were able to talk more freely than if responding to rigid questions (Burgess 1982, 1984, Whyte 1984), and allowed them to determine the nature and depth of their responses. Whilst I was not concerned to look at the truth of women's claims I anticipated that the distinction between those who identified themselves as victims of CSA and those who came to reject such an identification would be relevant to the nature and format of the interview. I therefore drafted two interview structures one for victims of CSA and one for victims of FMS (see appendices 7 and 8).

Child sexual abuse interview structure

The interview structure aimed at self-identified victims of CSA (whether with continuous or recovered memories) was centred on ten open-ended questions. These were designed to explore the circumstances in which women first engaged with discourses of sexual abuse and recovery, what they thought of the ideas and concepts employed in this material and what they believed were the effects on their selves and their adult lives of CSA and recovery. Rather than asking specifically why they entered therapy or began reading self-help books I asked about their circumstances at those times. I wanted to encourage women to talk about their lives and include aspects which might have contributed to their decisions but which they may not connect with their decision. When looking at their experiences of therapy and reading self-help material I simply asked women for descriptions. My questions were partly informed by my reading of the literature and I therefore asked what they thought of the different ideas, whether or not they found them helpful and, if so, how. For this question I also had a list of some of the ideas to act as prompts if necessary. Central to much of the literature is the idea of a core self who, untouched by the abuse, can be freed to live the life she should have lived. As I wanted to look at women's understanding of this idea I asked if they thought their experiences, both of abuse and recovery, had

influenced the person they were today and, if so, how. Sometimes I rephrased the question to ask if they thought they might have been a different person had they not had these experiences. Finally I asked if there was anything they thought would be useful in terms of resources. I was concerned not to finish on a negative note and so, looking forward, I asked how they saw the future. Of course this itself could have led them to focus on negative effects and so I was prepared to omit this question if I felt it would have depressing or harmful consequences.

False Memory Syndrome interview structure

Self-identified victims of FMS had at some time identified themselves as victims of CSA, an identity that they later came to reject. The interview schedule here was designed to address their engagement with discourses surrounding both CSA and FMS. I was interested in exploring both their engagement with CSA narratives but also how and why they came to reject this history. I was also interested in how this resulted in their identification as victims of FMS and the extent to which they accepted the principles and ideas embodied by this syndrome. I wondered if this might also shed light on what might happen when a survivor identity is no longer seen as helpful or as making sense.

The interview schedule opened with similar questions to those for victims of CSA, but asked about the period up to when they came to reject their abuse narratives. I wanted to look first at what led to their engagement with this material and what they thought of the central ideas and concepts. I also wanted to know what they thought might be the consequences of CSA and whether they had been able to identify these in their own lives. Moving on to look at their rejection of a history of CSA I hoped to focus on the role they themselves played. I asked them to describe how and when they came to believe their memories were false. The final questions here were also designed to explore attitudes to the concept of a core self and so I asked again whether they believed their experiences of FMS and of recovery had influenced the person they were today. I finished with the same two questions I asked victims of CSA - What they thought might be useful and how they saw their futures.

A choice of methods

Aware that some women might wish to participate but be reluctant to meet face-to-face I also offered a choice between an interview and a written account. These accounts were based on the same set of FMS or CSA questions as the interviews (see appendices 9 and 10). For practical reasons I also asked a number of women to provide a written account instead of an interview. As I was not present to ask additional or follow-up questions or provide prompts and clarification I sent a set of guidelines aimed at helping participants address the questions and to some extent to act as prompts and clarification. For the question on ideas and concepts I included in the guidelines a list of some of these ideas. I left it to the women to decide how long they would take and over how many sessions and specified only the date by which I would like it returned. For the majority this allowed them approximately six months but they could return their account at any time within that period.

Producing the data

The pilot study had demonstrated how participants could unintentionally hijack the research to discuss their own issues. I hoped the recruitment process and questionnaires would rule this out but accepted that there might be occasions where women talked about their abuse. I was also aware of the potential for me to exploit my interviewees and the need to guard against this where possible (Kirkwood 1993). I needed to make sure they were protected or able to protect themselves from me (Finch 1984), particularly as the format of the semi-structured interview was similar to techniques used in counselling (Egan 1982, Whyte 1982), which could result in harm or distress to both parties. I wanted women to have as much control as possible and made it clear that they did not have to answer questions they did not want to, could say as much or as little as they chose and could stop at any time, either for a break or to end the interview. At the same time I also needed to be aware of their feelings and to put them before the research and be prepared to stop if they wanted. The majority of the woman asked for breaks when they needed them and I suggested breaks a few times for those who did not ask, where they were looking distressed or tired or just in need of refreshment. These were not always taken up. Following advice on conducting

research in sensitive areas I also took steps to protect myself (Kirkwood 1993, Moran-Ellis 1996). I contacted a counsellor who was prepared to see me, if need be, during the interview stage of the research. This was to take the form of a supervision and not a counselling session. Although I did not find this necessary I did make use of my own informal support network which included friends and family as well as colleagues involved in women's aid.

The questionnaires were sent out, together with a stamped addressed envelope, within a week of women agreeing to participate. Some were returned within a few days and others took longer. Those who were participating by written account were sent the material for this within two weeks of returning the questionnaire. Those who had agreed to an interview were contacted within a week of returning their questionnaire to arrange an interview. The majority of women filled out all the sections and one woman, Anne, sent some additional material detailing her experiences of looking for a therapist.

As the interviews were on a sensitive and difficult topic and could potentially take several hours it was important to find a suitable location in which the women felt safe and comfortable, which was free from distractions and in which they felt able to talk. All but two chose to do be interviewed in their own homes. One, interviewed after work, came to my sister's flat, located not far from her work, and the other came to my office at the university. All the interviewees were incredibly welcoming and hospitable. Many provided lunch and there was usually an endless supply of tea, coffee and biscuits. Some drove many miles to collect and return me to train or bus stations or walked me to bus stops after we finished.

The majority of interviews were arranged in participant's homes and so involved a substantial amount of travel. I discovered the value of the Internet where I could find B&Bs and guesthouses, train and bus timetables together with maps. Unfortunately these sites offered no guarantees and so I stayed in a range of different places. As I could not say how long the interviews would last, only that they might take a long time and be draining I decided to conduct only one a day. Where I had more than one in the same town I tried to arrange them on consecutive days but this was not always

possible. The best approach I found was to travel down the night before, conduct the interview in the morning and then return home that afternoon or evening, depending how long the interview lasted. The return journey also provided time for reflection. The day after returning home invariably involved a long lie-in and I soon learnt not to arrange anything too soon after I returned.

The interviews were conducted over a four-month period between January and April 2003. I tried to separate the two groups with the intention of conducting the CSA ones first but a few of these could only be done towards the end. The interviews lasted between two and six hours, were tape-recorded and later transcribed. The use of a tape recorder allowed me to listen and although I had my questions in a format that allowed me to make notes during the interview I made very few at the time. Usually the same evening or whilst travelling home (often a journey of 4-5 hours), I recorded my reflections and noted significant or striking aspects of the interview. These included comments such as 'exhausting but surprisingly matter-of-fact' after the interview with Anne.

The interviews were not as difficult or upsetting as I had anticipated and indeed I was surprised how much joking and laughter could be heard on the tapes. Although many of the women said they were well conducted I was aware that I became more comfortable and confident as the research progressed. Before the first one I was extremely anxious. This was partly a concern over whether the interview structure would work and the women would have much to say and partly over potential distress and how I might respond. The first interview, which lasted over three hours, helped alleviate my apprehensions. With regard to women's distress, I would never know if they would become upset, which only happened a few times, but I came to realise I should respond in the same way I would in any other situation and see what they wanted. I needed to avoid constructing them as weak, vulnerable and somehow 'other'.

I had another concern specific to Anne, the only respondent who had more than one personality. I had met people with multiple personalities before but the prospect of interviewing someone with upwards of twenty was quite daunting. She was also the

only the victim of ritual abuse and though I was not sure her experiences would be relevant she was very keen to be involved. Anne was rather wary and phoned both myself and my supervisor before agreeing to participate. I hope the sigh of relief when she told me that it was only Anne, the front person, who spoke, was not audible. Although she was the only one who spoke, Anne's answer to the first question took two hours. So much was Anne willing to share with me that after three and half hours, about half way through the questions, I suggested we stop and I return the following week when I had another interview. Anne agreed.

One of the most notable aspects of this interview, and indeed of those with the other women, was the matter of fact way in which ideas and concepts which, in other circumstances, could be considered strange or even bizarre were discussed. Anne, for example, shared her life with a number of alters and although it was only her front person who spoke she often used the pronoun 'we'. Sharing her life with upwards of twenty personalities, some of whom had personalities of their own, involved for Anne many of the 'normal' or everyday elements that we might associate with such relationships. It did not seem out of place or strange therefore when she made reference to her inner children, showed me cards and presents she had brought for them and discussed what activities they might do together. They were as much a part of her life as external friends might be to others and, when not talking about their traumatic experiences, this was how she referred to them. Fiona also talked about her inner child and the activities she might engage in. Although she did seem to be aware that it might be considered strange to others, her accounts described everyday activities that helped her cope with the stresses and strains of normal living.

Much has been said of the similarities between techniques used in therapy and interviews (Egan 1982, Whyte 1982) and the potential this method has to exploit women and encourage them to say more than they might have wanted. Although I do not disagree with this assessment it is not the case for all those who participate in research. Indeed the research process can be a welcome and for some maybe their only opportunity to talk about their engagement with therapeutic literature and to revisit and assess their previous experiences and understandings. In addition it can be used to explore or articulate concerns they may have and test out responses to different ideas.

Hazel, for example, had uncovered memories of CSA during hypnosis. This involved regressing to a young child where she remained for the sessions. Her adult self was present only at the beginning and end to arrange practical matters. She did not discuss how she felt about the memories, her childhood or her feelings towards her father. She later went on to reject these memories but has had limited opportunities to talk about her experiences. Although at times distressing and difficult, the interview offered Hazel a chance to talk as an adult.

Pat also felt she'd had little chance to discuss her experiences. Her therapy was designed to keep the content within the therapeutic encounter and although she had not rigidly stuck to this she was constrained in what she had felt able to talk about with friends and family. Both women had recovered memories they later rejected but which they had not been able to talk about. The interview offered them a place to explore their feelings and thoughts in a safe and unthreatening environment. A number of women also had concerns about the nature of the therapy they were offered and the pressure on them to accept or embrace concepts and therapeutic practices they were unhappy with. The interview offered a safe environment in which to voice unease, an opportunity taken up by both Jay and Anne. Both, albeit for very different reasons, felt strongly about this aspect of therapy and wanted their concerns recognised in the research. Anne also used the interview to engage directly with the recovered memory debate.

The written accounts were sent to six self-identified victims of FMS, of whom two completed them, and to four self identified victims of CSA, of whom two completed them. They were sent out after the questionnaires had been returned, usually within a week, between November 2002 and February 2003. As women who participated through the written account method had greater control over the process they also had to take more responsibility. This may have added to the pressure which, for those who did not complete their account early on, may have continued over a long period of time. These accounts did not benefit from the use of follow up questions or prompts beyond those supplied in the guidelines and the answers were all considerably shorter than those given in the interviews. Often they were only one or two sentences whereas in the interview the women talked for half an hour. This might indicate that women

found it much easier to talk than to write, which it should be recognised is harder work and might also account for the decision of some women to withdraw. For others however, this method might have enabled them to participate. One woman had gone travelling after agreeing to participate and was able to take the guidelines with her and to produce an account at a time and place of her convenience. Another woman had been through a very difficult period and this method allowed her to put her account to one side and return to it when she felt able. An interview would not have precluded this but women may have found it more difficult to negotiate.

The two self-identified victims of FMS used their accounts as an opportunity to vent anger and frustration about their experiences and did not address the questions. One woman also sent photocopies of letters exchanged between her and her therapists relating to her complaints about her treatment. Although it was clear that both held their therapists responsible for what they now believed to be false memories of abuse, neither woman addressed issues relating to when they had believed in their memories and what role if any they might themselves have played. Neither did they address those questions which looked at ideas and concepts central to much of the recovery literature. Both women were eager to be involved and contribute to the research. It might be that the input I could have given in an interview situation would have produced an account which also addressed these issues.

I was also aware that I did not feel the same warmth or connection to those women whose contribution had taken the form of a written account. I hope the women did not experience the detached nature of their participation as negative.

Preparing the data

I conducted eleven interviews most of which lasted over three hours, with two lasting nearly five. This produced over forty hours of interview material on tape. The interviews were spread over a four-month period and I did not want to leave the transcribing until the interviews were finished. I decided that to conduct and transcribe interviews during the same period, particularly on such a difficult topic, would be too demanding. As I was also aware from the pilot study that the transcribing would take

me a substantial amount of time I decided to use my ESRC expenses to pay someone to transcribe the interviews. This worked very well and I was able to listen to the tapes, read through transcripts and check and familiarise myself with the data, during the same period I was engaged in interviewing. There were very few mistakes and any gaps were clearly marked. The only problem was the occasional poor sound quality on a few of the tapes. The tapes included very little if any identifying material beyond the interviewees' first names but a confidentiality agreement was nonetheless signed by the transcriber.

The majority of written accounts were returned during the same period as I received the transcriptions. They were all hand written and as some were quite difficult to read I decided to type them up. I therefore had a typed version of all the data, together with comments, before I began the analysis stage, which is not to suggest that analysis did not begin until this was complete.

The analysis

I began the process of analysis by simply familiarising myself with the material and this began as soon as I received the first questionnaire and continued throughout the data production process. By the time I read the last account and interview transcript I was already drawing out some themes and concepts within the accounts. It was at this stage I returned to my original research proposal and refamiliarised myself with the main research questions. These were to explore women's engagement with the contemporary orthodoxy on CSA and recovery. Although I had recruited women who had what they understood to be false memories of sexual abuse together with those who had continuous and recovered memories, I did not analyse or write up the material according to the different groups and have only identified in the text the basis of women's identifications where it is relevant. For the most part I did not want to draw attention to the type of memory, which I felt might direct attention away from what was being said and onto who was saying it.

Returning to the transcripts and accounts I reread them quickly, making a note of the themes and concepts I identified. At that stage I was not concerned with whether or

not they were recurring across different accounts or how often they were present. At the end of that reading I had a list of sixteen themes or concepts, which in turn could be positioned broadly within three/four categories. Armed with this list and four highlighter pens I went through the accounts again in a much more systematic fashion and highlighted the categories using different coloured pens and a number in the margin to indicate the theme. After going through the first account I had established that the themes and categories worked and so I proceeded to go through the remaining accounts. Although at times the accounts fitted neatly into different themes there were many times when this process was messier and more fluid than a list of themes or categories might suggest. Where this was the case I made a note of all the relevant themes. Partly as a way of checking and also to look again at these sections I went through the transcripts a third time. As a result I assigned some sections to specific themes but, recognising that the content of women's accounts were not neat and orderly but fluid and overlapping, I left others in more than one, which is how they fitted best.

At the end of this process I was able to recognize that of the sixteen themes I had originally identified, thirteen recurred in the majority of accounts. This reading also suggested that a number of themes and categories could be grouped together. My decisions were influenced by what I understood of the data and how I believed I could use them but they were also influenced by my own interests and concerns. The next stage of the analytic process involved grouping the highlighted data into the three categories which I did using cut and paste on my computer. With the material grouped together in this way I was able to go through it and in doing so decided that the categories I had established would work better with some adjustments. It was at this stage that I began to identify a pattern in the women's accounts that reflected their involvement with therapeutic practices. Their accounts could be grouped around the practical categories of engagement. Categories two and three were combined and covered women's introduction to therapeutic practices and the identification of symptoms. Category one was then subdivided with the core self and inner child in one category and the self in another. These three categories formed the framework for both the analysis and the report writing. This is reflected in the final layout of this thesis which is divided into an introductory part and three main parts. Parts two, three and

four represent the three categories and each opens with a theoretical chapter followed by a chapter for each theme.

Part two (the first category) includes the themes making sense, symptoms, discourses and understandings of CSA. It is in this section that I explore women's introduction to therapeutic practises and therefore, after the introductory section this is the first section of the thesis. Part three (the second category) includes the themes the inner child, multiple and split personalities and alternative memories. In this section I look at women's engagement with the concepts and practices of healing, recovery and therapeutic discourses. I explore the extent to which they accept or make use of such ideas as the inner child and alternative memories and how these can be used to reinforce the ideas looked at in part two. Part four (the third category) includes the themes identity and the project of the self together with ideas around healing and moving on. This section sees a return to the adult woman and looks at concepts of self-development and moving forward in women's accounts. As it sees the final stage of women's engagement with therapeutic practises, although not necessarily an end to their engagement, this part also contains the conclusion to my thesis.

Part two: Choosing stories

Chapter three: A story for our time

Chapter four: Child sexual abuse; plots, subplots and endings

Chapter five: Making sense, finding evidence

Chapter six: Bad relationships, wrong sex

Chapter three: A story for our time

Everywhere we go, we are charged with telling stories and making meaning – giving sense to ourselves and the world around us (Plummer 1995:20).

Introduction

In telling and making sense of their lives women draw on the stories that are currently circulating but these are themselves both culturally and historically specific (Bauman 2001, Jackson 1998, Lawler 2002, Plummer 1995, 2001). Although women do not simply slot themselves into ready-made narratives, they are constrained by the stories that can be told (Bauman 2001, Gergen 1994, Plummer 1995, 2001) or, to borrow from Marx, women construct stories but not in the conditions of their choosing. At the beginning of the twenty-first century the genre of story telling that has taken centre stage derives from a therapeutic culture which, in competition with rival cultural claims, ‘provides a script through which individuals develop a distinct understanding of their selves and of their relationship with others’ (Furedi 2004:23). This culture has, according to Lasch, ‘replaced religion as the organizing framework of American culture’ and ‘threatens to displace politics as well’ (Lasch 1979:13). Whilst it is not an organising framework of British culture therapy, or counselling, has become increasingly visible in British society. It is increasingly a culture in which individuals retreat from the public to the private sphere (Sennett 1993) and this is reflected in the personal stories they tell in public. It is a culture which is seen to have an authoritarian and coercive dimension (Furedi 2004, Lasch 1979, Sennett 1993) but also one in which we are ‘educated in a therapeutic discourse of the emotions’ which we can use ‘to turn our own “cases” into stories, and become the authors of our own plot’ (Rose 1989:257).

Women can find examples of the ‘therapeutic ethos’ (Furedi 2004) in the consulting rooms of counsellors and the pages of self-help and self-improvement literature, but it also permeates their everyday lives. It is not only individuals but also communities and societies that, damaged and in pain, are identified as in need of healing (Furedi 2004) as we are bombarded with a therapeutic language diagnosing harm and

promoting healing for all aspects of everyday and not so everyday life. Within this culture of therapeutically informed story telling, the genre of the confessional biography has not only come of age but is being superseded by stories of survival (Furedi 2004, Rose 1989). Here, authors tell us of their addictions, illnesses, issues of self-esteem and troubled relationships and mental health problems often the result of what, in retrospect, are perceived as traumatic childhood experiences. These ‘acts of sharing’ (Furedi 2004) take place on chat shows, reality T.V. programmes and docudramas, on the radio and in newspapers and magazines. They not only enter our private worlds but, with live interactive T.V. and television and radio phone-ins, we are encouraged to join in and air our own confessional narratives live to the nation. In doing so women are engaged in an act of telling the self, of constructing a story that gives meaning and sense to their lives and to themselves. They can, however, be imprisoned as well as liberated by the stories they tell (Tavris 1992).

Life stories, suggests Bauman, ‘must confine themselves to toing and froing among the options on offer’ (Bauman 2001:7) but these stories ‘rarely, if ever, reach beyond the narrow and painstakingly fenced-off enclosure of the private and the “subjective self”’ (Bauman 2001:12). One of the stories to emerge in the late twentieth century portrays the experiences of women who had been sexually abused in childhood. This was a story of psychological damage, the ‘harm story’ (O’Dell 1997, 2003) or ‘survivor discourse’ (Worrell 2003) in which child sexual abuse was said to be so (inevitably) damaging that the effects, or symptoms, could be seen in adulthood. This was a story that could be told, not only by those who remembered they had been sexually abused as children, but also by those with no such memories. This new orthodoxy has taken over from feminist analysis and in the process has appropriated feminist language. In a move away from using the term victim to using that of survivor, feminists challenged the construction of victims as passive, vulnerable and powerless. Kelly took this debate a step further, arguing that

In recognizing, documenting and validating the many and varied ways in which women resist sexual violence it becomes possible to move away from ‘victimism’ towards an understanding of the complexity of women’s experiences of sexual violence (Kelly 1988:185).

Feminists, together with those who have themselves experienced abuse, have rightly challenged the negative implications of the term victim (Armstrong 1994, Kelly 1988, Kirkwood 1993, Lamb 1999, O'Dell 1997). However, the harm story and survivor discourse have served to reinforce women's past status as 'victims'. Women must accept that they were victims, with the negative implications of the term, in order to claim their new identity of survivor. By the 1990s the harm story had become so firmly established that the voices of those whose accounts do not conform find themselves silenced and their stories, at least those aspects that deviate from the 'true' story, dismissed. This is the story told in much of the therapeutic literature, self-help manuals and survivor accounts/ autobiographies constructed in the late 20th and early 21st centuries. As abuse narratives have entered the contemporary 'symptom pool' (Showalter 1997) it is a story readily available to those who seek to make meaning of their lives (Hacking 1995, Pendergrast 1998, Showalter 1997, Tavis 1992).

Foundations for the inner child and recovered memories

Childhood and development

Central to the harm story of childhood sexual abuse are models of childhood and development which lay the foundations for the creation of a narrative that constructs women as psychologically damaged and vulnerable to further or repeated victimisation. Over the course of the 20th century children have come to occupy a position of increasing significance in western consciousness and psychological theory and practice (Levett 2003) within which a developmental model of childhood has come to dominate (Jenks 1982). This is a model which links biological and social development (Prout and James 1997) within an evolutionary framework of progression from innocence to knowledge. This developmental child is believed to exert considerable influence on the behaviour of the adult and this has contributed to the widespread belief in the damage caused by sexual abuse in childhood. The developmental model of childhood also feeds into the idea that very young children are more at risk of harm than are older children who may have some of the emotional skills needed to deal with the experience (O'Dell 2003). Women who come to recover

memories of childhood sexual abuse often believe that this occurred when they were very young.

More so than other forms of child abuse, the sexual abuse of children is believed to disrupt, or alter, the normal, natural path of children's development into healthy responsible adulthood (Dinsmore 1991, Parks 1990). Sexual abuse is often referred to as an attack on childhood (Kitzinger 1997). Incest, it is said, 'robs children of their childhoods' (Dinsmore 1991:21) and victims are told 'they were damaged early. Something was broken at a core level' (Bass and Davis 1988:178). For the child who experiences abuse 'time was frozen' or 'stopped still' and she may 'remain fixed at that child level of emotional development' (Parks 1990:25). For these women 'Adult information and knowledge are added as they grow up, but the underlying guilt, fear and inadequacy remain and govern much of their decision-making' (Parks 1990:25-26). Those who experienced such abuse are therefore positioned as qualitatively different from, or other to, those who grow up without having been abused (Kitzinger, 1997, Lamb 1999, O'Dell 2003, Reavey 2003). As CSA is said to disrupt (healthy) development into adulthood those who experienced such abuse are also constructed as childlike, a state associated with weakness, powerlessness, vulnerability, sexual innocence (victims need to learn how to enjoy sex), and lack of reason, and therefore in need of looking after. For the victim of CSA, childhood is said to be both lost and at the same time continual. Unlike the non-abused child, who grows from a state of vulnerability to one of non-vulnerability, the abused child is said to remain vulnerable (O'Dell 2003) and, as an 'on-going victim', to remain helpless (Lamb 1999).

The powerful adult woman

The idea of a powerful, adult woman, untouched by abuse, is also significant to the harm story as it allows for symptoms to be identified in the lives of formerly abused women. Adulthood is constructed as qualitatively different from childhood and the child is thought to move from one stage to the other. This (healthy) adult (who by definition has not been abused) is strong, powerful, rational and able to look after and protect herself. As abuse, and particularly sexual abuse, is believed to disrupt the transition to adulthood, adult victims of CSA are often distanced from the attributes of

adulthood and therefore perceived as childlike and in need of looking after. This may be by a responsible adult but may also be by the victim's own adult self who is encouraged to 're-parent' her inner child, or damaged self, in order to overcome or undo the negative effects of having been sexually abused as a child (Bass and Davis 1988, Dinsmore 1991).

Whether the effects of CSA are said to be held by an inner child (e.g. Bass and Davis 1988) or located in the damaged, and therefore childlike, part of the adult woman, (e.g. Fredrickson 1992) the identification of symptoms relies on the idea of a powerful adult woman. Located within a utopian version of reality she is said to have the right to individual happiness and success and needs only to exercise her own inner power to claim this right. Women who were sexually abused in childhood may grow up to be 'guilt-ridden, self-sabotaging, sexually dysfunctioning, on-going victims' (Parks 1990:13) who are 'not well adapted to adult life' (Herman 1992:110) but the adult woman who was not abused will grow up to thrive. Thriving here means 'enjoying a feeling of wholeness, satisfaction in your life and work, genuine love and trust in your relationships, pleasure in your body' (Bass and Davis 1988:20). The mature, healthy adult woman identified in the therapeutic literature can access her inner power and live a happy, fulfilled and successful life. Failure to do so is seen, not as a result of the social, economic and political conditions which delimit their possibilities (Kitzinger J 1993, Tavis 1992), but as the result of abuse. This serves to construct all women abused in childhood as damaged and in need of healing (Lamb 1999, O'Dell 1997, Reavey 2003), without which they will not thrive. It also helps to construct women who are not empowered, defined by a 'failure to thrive', as victims of some form of abuse and therefore also in need of therapeutic help (Showalter 1997, Tavis 1992).

With an increased blurring of the boundaries between the self-help/self-improvement and the recovery literature, women who 'fail to thrive' are encouraged to embark on a therapeutic journey (see for example the works of Ernst and Goodison 1981, Forward 1989, Hay 1984, 1990, Miller 1987, 1991, Norwood 1985, 1994 and Woititz 1983). In addition to being 'an integral part of the process of revolutionary change' this can 'help us to reach beneath our conditioning to contact the power locked in ourselves' (Ernst and Goodison 1981:4). Although Ernst and Goodison's advice is aimed at

‘ordinary women’ it is not dissimilar to the advice offered to adult victims of childhood sexual abuse. The readers of one self-help book are told:

breaking free from your problems can release the person you are underneath...you can find your true self and live your life as you want to (Ainscough and Toon 1993:243).

Whilst women may not be responsible for what has caused their inability to exercise their inner power, such as abuse in childhood (which they may or may not remember), they are held responsible for the effects it has on their adult lives, said to be the result of their failure to heal.

Evidence of psychological damage

Contrary to popular opinion, CSA is not always traumatic (McNally 2003), neither is there evidence to suggest it inevitably results in lasting psychological harm (Finkelhore 1990, Hacking 1995, McNally 2003). A number of analysts have challenged the negative construction of CSA (Armstrong 1996, Lamb 1999, McNally 2003, O’Dell 1997, 2003) in which sexual abuse is seen as inevitably damaging (Reavey 2003) and where it is ‘the degree of suffering (not the grotesqueness of the injustice) that speaks of the wrongness of the assault’ (Armstrong 1996:300). Despite the ‘evidence’, recognising what has happened to them and accepting they have been damaged is said to be an important step on women’s road to recovery (Bass and Davis 1988, Fredrickson 1992, Whitfield 1995). The further along this road they progress the more healed they are said to be (Tavris 1992). Although in much of the literature recovery is centred on an inner child or damaged childlike part, as it is she who is said to influence the thoughts and behaviours of the adult woman, this is not an aspect of the literature that women necessarily take on board. For some (who might have recovered memories) her influence, evidenced by the array of symptoms they are encouraged to identify, represents their first introduction not only to the concept of an inner child but more specifically to their own inner child. In attempting to make sense of and improve their lives it is that aspect of the inner child whose influence they identify in their adult lives that women are likely to come across first. Therefore, before they acknowledge an inner child of their own, and establish or develop a

relationship with her, they have already accepted the concept and in doing so may have taken a step towards bringing their own inner child into being.

Women are told that ‘coming to believe that the abuse really happened and that it really hurt you is a vital part of the healing process’ (Bass and Davis 1988:58). The inner child who split as a result of the abuse is said to hold the key to recovery and healing (Bass and Davis 1988, Parks 1990). Women are therefore given a number of reasons why they should acknowledge and develop a relationship with their own inner child. She has knowledge of the abuse which is said to be an accurate record of what happened to them (Bass and Davis 1988, Dinsmore 1991, Herman 1992) more accurate than the knowledge their adult selves might have. Therefore contacting her will increase their adult knowledge and understanding of what happened to them as children. This inner child, who split at the time of the abuse, is damaged and exerts an unhealthy influence on the adult victim. She needs looking after while she travels on her journey to healing and recovery.

Whether conceptualised as an inner child or a childlike part of the adult victim, she is constructed within the literature as vital to the journey to recovery. A constant message within this literature is the idea that:

Inside every adult who was sexually abused are the feelings of the little child she once was. That little girl is still frightened, confused and crying – waiting to be comforted by parents who will never come for her... That child needs to be reached, needs to be comforted, needs information about what has happened to her (Parks 1990:48).

Survivors may have difficulty with the concept of the child within,

You may feel split, caught in a real schism. There is the ‘you’ that’s out there in the ‘real’ world, and then there’s the child inside you who is still a frightened victim (Bass and Davis 1988:111).

Dinsmore advises the adult woman to ‘purchase a doll, a symbol of her inner child, to be nurtured’ (Dinsmore 1991:79). But, she cautions, women should choose carefully and take the process seriously. Not only can the search for the right doll be uplifting but it can ‘often be a catalyst for deep emotions to surface, thus giving us grist for the

mill as we work on childhood trauma' (Dinsmore 1991:80). In addition to putting forward their own understandings, writers of therapeutic literature also draw on survivor testimonies, often in the form of vignettes, to illustrate the inner child and how she can be used. These also support the writers' own constructions as they convey the sense of 'truth' central to the recovered memory literature. In some instances the writers are themselves survivors (Parks 1990), or have come to recognise themselves as such during the course of their work with other survivors (see Davis 1988, Dinsmore 1991). One survivor in Parks' book says of her inner child:

She is the living, hurt part of my subconscious, needing love and acceptance, but quite capable, unless educated, of ruining my present and future (Parks 1990:188).

Parks suggests the most crippling effect of incest is 'self-sabotage, caused by misplaced feelings of guilt' (Parks 1990:162). Within the therapeutic and sexual abuse recovery literature a whole catalogue of ills have been attributed to sexual abuse in childhood. What then is it we are talking about when we use the term 'childhood sexual abuse'?

Experiencing child sexual abuse

What has come to be understood as sexual abuse has over the last thirty years been extended beyond physical contact and penetrative sex to include acts and behaviours not previously thought of as sexual abuse (Glaser and Frosh 1993, see also the Standing Committee on Sexually Abused Children (SCOSAC) (1984). The definition of CSA has expanded to include any activity or behaviour which the child (or later the adult) perceives, or might later perceive, to be sexually abusive. The way such abuse is thought to be experienced together with the perceived effects has also changed during this period. Whatever the form, the effects of CSA are seen to be psychologically devastating (Lamb 1999, O'Dell 1997, 2003, Reavey 2003). Where differences are recognised, these are in the severity of the effects, and related not to what happened but rather to how it was perceived, both at the time and later (Renvoize 1993). The specifics of women's childhood experiences of sexual abuse are often rendered irrelevant but women are nevertheless presented with an account of how they would

have experienced sexual abuse. Formerly abused women are told how, as children, 'they are powerless and learn to passively accept the abuse, remain silent, and keep their feelings to themselves' (Ainscough and Toon 1993:112). In much the same way as the harm story has come to represent how women experience the effects of sexual abuse, the trauma story has come to represent how they experienced the abuse as children. This story, which relies on a developmental model of childhood, not only positions children as innocent, vulnerable and powerless, but judges them to be innocent because they were powerless.

With an expansion in what has come to be understood as CSA, some therapists have gone on to redefine other experiences as sexual abuse. As Blume asks, 'Must incest involve intercourse? Must incest be overtly genital? Must it involve touch at all?' (Blume 1990:5). The answer she tells us is 'No'. Incest she claims 'can occur through words, sounds or even exposure of the child to sights or acts that are sexual but do not involve her' (Blume 1990:5). A child might only have seen her parents naked or heard them having sex to be able to claim a history of CSA. She may not have experienced any of these, but might instead be a victim of 'emotional incest' (Love 1990) or 'covert incest' (Adams 1991) wherein she is the victim of an 'emotionally abusive parent' whose love is selfish not nurturing or giving (Adams 1991, Love 1990).

This story of CSA is a story that fails to acknowledge 'the other side of being a victim' (Kelly 1988) and the variety of ways some children resist (Kitzinger 1997, Lamb 1999). Rather than exploring women's and children's experiences of male violence most research 'has neglected, or indeed at times misread, the acts of resistance and challenge that women and girls take which display strength and determination' (Kelly 1988:185). Instead, children's resistance is dismissed and their actions reinterpreted as passive acquiescence. However, as Maguire has argued 'Learning how power operates against us is not just a negative, passive exercise. It liberates us from the constraints of an old framework and empowers us to create one better suited to our needs' (Maguire 1992:25). That literature which draws on the harm story not only denies victims' knowledge of abuse, and therefore the opportunity to create such a framework, but it replaces this understanding of power with one that equates power with health and maturity. Failure to exercise one's own inner power is seen as evidence of

psychological damage, possibly as a result of sexual abuse. This understanding also allows for women who fail to thrive to be identified in the pages of the sexual abuse recovery literature as their perceived lack of power can be read as evidence of abuse. Like the stories in the literature, the stories women are encouraged to tell are of a self who is both passive and powerless.

Child sexual abuse as a causal narrative

Within the therapeutic and recovery literature women are encouraged to make connections between the past and present and to identify their past (childhood) histories in their adult lives. Where past histories include, or are said or believed to include, child sexual abuse this is elevated to prime importance (Reavey 2003). This construction of CSA not only relies on the developmental model of childhood but perhaps of more importance is the idealised version of reality in which it is located. Women are encouraged to acknowledge the negative effects of CSA and, whether or not they have memories of abuse, to identify the symptoms in their adult lives. In assuming we live in a society of liberty, freedom and choice the failures faced by victims are explained with reference to psychological damage and victims are encouraged to look to themselves not the world in which they live (Armstrong 1994, Kitzinger, J 1993, Reavey 2003). In a blurring of the boundaries between different strands of self-help culture, women with similar problems in their adult lives are also encouraged to see themselves as psychologically damaged. Whilst they may not believe themselves to be the victims of sexual abuse in childhood this is not relevant as they too, it is asserted, are in need of healing.

For those with no memories or knowledge of having been abused, the identification of symptoms enables them to identify a cause for their unhappiness or disaffection and, as it promises the way to a better life, the motivation to reinterpret their lives and rewrite their histories within a new narrative framework of healing and recovery. Those with continuous memories do not need to identify symptoms to know they were sexually abused and are instead encouraged to reinterpret their lives and attribute all unhappiness to their own psychologies, said to have been damaged as a result of their sexual abuse in childhood. In order to do this they must accept the perceived wisdom

of the 'incest industry' (Armstrong 1994) which promotes the idea that the healthy adult woman has the power to achieve happiness and success as well as the power to avoid falling victim to the symptoms identified in the therapeutic and self-help literature. For women who have no knowledge or memories of sexual abuse it is only by defining these 'symptoms' as psychological damage, said to result from childhood trauma, that they can correlate them with sexual abuse and therefore (re)construct themselves as victims of such abuse. Whilst this encourages women to construct themselves as weak, vulnerable and psychologically damaged, and therefore in need of healing, it does also offer them the promise of a better life, a life in which they can attain happiness and success. However, the literature can also act as a threat as it suggests to women who have yet to heal that they too might experience these symptoms if they ignore their own need for recovery.

The symptoms

Central to the harm story of child sexual abuse is the promotion of an idealised version of reality which is itself located within a therapeutic ideology which embraces the idea that 'feeling bad is something to be got rid' and 'if we're unhappy there must be something wrong' (Kitzinger and Perkins 1993: 83). In this reality women are not limited by external constraints (Faludi 1991, Tavris 1992) and, as long as they are healthy and can therefore exercise their own inner power, they can achieve happiness, success and satisfaction in their lives. This allows for the identification of 'symptoms' in women's lives which, in the absence of explanations which recognise external factors, can only be attributed to a damaged inner child or childlike psychology.

The majority of the self-help literature encourages women to identify symptoms in their adult lives which can then be attributed to past childhood trauma. In much of the literature this takes the form of exercises in which women are presented with a series of questions and checklists to help them identify the effects of sexual abuse. *The Courage to Heal* (Bass and Davis 1988), for example, lists over seventy symptoms of childhood sexual abuse which could be attributed to other factors. Whilst Bass and Davis recognise that other explanations could be offered to explain these 'symptoms' they work on a theory of percentages in which ticking one or two symptoms may

indicate bad luck but ticking a significant number indicates psychological damage. The following sample taken from *The Courage to Heal* (Bass and Davis 1988) gives an idea of what women are encouraged to identify in their adult lives as symptoms of childhood sexual abuse or, in the case of women with no memories, as evidence of having been sexually abused as a child.

- Do you feel powerless like a victim?
- Do you have a hard time nurturing and taking care of yourself?
- Do you hate yourself?
- Are you able to enjoy feeling good?
- Do you feel unable to protect yourself in dangerous situations?
- Have you ever experienced repeated victimisations (rape, assault, battery) as an adult?
- Can you accomplish things you set out to achieve?
- Do you feel you have to be perfect?
- Do you ever feel self destructive or suicidal? Or that you simply want to die?
- Do you often feel taken advantage of?
- Do you find your relationships just don't work out?
- Can you say no?
- Have you had trouble protecting the children in your care?
- Are you overprotective?
- Are you satisfied with your family relationships? Or are they strained and difficult?
- Do you find it difficult to trust anyone? Do you have close friends?

(Taken from Bass and Davis 1988:35 –39).

These symptoms, 'general enough to include everybody' (Tavris 1992:323), are similar to those found in the checklists of the self-help literature aimed at women who identify themselves as co-dependent or as a child of alcoholic parents (Tavris 1992). The central premise of these checklists is that the cause of these symptoms is likely to be located within the psychology of the reader who is encouraged to dismiss external

constraints and the actions of others and look to themselves for explanations. They also carry certain implications for what healthy adult women should do or want. Through the identification of these symptoms significance is conferred on earlier events which help to make the 'plot' appear inevitable (Lawler 2002) and which also serve as a warning to those yet to heal.

Women can find these symptoms reinforced in much of the recovery literature. Parks, for example, suggests that adult victims of childhood sexual abuse are 'guilt ridden, self-sabotaging, sexually dysfunctioning on-going victims' (Parks 1990:13). The list of potential symptoms provided by Dinsmore includes chronic depression, drug and alcohol abuse, anxiety, suicide attempts and a history of revictimization (Dinsmore 1991:114). Hall and Lloyd (1990) list of physical symptoms such as headaches, stomach problems, backache, cystitis, asthma, eczema, epilepsy, insomnia, eating disorders and psychosomatic pains and illnesses. Blume (1990) also includes physical illnesses as well as depression, phobias, low self-esteem, fear of the dark, wearing baggy clothes and a pattern of ambivalent or intensely conflictive relationships. The idea of revictimisation is also a pervasive theme running through the literature. The adult victim of CSA is said to be at 'great risk of repeated victimization in adult life' as she 'finds it difficult to form conscious and accurate assessments of danger' (Herman 1992:111). In the words of Bass and Davis, 'Survivors were programmed to self destruct' (Bass and Davis 1988:179).

Many women combine reading survivor biographies, self-help and recovery with seeing a therapist. Therapists are also likely to use self-help books, sometimes as diagnostic tools and sometimes as part of a recovery programme, often in the form of setting clients the exercises as homework. Not all the 'self-help' literature is therefore aimed solely at survivors. *The Courage to Heal* (Bass and Davis 1988) for example, in addition to sections for family members and partners, has a section aimed at counsellors. These counsellors are told to educate themselves about sexual abuse as they are likely to see women who have been abused, to recognise the symptoms of early sexual abuse and, for those who suspect a history of sexual abuse in clients who have denied it, to ask again later. For these clients, the counsellor is told, ' "No I wasn't" may mean "No I don't remember yet"' (Bass and Davis 1988:350). Dinsmore

also includes a section for therapists where she suggests ‘therapists need to learn the symptoms and effects of childhood sexual abuse’ (Dinsmore 1991:114).

Relationships and the wrong kind of sex

The translation of feminist demands for social and political change into a language of personal choices, in which all women are said to have the right to happiness and satisfaction, continues into the area of sexuality. Within this therapeutic world of sexuality women are not only said to have the right to a happy and fulfilling sex life but the desire for this is a sign of healthy adult womanhood. It is not only failure to exercise these rights that positions women as unhealthy but so too is having no desire. Lack of a sexual partner is no excuse as women are encouraged to develop a healthy and active sexual relationship with themselves as well as, eventually, with a partner. Failure to do so is seen as evidence of psychological damage and within the context of sexual abuse recovery as evidence of CSA. A central premise of the recovery literature, which enables evidence of abuse to be identified in the lives of children and adult women, is the distinction between childhood innocence and adult knowledge (Kitzinger 1997, Reavey 2003). Whereas the non-abused child is defined as sexually innocent the healthy adult woman is defined as sexually knowledgeable and sexually active. This allows for sexual knowledge or activity in a child and the lack of such knowledge or activity in the adult woman both to be defined as evidence of sexual abuse. However, the former can also be used to redefine this child as no longer a child and therefore no longer entitled to the protection of innocence. To sexually abuse a ‘knowing child’ becomes a ‘lesser offence’ (Kitzinger 1997:168), which may in turn allow for the possibility that sexual activity with a sexually knowledgeable child can be redefined as not abusive. This might be by abusers or witnesses but might also be by the victims themselves.

Most of the therapeutic and recovery literature includes a section on sex and relationships and like other areas of the recovery literature, women are presented with a catalogue of ‘symptoms’ or sexual and relationship problems which they are encouraged to identify in their own lives. As with other areas of the literature the innocent child is contrasted with the knowledgeable adult and the healthy, sexually

active woman with the woman who has an unhealthy and problematic relationship with sex and sexual partners. The latter is seen within the recovery literature as evidence of childhood sexual abuse. Women are shown a variety of sexual and relationship problems from which they suffer ranging from having too much or not enough sex through to problems with intimacy or failure to reach orgasm. At the same time they are also advised that they have the right to a happy and fulfilled sex life with the implication that this is something the healthy adult woman would want. Therefore not only might they have some of the problems outlined below but a failure to recognise that these might be problematic can also be seen as evidence of abuse.

The Courage to Heal (Bass and Davis 1988) has a checklist of symptoms to help the reader identify problems or difficulties they are having with sex that they are then encouraged to connect to sexual abuse in childhood. These include:

- Are you able to stay present when making love? Do you go through sex numb or in a state of panic?
- Do you try to use sex to meet needs that aren't sexual? Can you accept nurturing and closeness in other ways?
- Do you find yourself avoiding sex or going after sex you really don't want? Can you say no?
- Do you feel your worth is primarily sexual?
- Are you sexual with partners who respect you? Have you ever had partners who sexually abused you?
- Do you experience sexual pleasure? Sexual desire? Do you think pleasure is bad?
- Are you turned on by violent, sadistic or incestuous fantasies?
- Do you have sex because you want to, or because your partner wants it?

(From Bass and Davis 1988:37-8)

Such checklists reveal a number of assumptions and ideas which underpin much of the literature and, although not all the literature takes this format, the vast majority does rely to some extent on these beliefs. Some of the literature does acknowledge that in

contemporary western society women are bombarded with cultural messages around women and sex which mean that sex can be problematic and complex for women (Bass and Davis 1988:239) and that many of the 'symptoms' are associated with women generally (Reavey 2003). However, this is then dismissed as any difficulty is said to be compounded for women who were sexually abused as children and it is their abuse that is the focus of attention. Like Bass and Davis (1988), Dinsmore (1991) also identifies the context in which survivors are located as one which might cause most women to experience problems with their sexuality. Again, the causes of these difficulties are rendered irrelevant for the abuse survivor as the abuse is seen to compound their difficulties and therefore it is the effects of the abuse that need addressing. There are, Dinsmore suggests, 'several ways a survivor may relate sexually' (1991:92) which are by definition seen as unhealthy and problematic within therapeutic discourses:

She may be asexual, having no sexual contact with anyone... she may be very sexual with numerous partners but not feel emotional or physical pleasure. She may feel obligated to be sexual in a primary committed relationship but not feel any pleasure. (Dinsmore 1991:92-93).

Women are told these are the wrong ways to relate sexually and by implication are also told that there is a right way. Central to this right way are the twin ideas that women have the right to and should want to be sexually active – but in a way that involves just the right amount of sex, with the right amount of pleasure and engaged in for just the right reasons. This is at a time when the margins for women between being too sexual and not sexual enough have narrowed to produce 'an even more slippery tight rope for women to walk' (Jackson and Scott 2004:248). The literature promises women a route to a happy and successful sex-life. However, it does so by shifting attention from the cultural messages women are bombarded with to the psychology of the survivor, whilst also drawing on those messages to suggest to women the appropriateness of such a sex life.

As with other aspects of the recovery literature, the reader is informed of both what she should want and what she should not want. The survivor who is not sexually active is informed that she does not need to fully develop her sexuality straight away

but should go slowly and ‘allow yourself the freedom to do only what feels good’ (Bass and Davis 1988:243). She is also told that some day she will be ready and she ‘can’t simply say no every time’ (Bass and Davis 1988:250). Among the suggestions offered to women for how they might develop, engage in, and enjoy their own sexuality are the use of a vibrator, especially if they have not used one before and, under a somewhat alarming sub-heading, to ‘try a little teenage sex’ (Bass and Davis 1988:250). Women are not told they ‘owe it to their man’ but that they ‘owe it to themselves’ in a message resonant of that found in earlier advice literature which, as Kitzinger argued, is similar to the techniques of grooming employed by some child sex abusers (Kitzinger 1993). Much of the literature is not specifically heterosexual. Many advice manuals do not mention the gender of a woman’s partner and some include a section on lesbian sex. Instead they present a gender-neutral analysis of sexual violence which fails to acknowledge different socio-political and personal meanings between lesbian sex and sex with men and assume there is nothing about CSA that might have implications for women’s relationships with men (Kitzinger 1993). In what is claimed to be a liberating approach which helps to make sex more accessible, Bass and Davies encourage women to start sexual activity ‘even if you’re not feeling physical longing, emotional excitement or desire of any kind’ (Bass and Davis 1988:254).

The therapeutic and recovery literature does recognise women’s vulnerabilities in this sexual world but within a context that promotes the idea of liberation, choice and women’s agency (Kitzinger, J 1993, Reavey 2003). Reinforcing rather than challenging cultural pressures on women to behave as sexual beings, the recovery literature holds up the achievement of an intimate sexuality as a measure of women’s recovery from sexual abuse and therefore as a goal to be achieved or aimed at. There is, as Bass and Davies cajole, ‘no finish, no goal except intimacy, honesty and pleasure’ (Bass and Davis 1988:248). Within the recovery literature sexual fulfilment is not simply the key to personal happiness (Heath 1982, Jackson and Scott 2004) but is held up as the measure of healthy adult womanhood. Not only might this force women into sexual relationships which in other contexts could be considered sexually abusive, but within the context of healing and recovery the survivor is held responsible if a sexual relationship is not intimate, honest and pleasurable. These ideas are not

presented to women in a vacuum but within a context in which women are already seen as responsible for managing the emotional and sexual aspects of relationships (Duncombe and Marsden 1996, Langford 1999).

Among the contemporary stories are the recovery tales, the tales of surviving family dysfunction and childhood sexual abuse. In the cacophony that is the contemporary telling of sexual abuse recovery stories 'children's voices, women's voices, are once more not, in any purposeful sense, being heard' (Armstrong 1994:7-8). Women can tell of having been damaged by abuse (sexual, ritual, involving aliens) which they do not remember, but they cannot easily tell of how they resisted and challenged, coped with and learnt from, a sexually abusive childhood that they do remember. The harm story enables women to make connections between traumatic childhood experiences and the symptoms they identify in their adult lives. It provides a framework within which they can reinterpret their lives and construct a narrative of CSA. For those with no memories it may represent their only form of knowledge. The ways women engage with this story and construct their own narratives of abuse is explored in the following pages.

Chapter four: Child sexual abuse; plots, subplots and endings

So the main thing for me was to learn that I could forget

Introduction

We live in a society of story telling in which we constantly tell and retell stories for a variety of reasons. We tell stories to make sense of our lives and who we are and sometimes to justify our actions. Telling stories enables us to maintain, or make, connections with a past and, as guides to living, to lay foundations for the future. It is through our story telling that we construct a sense of place, a sense of self and a sense of purpose. Self-help/self-improvement literature aimed primarily at women offers a new framework for telling stories. Women are shown a variety of problems from which they suffer together with self-blaming solutions, in which they are encouraged to construct themselves as weak, vulnerable and ultimately to blame for present unhappiness or dissatisfaction. The childhood sexual abuse story is one such framework and like other narrative frameworks it incorporates a number of subplots and alternative endings.

Self-help literature

The majority of participants, in addition to reading self-help literature relating to CSA, were also familiar with other aspects of self-help culture. Within much of this literature it is hard to separate that which addresses CSA from that which addresses women who love too much or the wrong men (Norwood 1985), are recovering from being a child of alcoholic (Woititz 1987) or otherwise toxic parents (Forward 1989) or from the more general texts aimed at helping the reader to improve or 'heal' their life (Hay 1984). Whether or not the reading of one form of self-help literature led onto reading another it is clear that, given the considerable overlap between the different themes, women would have been introduced to or come across ideas such as a damaged inner child or traumatic forgetting and a therapeutic culture which encouraged them to look to themselves, or their damaged psychologies, for both the

cause of and solution to their present unhappiness. Even those who did not read the more general self-help material would have at least a passing familiarity with many of the ideas found in its pages.

Women brought a variety of purposes and perspectives to their reading of this literature and did not simply follow the advice on offer. As Simonds suggests, 'readers looked to self-help books primarily for validation of how they already felt, for inspiration, for comfort, for explanations of situations they could not understand' (Simonds 1992:7). Fiona and Beccy had both immersed themselves in all areas of self-help culture from manuals concerned with physical problems to those which addressed psychological damage before they focussed on childhood sexual abuse. Beccy identified a clear development in her reading from books on health and diet to the more psychological ones:

Things in my life related to health and the way I looked and erm I used to have loads of spots and problems with bloated stomach so I used to go to the library and get all sorts of books on well being and how to, nutrition and how to get a healthier life style and I got into that. Through reading these books that helped with health I got into the other kind of books on self esteem and erm, bit by bit, it was a gradual thing, I read books at the time like *My Mother Myself* by Nancy Friday and err, *The Power of Beauty*. This was the start after reading the nutrition books and health books I went on to these kinds of books [right]. And then that led me more to self-help books more targeted at self-esteem. (Beccy)

Fiona also drew heavily on self-help literature and self-improvement. Although not clear about a progression in her reading, she clearly positions herself as someone who readily turns to books to help her deal with life:

That's what I'm like; I'll go and look up books for things (Fiona).

Unlike Beccy, who started with books which addressed the body, Fiona, with books on assertiveness, sexuality and relationships, began by reading books which addressed the mind:

General books that you would just buy in an ordinary bookstore about how to be a happy person or how to make your life more successful and that came in the book. Because I felt that something wasn't quite right... it was as if I was

kind of trying to work out what was wrong with me cos I couldn't ...I knew something wasn't right but I didn't know what it was or what to do about it.
(Fiona)

Fiona also makes a connection between her reading of this material and activities and places associated with people's everyday lives. She did not have to visit an alternative or specialist shop but found it in an ordinary bookstore, where other ordinary people might go.

Neither Beccy nor Fiona remembered having been sexually abused but were unhappy with their lives and seeking ways to improve them. Fiona turned to books to help her address different aspects of her life, in which she perhaps lacked confidence, from books on what to expect of university before she started her course, to books such as *The Joy of Sex* (Comfort 1973) before she started sleeping with her boyfriend. A third woman, Pat, had identified a specific problem, ME, after talking to a friend who suffered from that condition. She investigated the self-help literature which dealt with this as well as looking at other material which related to or developed out of her reading. However, she came to believe that she was the victim of CSA during a scientology session rather than out of her reading of self-help literature.

Of the other participants, most read self-help literature, sometimes on the advice of their therapist, after they began to address their experiences of CSA or after they came to believe they were the victims of CSA. Some of their counsellors also used exercises found in the self-help manuals to set as homework. Whether or not they were involved in therapy, the majority of women engaged with the self-help literature and it was from there that they gained much of their information about abuse and recovery:

The book reading was me seeking understanding as a remedy. (Frances)

Like other readers of self-help material they did not necessarily turn to these books because they expected them to deliver all they promised (Simonds 1992) but because they hoped to find some connection or insight which might help them in their lives. It was here that they found a singular story of their abuse and its consequences together with a formula for recovery. However, not all women found the idea of a single

answer useful and a number focussed on self-help books as being particularly problematic and potentially dangerous. One problem identified by Fiona was in writers promoting their own answer as the only one:

I'm able to see that everyone who writes these books are coming from their perspective and the authors tend to write these books as if they are 'the' answer to everybody's problems and as you read through them you realise they are not. There's bits in them that are useful for some people. (Fiona)

This concern was shared by Jay, who also recognised the difficulty women may have, particularly if they are desperate, in choosing what may be best for themselves, against the advice of experts:

That's why I think you have to... not everything works for everyone every way. We don't expect it in every other aspect of life so why do we expect it in this. Why should there be a bible that says oh this is right. That's why I don't like self help books because unless you're working with somebody how can you know...Because you're so engrossed in wanting to get well that you are determined that you are going to try and do this and do it right, I think you can get totally screwed up instead. I think they should be recommended to be used by counsellors or whatever instead of on the shelf for everybody to use. (Jay)

Like Jay, others also identified the do-it-yourself elements of the self-help literature as problematic. Beccy, for example, believed that the self help material aimed at survivors should only be used by those who were also seeing a therapist:

Self-help books – I think they only work in conjunction with therapy, I don't think you can cure yourself by just reading books. I don't believe that because mostly erm, when you read a book you come to understand things intellectually and that's a very good thing because sometimes you are not aware of why you react like this or you know...that could be the explanation for this or that and erm, your mind works like this ok well that makes sense. You know learning about how your mind works that's very important and these books they help a lot. But err, its very easy to distance yourself from the book when you're reading it so in a way you are not doing the emotional work that you're meant to be doing. (Beccy)

Beccy seemed to suggest that recovery, particularly the emotional aspects of recovery, is hard work and cannot be tackled alone. This was a view mirrored by Jay:

I found trying to work through any self-help book on your own just hasn't really worked for me. (Jay)

A number of women felt that recovery work needed a trained counsellor or therapist. However, it was not in terms of providing a story or making sense of their lives that the majority felt they needed help and support but rather to help them undertake the emotional aspects of the work. Only those who came to reject their sexual abuse narratives believed it was their therapists and not themselves who had taken an active role in explaining their lives with reference to sexual abuse.

A central message of the self-help literature is the need for recovery. Women's damaged psychologies are said to be responsible for any unhappiness or dissatisfaction in their lives. Thus women are encouraged to seek the 'hidden' cause of their problems in the past and to probe further and further back. The harm story of child sexual, in which victims of CSA are constructed as so damaged that the evidence of their abuse can be identified in their adult lives, both encourages and enables women to identify sexual abuse as the hidden cause. It is this story that enabled the participants to make connections between present unhappiness and childhood trauma. For many of those who entered adulthood with no memories of abuse it offered the first indication that they might have been sexually abused as children. For these women, the harm story was one they were willing, or perhaps needed, to accept. This story enabled them to reconstruct their sense of self and rewrite their own personal narratives within a framework of childhood sexual abuse which accorded them at least some autobiographical certainty:

There were lots of things that I suddenly thought about, that's why that's like that and it all slotted into place suddenly. (Rae)

It was also a story that could provide women with continuous memories with a connection between the present and the past:

The clues were all there when you look back with hindsight. I was not quite the same as everyone else. (Angela)

Traumatic forgetting

For some women the problem they faced was not making connections between present unhappiness and past abuse, but in finding a way to explain how they had no memories of an abusive history in their own lives. Traumatic forgetting is a significant sub plot in the recovery literature and a fundamental principal of the recovered memory movement. It was a sub plot employed by all those who, without continuous memories, had come to believe they were victims of sexual abuse, however short term that belief had proved to be.

Whilst for some belief in the idea of traumatic forgetting might come first, Beccy used it to support a story she was already beginning to formulate. She identified the symptoms of CSA but lacked the one piece of information that, for her, was vital to being able to construct an abuse narrative for herself:

Well to be honest I'd thought about it many times myself. I thought, I used to think, I can't believe, the only reason, I used to think the only explanation I can find for the problem I have, the main one, is that I've been raped but I haven't. Because the problem is I didn't have that piece of information that told me I could forget. I didn't know that you could forget something like that...So many times I've thought, yeh I mean the explanation it would, obviously it would make complete sense if I'd been raped or abused but I haven't. Because I didn't know that I could forget. So the main thing for me was to learn that I could forget [right yeh]. And then it made sense then it was like yeh, of course. It must be, it must be, there's no other explanation. So I wasn't shocked or anything I just thought ah ok, this is how it works, you can forget. (Beccy)

The theory of traumatic forgetting, in which knowledge of abuse is said to be stored in the minds and bodies of victims, is fundamental to the recovered memory movement, as it offers women an explanation for how they could have forgotten their abuse. By focussing on their perceived damaged psychologies not only as evidence of abuse but also as both the cause of and solution to their unhappiness this understanding also offered women a way to improve their lives.

Although women may not have thought of repressed memories within the context of childhood trauma, the idea of traumatic forgetting was not alien to them. Many of

those involved in this study, for example, believed on entering adulthood that something was wrong or not quite right. Whilst they may not have connected this to sexual abuse or other traumatic childhood experiences, the idea that they carried with them some inaccessible piece of knowledge which might explain their feelings was something many women brought with them to their engagement with therapeutic discourses.

Even those who ultimately came to reject their sexual abuse narrative did not necessarily reject the idea of traumatic forgetting and the knowledge claims on which it was based. Hazel, Rae and Pat were very clear as to their reasons for going to a hypnotherapist or scientologist. Hazel and Rae wanted to lose weight whilst Pat was hoping to alleviate her ME type symptoms. The idea that they had these problems because they were unhappy with their lives was one that made sense to them and was informed by a discourse of traumatic forgetting:

She said before the therapy started she did say that you obviously don't feel happy about yourself and the reason you know we need to look into this is that we need to make you feel happy about yourself as a person before we can actually tackle the slimming side of it. (Rae)

and

She believed she had to uncover something yes because she felt I didn't feel good about myself and so she had to find out why I didn't feel good about myself. (Rae)

Erm, therapy it was, he said to me because I wasn't losing weight there was a reason why I wasn't losing weight and it all went back he said to my childhood. He said we'll regress and we'll go back and see what the reasons were. (Hazel)

Therefore when the hypnotists or scientologist drew on this understanding and suggested they need to uncover the cause of their unhappiness they were tapping into ideas that resonated to some extent with the women's own belief systems.

Introducing the inner child

The principle of traumatic forgetting relies on a supporting cast to explain where these forgotten memories are stored. This can be conceptualised as a damaged part of the adult self or, common in much of the literature, an inner child. Belief systems that included the idea of knowledge stored in the unconscious mind, held by Hazel, Pat and Rae could accommodate the idea of knowledge held by an inner child or damaged childlike part of their adult selves. Whether theorised as an inner child or childlike part of the adult self, this concept was central in enabling women employ a sexual abuse narrative and identify themselves as victims of CSA. Although the inner child as a discrete personality is not present in all the therapeutic and sexual abuse recovery literature, she occupies a central position in the harm story and survivor discourse embraced by much of this literature. This child is said to hold the key to recovery and healing, as it is she who is seen to have been damaged by the abuse and it is with her that knowledge is thought to be stored. However, even in that literature which does not identify an inner child, the idea of a damaged, and therefore childlike, part of the adult victim is recognised and functions much like the inner child found elsewhere. It is this part of the adult victim that is believed to be responsible for the symptoms women are urged to identify in their adult lives and which are discussed in chapters five and six.

The inner child is not unique to recovery, self-help, or therapeutic literature and many women had already come across the concept before they engaged with this literature, even if they had not yet been introduced to their own inner child. For those who had not previously encountered the inner child, but who were attempting to make sense of and improve their lives, it was the evidence of this child rather than the child herself, who they were likely to come across first. For those who had no memories the identification of symptoms helped to bring their inner child a step closer to being as it was her influence they were identifying. However, where women drew on the recovery literature whilst attempting to make sense of their lives and construct their own narratives they did not necessarily accept wholeheartedly its principles and concepts.

Women may not have conceptualised it as an inner child but this idea of a damaged part, distinct from their adult selves, who exerted an unhealthy influence on their lives, was a theme running through a number of women's accounts. Whilst Julie was happy with her adult self she believed her damaged child self was still able to influence her adult life. This child self had had 'the confidence knocked out' of her and as an adult this was an aspect that Julie felt she needed to work on. It was this lack of confidence and self worth that she believed inhibited her ability to get on with her life and her influence could be seen:

Even down to the relationships you choose (Julie)

A childlike part of her adult self was particularly evident in Beccy's life when she was finding aspects of her relationship with her partner difficult. Beccy believed that understanding how her child self felt was the key to improving her adult relationship:

I mean I can understand the concept of looking at how you were as a child and trying to remember how you were as a child and trying to communicate with that part of your mind that still thinks like a child. Because I think the reason why I have problems is because part of my mind still reacts as it reacted when I was abused as a child. So no wonder, no matter what the actual today's circumstances are it's still reacting. (Beccy)

Tracey had continuous memories of her abuse and could picture 'little Tracey' being physically and emotionally abused by her mother and molested by her uncle. She believed her therapist when he told her:

The little Tracey is the one that needs healing (Tracey)

For Jenny the inner child was a useful tool to explain the circumstances of her adult life and to get in touch with her feelings:

The whole idea of dysfunctional patterns and re parenting our inner child was one that I found very useful. It was necessary in order for me to get in touch with my vulnerability and my feelings again after building a powerful wall around them. (Jenny)

Having identified an inner child through the identification of symptoms women are encouraged to develop a relationship with her as she is said to be the key to healing. The complex relationships women develop with an inner child, or childlike part, together with the ideas of those who identified problems with her, are explored in part three.

Stories that don't quite fit

Five of the participants had continuous memories of their abusive childhoods. One woman, who provided a written account, made little reference to her childhood but the other four remembered childhoods that were also physically and emotionally abusive. Whilst they recognised sexual abuse as traumatic this was not always in straightforward ways. Their experiences of other forms of abuse were not accommodated within the sexual abuse recovery literature and were difficult for them to include.

For Jay the sexual abuse was possibly the most harmful, not simply because it was traumatic but also because of the responses it elicited in others. Sexual abuse helped to lay the foundations for how she was perceived by others which in turn, she believed, contributed to other forms of abuse, including additional sexual abuse. Equally significant, and traumatic, were the responses of others which influenced her ability or willingness to trust adults. Adulthood was also a state which she had approached with some concern about herself and what she too might become:

Because I tried going for help and kept getting told I was a liar and not believed or anything. So I stopped having confidence in adults very early on when I was on about it before when I was eleven I had no confidence in the adults around me. By the time I was fourteen I had no confidence in the social system, in the justice system and that just made me feel that the world was a very dangerous place so I had no confidence in myself. If I couldn't trust anybody out there then where do I go, what do I do, what do I say. I just became very, there isn't anything. I haven't got any confidence because I can't...and nobody's trustworthy as if I can't trust any of them how can I trust myself. Because I'm becoming one of them, I'm becoming an adult. (Jay)

For her the psychological abuse was much worse to deal with at the time than either the physical or sexual abuse:

I found I couldn't take the psychological abuse at all [you couldn't?] No. I could cope better with the physical and sexual abuse than I could the psychological. That's why I walked out of hers and straight back into the abuse, knowing it would be the same, hoping it wouldn't be but knowing it would be. (Jay)

Another factor which Jay believed contributed to her being sexually abused again was the issue of secrecy:

...and it wasn't until then that I twigged that everybody knew about it and I'd been keeping this secret and it wasn't any secret, because everybody knew and that's when I started becoming angry. Because trying to keep a secret it led to other abuse. S... our next-door neighbour, I just couldn't understand why if they'd known all that time, why they'd left it. (Jay)

Tracey also provided a narrative which, even without sexual abuse could be interpreted as one which could contribute to such feelings as worthlessness and lack of self-esteem. Like Jay she experienced both physical and emotional abuse, but was more ready to make connections between her adult life and the sexually abusive part of her childhood. Although her narrative focused on the physical and emotional abuse with very little reference to the sexual abuse she experienced at the hands of her uncle, it was CSA as a causal narrative that she drew on to explain adult feelings and dissatisfaction. She said of her childhood:

I felt denied of my childhood and that I didn't really have a childhood. I felt like I was born to make people like my family, make them be proud of me and not to live for myself and not to have a life. Basically I was like a slave to my family and as long as I brought on a good name for them or I made them proud of me it's all that mattered. (Tracey)

and

It was because, yeh it was because my mother abandoned me and my father abandoned me as well. He died when I was seven, my dad. But he was like my, he was the best parent for me but I didn't know him so well so you know, I was abandoned. I felt abandoned in a sense because afterwards my mum took over and my mum and I didn't get on and she beat me up and she didn't like my dad at all. She took all her anger out on me. (Tracey)

The majority of the symptoms Tracey identified in her adult life related to difficulties she experienced with regard to relationships, including sexual relationships, which she explained with reference to CSA, but her account also provided other explanations. In addition to the physical and emotional abuse she experienced at the hands of her mother Tracey was also frequently told by her mother that sex was dirty, unpleasant and painful:

Cos my mum would say its really horrible, its hurtful and you bleed and its painful and oh, its like a knife. She was saying everything to put me off, y'know to put you off the subject. (Tracey)

Like other women, Tracey drew on the recovery literature to both explain and address difficulties she was experiencing at the time. As with her engagement with the literature these difficulties did not remain static or the same but varied over the course of her life. Many of the problems she identified as having led to her involvement with this literature arose within the context of a relationship with her boyfriend. Before she met him she was not aware she had problems:

I had a lot of insecurities but I never noticed them until I met my boyfriend...I always thought I was healthy in the head but obviously when I met someone who was normal they opened my eyes and basically I think said you need to sort something out because I think you are reacting in a way that's not good for you. (Tracey)

It may be her investment in this relationship that contributed to Tracey negotiating this particular path, in which she re-examined the cause of her present difficulties. The harm story and the healing discourse offered Tracey the possibility of a happy and fulfilling life with her partner. She drew on those discourses at a time in her life when she was involved with someone with whom she wanted such a life. She did not have to accept the cause of her difficulties in order to accept the solution provided by the sexual abuse recovery literature and her account included at least a possibility that she did not, at least not wholeheartedly.

In Angela's case it was the violence, both physical and verbal, that she witnessed between her parents which she identified as more significant than the sexual abuse she experienced at the hands of her elder brother, in childhood and later:

The violence in the house...I suppose had the biggest effect on me in normal day-to-day life, in being able to make friends. (Angela)

For those participants with continuous memories, who did not need to make connections between an abusive past and an unhappy present, such a connection was neither straightforward nor necessarily significant. They remembered the context within which abuse took place, together with how they made sense of it at the time and later, the ways they coped with it and the ways in which they may have resisted. The narratives they constructed were not based only on sexual abuse but included other experiences they perceived as abusive. Often these experiences appeared at least as significant to their sense of self and the lessons they learnt and carried with them into adulthood, as were their experiences of CSA. The explanation and resulting solutions they were offered related to the sexual abuse they experienced but these were not always accepted by the women themselves. Nor did they necessarily have to be accepted for women to make use of the recommendations.

The story used by others

Whilst many women found the narrative framework provided by the harm story useful (for example as an explanation for their present discontents) some found that it could be used by others to dismiss experiences more relevant to understanding their adult lives, often to detrimental effect.

On entering therapy or first reading the literature even those women who knew they had been sexually abused did not necessarily make the connection between sexual abuse in childhood and unhappiness or dissatisfaction in their adult lives. Indeed for some such a connection was not only rejected but also resented, as it forced them to revisit childhood experiences and reconstruct themselves as damaged. Emma had not rejected counselling altogether and had had one period of counselling following her

sexual abuse which she had found very helpful. However, she not only felt that her second period of counselling was unnecessary, but she resented it. The counsellor not only attempted to re-construct her as damaged as a result of having been sexually abused as a child but in doing so also failed to acknowledge her current circumstances and the effects of what she identified as very real problems in her adult life. Of her first period of counselling she said:

The second time I had therapy (counselling), again it was not my decision. I had just had a miscarriage and was very upset/emotional and a locum G.P. said that my emotional state was due to the abuse, so he sent me to counselling. (Emma)

and of her second period of counselling:

The counselling sessions which I had in later life however, I do not view very positively at all. The counsellor was a nice enough woman; I just didn't think it was necessary for me to have counselling, so I resented it slightly. I think it was because I had real problems (i.e. I had just had a miscarriage) and I was understandably upset but I don't feel it had any relation to the abuse. So I found the fact that this woman kept wanting me to talk about the abuse, as if it was still a problem difficult to deal with, because I had other things going on that I needed to come to terms with. (Emma)

Although Emma believed that the sexual abuse she had experienced as a child did have an effect on her adult life she did not accept it as a causal factor or explanation for how she felt in all aspects of her adulthood. Nor did she dismiss other external factors which contributed to her feelings of (un)happiness or (dis)satisfaction as an adult. For Emma the harm story provided others with a way to explain her unhappiness and construct her as someone in need of therapeutic help in a way that did not fit with her own understanding of her situation. As such it was a story used not by her but against her.

Different endings: Healing, MPS and FMS

The central message promoted by the sexual abuse recovery literature is that, although victims have been damaged by their abuse, with hard work and dedication they can rewrite the endings to their own personal stories and come to live happy, fulfilled lives

free from exploitation and further victimisation. The literature does not make it clear if or when women are healed, beyond feeling happier and more powerful, but what is clear is when they are not; when they experience the catalogue of troubles that brought them to engage with the recovery literature. As these troubles are seen as evidence of the need to heal it might be that some women believe themselves to be healed, only later to find that, according to the definition of healing promoted by this literature, they are not. Having spent a period of time 'symptom free', as it were, they might find that their original symptoms return.

Within much of the literature women are presented with examples of survivor stories which show women's journeys to recovery. *The Courage to Heal* has an entire section on such stories all of which share a common thread with, and draw on the same resources as, those survivor autobiographies written by 'courageous women' (Bass and Davis 1988) since the early 1980s (Davies 1995). The details of these biographies differ but the basic story is the same. Women, whether or not they have memories of having been abused, enter adulthood unhappy with at least some aspects of their lives and who they are. On entering therapy or engaging with the recovery literature they come to recognise that they have been damaged by CSA and begin the journey to recovery. Not all report that their symptoms have gone entirely, but they do all report feeling better, stronger and more powerful and able to protect themselves in the world.

The harm story constructs women, or encourages women to (re)construct themselves, as damaged and in some way responsible for their own unhappiness. Its therapeutic corollary, the healing discourse, provides a narrative framework in which women can write their own brighter, happier endings:

Sometimes I'd think well oh my god, did that really happen are these memories real? I mean I thought I have been depressed; well that's what my parent's line was - that these were a product of a deranged mind. I would have moments of self-doubt and she was able to believe in me and say although these things have happened that doesn't mean it's the end of the world that these things happened. You still are an ok person even though these things happened and you'll be ok just now. The feelings you are having are really hard but that is the way it goes, that's the way it happens for other people as well. There's nothing peculiar or strange or weird about you. She would tell me this is ok, uncomfortable, difficult to work with but it's kind of normalish

and she was able to encourage me that I would get back to being a fully functioning adult out in the world again. I wasn't always going to be incapacitated by all these feelings. (Fiona)

Beccy, who had more confidence in her memories of abuse than did Fiona, was also more positive in her understanding of healing:

It's not just a question of going to therapy for ever, there's an end to it and the end is being completely healed at the end and being free. (Beccy)

Tracey also had confidence in her abuse history, the memories of which had been with her since childhood. Although, like Beccy, she had an optimistic attitude to healing from sexual abuse her account also included the possibility of a need for ongoing healing to deal with other aspects of life:

I think you can be healed...entirely, if that was the only thing that you want to have healed but I think there is always something that we can work on for ourselves (Tracey).

Not all the participants were able to draw on the sexual abuse literature to write their own story with the bright endings of the recovery literature. However, this did not necessarily lead them to abandon the sexual abuse story altogether. One woman, Anne, had drawn on the recovery literature to construct a story which, although explaining the difficulties she experienced in adulthood, had not helped her construct a self who could go on to live a brighter, happier future. Anne's answer was to look beyond the confines of the incest story to stories which told of greater traumas. Within the framework of these additional stories she found an understanding which helped her explain her difficulties and their lack of resolution. For Anne the harm story as it related to CSA did not provide an adequate explanation for the difficulties she faced in her own life. She judged incest to be, although traumatic, not as psychologically damaging as more extreme forms of abuse such as the ritual abuse of which she believed she was a victim:

There is a thing, I do find a difference between incest survivors and ritual abuse survivors. In the ritual abuse world there is a hell of a lot of toughness and humour, that you're really up against the wall and people don't survive unless they're very tough and have got a terrific sense of humour and people

can't work in the area unless they are very tough. Whereas you get, incest is milder and I've seen in some incest organisations people write therapy poems about pain and oh God it was awful and this was awful and I see that's good for them. As a ritual abuse survivor you can't, you can't write stuff like that. (Anne)

As someone with multiple personalities Anne had identified not one but possibly hundreds of inner children, though she had so far made contact and developed a relationship with only a few of them. The harm story of childhood sexual abuse alone did not provide an adequate explanation for either the nature or the quantity of the 'alters' she had developed a relationship with since she was first introduced to the idea. However, she did not use this failure to reject completely the idea that she had been abused as a child, but rather used it as an impetus to search deeper for the cause of her difficulties. The ritual abuse literature did offer Anne such an explanation, at least at the time of our meeting:

I'd been reading a marvellous book on ritual abuse written by an American woman and it's got a chapter on multiple personalities...You've got all the totally traumatised children and in my mind I give them nursing, you know whatever they need, you know. And then you've got the predators...I'm now beginning to understand all this...This I think is beginning to be you know, maybe people who've suffered more serious ritual abuse, that you are a very small child so you've got animals, it's lovely. I feel more warmly you know, they feel to me like protectors, parents or something. (Anne)

And also:

They were talking about children who took the abuse would also fragment into sub-personalities and I now realise because three of them who took the worst abuse have surfaced and they have sub-personalities I think now. I may be wrong but I think they're sub-personalities of Minuet, the dear little girl who took most of the abuse. (Anne)

Whilst Anne drew on the ritual abuse literature to help her not only explain her life but also to enable her adult self to function in a particular way, as the above quote suggests there is room within a ritual abuse narrative to further develop the personalities she has come to share her life with as well as the potential to develop new ones. Anne had just touched on the possibility of making contact with the

alternative personalities of her own alters and it is unclear where this might take her. Sharing her world with inner personalities has become so much a part of Anne's life that this life had perhaps become more 'real' than the one outside. She developed relationships with inner children as others might develop external friendships but whether this provides a way to happiness or simply a new way to be unhappy (Hacking 1995) is difficult to say.

Anne entered adult life with no knowledge of having been abused, sexually or ritually, and although her account includes the ingredients for an alternative narrative which could (also) explain present unhappiness or psychological difficulties, these are not the experiences she draws on to construct a ritual abuse narrative that she uses to make sense of her life. At the time of our meeting she had also come across a development of this framework which enabled her to construct a more complicated history, populated by a more complex cast of characters. Anne's story is in some respects very different to her early story of a difficult childhood but she did not discard her early story in favour of a better one but has, rather, continuously amended and reworked her story. It may be this aspect of her story telling that enables Anne to maintain a strong connection to her past. Anne's reworked and embellished story, a story of ritual abuse and multiple personalities, was inhabited by a whole group of alters and whilst it is questionable whether or not they would help her reach the promised land of a brighter future they did at least enable her to live a brighter present. I explore Anne's story in more detail in part three.

Five of the participants had drawn on ideas around traumatic forgetting and the harm story to construct a narrative that they later rejected. All five had recovered memories of childhood sexual abuse in which they had, at some point, believed. In rejecting their memories they needed to make sense of their experiences and write a different story with a different ending to that suggested in the sexual abuse recovery literature. They needed to explain, to themselves as much as to others, how they had recovered memories that they now believed to be false. Although not the only discourse available to the women beginning to question their memories, or to those who had not seen sufficient improvements in their lives, false memory syndrome (FMS) did provide them with a way to withdraw their stories which also explained how they

could have constructed and lived by a wrong story based on false memories. However, women did not always use it in simple or straightforward ways. Nor did they necessarily even accept wholeheartedly the ideas and principles on which it is founded.

Women were able to invest in a sexual abuse narrative because it made sense of their lives and explained their unhappiness. FMS provided a framework for constructing an alternative narrative but it was used by the women in different ways. The knowledge and belief systems they brought with them, the extent to which their 'symptoms' improved, their investment in a therapeutic solution to their unhappiness and their willingness, or desire, to take responsibility, all informed the alternative narratives women came to construct. Of the five who rejected their memories as false and identified themselves as victims of FMS, only two rejected entirely the idea that they had been sexually abused. The others, although they believed their memories were false, did not reject a sexually abusive history, only that the abuse was perpetrated by their fathers.

The idea, promoted by proponents of FMS, that false memories are implanted in the minds of (weak and vulnerable) patients was one to which both Daisy and Nicole subscribed to:

He planted the ideas...He directed my thoughts. He bullied and frightened me.
(Daisy)

The memories are false and were produced by Dr.L. (Nicole)

Although they had presumably believed in their memories at some time, neither Nicole nor Daisy accepted that they had played a part in constructing an abuse narrative. Daisy, for example, had written to her therapist, whom she had stopped seeing because she moved away, to thank him for his help in making sense of her feelings. She also asked him to find her a therapist in her new location, which he did. At that time it would seem she believed herself to be a victim of childhood sexual abuse. It is unclear from their accounts what led either Daisy or Nicole to reject their

memories but it would appear that living as a sexual abuse victim had not led them to a better life. In Daisy's case it was at least a year later, when she saw a television programme on false memories, that she came to believe her own memories of abuse were false. Both women had not only rejected their memories of abuse but, in believing them to have been planted by malicious therapists, were also in the process of making formal complaints. Both believed their therapists should be 'struck off' and Daisy was also seeking both compensation and a refund for the costs of her therapy.

For Hazel, Rae and Pat, their belief that knowledge could be held by an inner child or stored in the unconscious mind or body mediated against them accepting fully that they were victims of FMS. Not only did they believe there was some 'truth' in their memories, that they might have been sexually abused possibly in a past life and by someone other than their father, but they also believed that this 'truth' came from within. Although they identified therapists as misguided, their concern was more with the lack of knowledge among therapists regarding the accessing of 'false' memories under some form of hypnosis or mind clearing-state. They believed them to be irresponsible and identified the therapists' failure to recognise that it was possible to access 'false knowledge' as dangerous and likely to lead to the construction of false narratives of childhood sexual abuse.

Drawing on FMS whilst at the same time accepting that they were the victims of sexual abuse allowed women, should they so choose, to alleviate some of the guilt or responsibility they might have felt. These women had after all accused their fathers of having sexually abused them as children. Pat was reassured when she discovered she was not the only one:

So that was a revelation and quite reassuring. It was just suddenly it was like, thank god for that. This exists, I'm not going completely mad, I'm not perverted, I'm not erm, I don't have a really weird kind of mind...so that was very helpful, you know the realisation that I wasn't completely mad. (Pat)

Hazel recognised that FMS offers women a way out and, if they want it, a way back to their families:

It must be hard once you've pointed the finger and once you've made it public to come back and say I'm sorry I made a mistake. I'm sorry it's not true or I've had this therapy and it's just what I've been believing all these years. It can't be easy. (Hazel)

The response of Daisy and Nicole to having 'pointed the finger' was to identify someone else as responsible for their false memories. Hazel, Rae and Pat had found a way to make sense of their experiences in which, possibly because they took some responsibility, they were able to maintain a positive self-image in which they looked to the future. This seemed very different from the experiences of Daisy and Nicole. It may be that in constructing themselves as victims of FMS, they were trapped, as victims, looking backwards to the past. It might also be that for Hazel, Rae and Pat the story they told of sexual abuse was not an entirely new story but did have some connections to their pasts and the selves who inhabited those pasts. For Daisy and Nicole however, their story of sexual abuse was not a reworked and amended version of their story but a new story which had, for them, no connection with either their earlier story or, therefore, with their pasts.

When women are first confronted with the ideas promoted in the sexual abuse recovery literature, whether in their everyday lives or by engaging more directly with the literature, they do not approach it with a blank page waiting to begin their story. Women already have a story, and like all personal stories it is constantly retold and in this retelling is reworked and amended to suit the needs and circumstances of the teller. It is not a story that women simply discard in favour of a new and better one but it is a story constantly subject to revision. It is primarily a story that makes sense and so, when women draw on the currently circulating frameworks, they are choosing to employ stories and sub plots and endings that help them make sense of their lives and offer the opportunity for a brighter future

It has been argued that the measure of success for much of the self-help and self-improvement literature is not so much the identification of improvements but the extent to which 'fear gives way to inner confidence and despair to hope' (Kitzinger, J 1993:231). Feeling better about themselves and moving forward was a motivation for

many of the women in this study. However, other factors can also be seen in the accounts they gave of how they engaged with this literature and the stories they came to tell. The literature not only offers women empowerment but it can also provide them with a way to make sense of their circumstances and the tools to negotiate their everyday lives. The extent to which this success can be measured in terms of inner confidence and hope, together with perceived failings, can be seen in the following pages.

Chapter five: Making sense, finding evidence

That would really completely make sense but I still didn't have any memories

Introduction

The contemporary sexual abuse recovery literature is based on the belief that sexual abuse in childhood is so psychologically damaging that its effects can be seen long into adulthood. Some argue it can lead to the child 'splitting' with only that part of the child who 'split' holding the knowledge or memories of the abuse. A victim can therefore enter adulthood with no knowledge or memory of having been sexually abused but this does not mean they do not suffer the effects of their abuse. Nor does it mean that they cannot rediscover memories of having been abused. Whether or not they have continuous memories, women are not so much encouraged to revisit their childhoods as they are to revisit their adulthoods: in particular those aspects of their adult lives that they are unhappy or dissatisfied with.

Explaining unhappiness, identifying symptoms

The harm story relies on a negative construction of CSA in which no neutral or positive element can be acknowledged. This allows for the identification of symptoms, seen as evidence, in adult women with no knowledge of abuse. Although the majority of the literature claims to appeal to all victims, whatever their memories, it is the testimonies of those who themselves rely on the 'alternative memories' found in the checklists of the recovery literature which are used to reinforce the negative message and which cannot present a more positive understanding. However, the narratives of those who remember their abuse can provide a more positive reading:

I think that in a positive way, it has made me mindful of others, and the effect my actions could have on others.

- I consider myself to be a very strong, determined individual as a result, and a good mother (as I am aware that my actions now could be damaging to my child's future).

I work in a voluntary capacity, listening to women, when they need someone with which to share their problems. Again, I think I am able to empathize because of my own past troubles (Emma)

Whilst Emma is confident that her experience has had some positive as well as negative consequences for others this is not so clear. For some the negative construction of sexual abuse leads them to reinterpret critically, qualities which others, under different circumstances, might view positively:

I had an over developed artistic sensibility, read too much, travelled but had no emotional inner security. (Jenny)

Whether or not it takes the form of ticking checklists, identifying symptoms and making connections between adult and childhood experiences are fundamental to the sexual abuse recovery literature. This is particularly significant for those with no other memories and for whom these 'symptoms' may represent their only way to know, with confidence, that they were sexually abused. In identifying symptoms women confer significance on earlier events which in turn make the 'plot' seem inexorable (Lawler 2002). Women with continuous memories do not need to identify symptoms to know they were abused but they are nevertheless encouraged to consult these lists to see how damaged they are and therefore how much they, too, need to heal.

Symptoms are not always identified using the checklists employed in texts such as *The Courage to Heal* (Bass and Davis 1988) but a consistent message within the literature is that if women can find themselves in the pages of self-help manuals then they too can benefit from life changing, or in some cases life saving, suggestions promoted within this literature. Very often writers of self-help manuals themselves draw on biographical vignettes to reinforce and legitimate their views, which are said to originate from women's own experiences. Within this literature survivor stories are used to amplify the checklists which themselves harbour the generic plot of the sexual abuse narrative (Plummer 1995). For some the process of finding themselves in the literature initiates from their own reading whilst others are introduced to the literature, often in the form of extracts, by a therapist. Therapists may use the literature to help

clients identify symptoms of CSA or as workbooks, photocopying sections for homework.

Beccy had negotiated her way through a whole range of self-help material before being introduced to recovery literature by her therapist. Although benefiting from material such as that relating to diet she found the answer to her problems in the pages of a self-help text, *Secret Survivors* (Blume 1990) that was introduced by her therapist:

It's aimed at people who might suspect that they've been abused but who don't have any memories. So my therapist, there's a checklist at the beginning with all sorts of questions...But she took me through the checklist and I'm saying yes, no, yes, no, yes, no, yes, no and she said ok. Well this is the book and you've got most of the answers correct so maybe have a read and see how you feel about it. So that was the first one really that I read. When I read it I still didn't have any memories then but I went yes, I mean if that's what happened that would explain it so much. That would really completely make sense but I still didn't have any memories then. Since then I have read a lot of books for survivors. I've still got some here. (Beccy)

For Beccy, who identified difficulties with sex as 'the main problem', a whole range of other problems could be explained with reference to CSA and the harm story:

I used to be scared of the dark. I always, if I go into a restaurant I always put myself with my back on the wall. (Laughs) I never used to trust anyone, very suspicious of anyone. I always think that men fancy me, I always think that they want to have sex with me, like every man err... I erm, lack of confidence, feeling bad about myself a lot, feeling that I am not good enough, that I can't do anything. (Pause). What else erm.... You know the main problem with intimacy and sex, that's the main problem. That's pretty much it. Oh and yeh, always wanting to be in control. I'm a complete control freak, always feeling that I had to be in control. On top of everything, not being very spontaneous. I have a lot of problem with being spontaneous. I always make sure that everything is planned, controlled and that I know everything ... problems with having fun and just relaxing. Not being able to relax, not being able to have fun, not being able to play ever. Always, always having to do things that were productive. (Laughs). The thing with being spontaneous it's still there, although it has improved a lot. But I think that's pretty much it. But having problems with people in general, being a bit of a social freak, not being able to chitchat not being able to just do light talking. (Beccy)

Beccy found herself in adulthood with no memories of having been abused but nonetheless unhappy with her life. When she came to believe she was the victim of CSA she had been in therapy with her latest therapist for eighteen months and invested heavily in a therapeutic solution to her problems. Through her reading of other self-help and self-improvement literature Beccy already accepted that there might be something within her that might provide both explanation and solution to her difficulties. It was her therapist who first introduced the idea of CSA:

I think after a year and a half or so of therapy err, when we'd work through the problems that I had she, she then er... she came up with, she took me through the checklist of this book. [So she thought you might have been but she didn't say anything?] She never said anything. I think she probably straightaway thought it was that kind of case. I think that maybe was pretty obvious to be obvious, now that I know. With all the symptoms I had it was very obvious I think she probably knew straight away but she never mentioned it. Then after a year and a half she took me through the checklist without showing me what the book was and then she said ok, well you've answered positive to three quarters of them so maybe you want to read this and tell me what you think. So I read it and I didn't get any memories then but I thought this makes complete sense. (Beccy)

Beccy's therapist was informed by an understanding of CSA that enabled her to identify abuse in the lives of women who might initially be resistant to such an explanation:

She said it doesn't mean that you, that it was necessarily you, it could have been that you witnessed something or you know, it might not have been you. It could be anything. It could be that you've witnessed your parents doing something to someone else, or someone in the family or even it could have been someone not in the family, all sorts, [like a friend or] it could be anything it doesn't necessarily mean that it's you but I don't know. I thought ok, well it would be better if it was someone else. (Laughs) (Beccy)

Beccy ultimately rejected this more vague or liberal understanding, believing herself to be the victim. However, it might have helped her initially to believe that she was a victim of some form of abuse as it provided a theory which explained her difficulties without the need for her to identify herself as the victim or her father as the perpetrator. It may be that for some women coming to believe they were the victims of CSA is a gradual process during which they first accept as evidence, symptoms they

identify in their adult lives. This allows them to perceive themselves as damaged before they need to identify either the specifics of the abuse or its perpetrator. Beccy was able to draw on the idea that she had been sexually abused to create a more positive self image, a idea reflected in Anne's account:

It was a revelation to me. It brought me total self-respect and self-acceptance for the first time in my life...It was absolutely marvellous. Although it was terribly hard to come to terms with, in some central way it made (sighs) you know, it stopped life weighing heavy on me. It did bring light into an area of darkness just to remember (Anne)

For those who remembered their abuse, making connections between childhood experiences and adult difficulties could also be a 'big step'. It helped them to feel better about the way they functioned in the adult world:

The Courage to Heal I found being helpful at the stage where I was at, to go through, to actually identify that a lot of the things that were happening I could attribute to the abuse. ...Even things like having trouble with bonding to children erm... down to low self-esteem, not being able to settle and the fact that I dream greatly at night and used to sleep talk and sleep walk and still do. If things bother me it comes to me at night. And loads and loads of things have happened that I could pick up. Being able to know about it was a big step and being able to make the connection was a big step. Then I went on to reading erm, mainly people's life stories of abuse and what they'd gone through. ...To see how people deal with it I think and just, it's like showing the world how I suppose it is. Some I've read and I've thought yes I can see, I can read them and I can think yes I can see why I have so many difficulties but then there's always the part of me that's saying well yeh but theirs is much worse than what you went through. (Angela)

Identifying themselves in the symptom lists of the recovery literature proved helpful to women for a variety of reasons. Whether or not they ultimately rejected their memories of abuse, the majority of participants had at some point found themselves in the pages of the literature. Although, as Pat recognised from her own experiences, it would in fact be hard not to find yourself in these lists or on the pages of numerous self-help manuals:

I think it's like any of these things I mean if you look at any checklist from any magazine on various things it covers such a range of symptoms which can cover most things can't they depression ...I just think you can always find yourself in a checklist [right.] It's a very rare person who can't find themselves in a checklist. There aren't many people who are completely at ease with themselves and completely in control of their lives if they're being honest [yeh definitely] Especially women, I think women have problems with self-esteem and various issues because they're brought up differently. (Pat)

As Pat's words indicate there is a similarity between the symptoms of what at first appear to be very diverse conditions. What they have in common is the construction of women as both the cause of and solution to their own unhappiness and dissatisfaction within an idealised world which fails to acknowledge the material conditions of their lives. The stories of recovery told within this literature and employed by women to make sense of their lives may well not be complex ones, fitting as they do within other common story telling frameworks (Plummer 1995), and drawing on common sense understandings (Showalter 1997, Tavis 1992), but women's negotiation of them is not straightforward.

Women engaged with therapeutic discourses because they identified aspects of their lives or themselves that they were unhappy or dissatisfied with. On reading the literature they are encouraged to find themselves in its pages and, having done so, to accept their symptoms as evidence of CSA. This provided women with an explanation:

But I didn't at first understand. I thought I was depressed and having horrible thoughts... (Fiona)

Most useful thing was eventually remembering enough abuse to know what ailed me. (Frances)

Because the issues that were coming up at the time were very much related to self-esteem and very much related to how I felt about myself which all came from the abuse. [Did you connect it with the abuse at that point?] No, no. I think I was just trying to deal with them as separate issues, things that were happening in my life that just happened to be happening at the same time. [How did it get connected?] I think it was the counselling that helped me to see that everything was connected. [And was that helpful?] Oh absolutely because

when things are breaking down, which they did. Everything was breaking down, my relationship with my parents, my marriage was, my kids. (Angela)

The majority of women in this study accepted that sexual abuse in childhood could result in the catalogue of symptoms outlined above. However, this view did not necessarily remain constant and nor did women necessarily believe it to be the only explanation. An alternative reading was also suggested by Angela:

I think that for most people the crisis doesn't come necessarily from being abused it's everything else that's going on in life. (Angela)

It may be that some women believe the sexual abuse recovery literature offers them the best way of addressing problems they have identified in their adult lives. Whether they believe these to be the result of sexual abuse, or only the result of sexual abuse, may not in fact (always) be relevant.

Being normal, being different

The idea of normality was a recurring theme in women's accounts. Many had felt different or 'abnormal' and, although not something that they sought, feeling normal was a benefit that many women identified, particularly after reading survivor testimonies. The idea that they reacted normally to an abnormal experience was one that women found helpful and reassuring. Again how they made use of this understanding varied according to their individual circumstances, including how they came to believe they were the victims of CSA. The literature offered women a way to acknowledge their differences without having to see them as problematic and many found that seeing themselves in other women's accounts was powerful, providing both reassurance and help to move forward. Much of the evidence women identified as examples of difference were identified in the literature as survival or coping skills. Therefore, even if they were seen as problematic, women did not have to renounce them straight away but could use the literature as a licence for attitudes and behaviours that they might otherwise find difficult to justify or defend.

The belief that they were 'normal' after all was one that was very important to the majority of women whether they had continuous or recovered memories. It helped them construct a positive image of themselves and for some also helped them learn to love themselves:

Because most of my life I had been treated like a misfit or I had to cover things up...I mean the way they used to treat you, as if you were mentally ill, you had some moral failing, an unworthy person, a piece of shit etc. suddenly all of that was ended because you had self respect and you imagined a small child being raped and you loved yourself instead of hating yourself. (Anne)

Particularly useful for Sarah were the similarities she found between her own experiences and those of others:

I read people's responses/experiences at the back of the book and thought actually I know each people's an individual and to some degree how they respond is an individual thing but it was quite similar to mine. So I thought actually there's nothing wrong with me, it's a normal response and there's nothing to be ashamed of so that was fantastic. Yeh that was good. (Sarah)

Julie visited a Parks Inner Child Therapy (PICT) therapist specifically to deal with her experiences of sexual abuse. She also found relief on discovering that her responses to being abused were quite normal:

What I got from it more than anything was that I'm quite normal because I felt abnormal. It seems abnormal that it had happened but it was quite a relief to me really. (Julie)

Tracey also visited a PICT therapist but found reading the self-help literature herself to be more beneficial:

Therefore he said to me read some books as well. That could help you as well just to know a bit more about what, y'know, other people and more information. So the self-help books just described everything that I felt without even a blink of an eye. Sort of wow, you know, I couldn't imagine that a book could just say, just click in my head and say that's exactly how I feel...Then afterwards the approaches, the different approaches that you can make to move on, to start healing, afterwards I just thought ok I'll try it. (Tracey)

A lot of it I can relate to because it's happened to me and when I read those books I thought, oh god I feel the same way you know, this book is exactly describing how I feel inside... these books just everything was like black and, you know everything was clear. [Sure.] So then... I knew exactly, that's exactly how I feel. By reading them they were always an alternative and the answers of how to help yourself get rid of that feeling and I used those erm, those exercises. (Tracey)

The idea of sharing experiences in common with others was particularly important to those who came to believe they were victims of abuse but who were not 'the first author of the story' (de Rivera 1998). They had not constructed a narrative through piecing together clues and identifying symptoms but were presented with an idea or hypothesis which they then had to test out. For these women the knowledge that others had similar experiences of not knowing or 'forgetting' and 'remembering' was particularly influential in their coming to believe they had been abused (even when they later came to reject such a history).

Hazel sought the help of a hypnotist as she was having difficulty losing weight. She recognised that she was unhappy with her self and her body and did not have a good sex life. She thought losing weight would help her feel better. Although she accepted that there might be an underlying cause for her failure to lose weight, she had not considered it to be CSA. After her hypnotist suggested she was the victim of CSA, an idea she found difficult to reject because of her faith in hypnosis, she needed to find out if her experiences were similar to those of other women:

I started reading the books because I wanted to see if what was happening to me during hypnotherapy was happening to other people in the books. If things were matching and they were, they were. Because I believed everything, I believed everything...I needed confirmation. Do you understand what I'm saying; I needed confirmation from books about people who had been abused. (Hazel)

Both Pat and Rae also found the recovery literature provided a valuable measure against which to compare their own experiences:

Then I started reading self-help books. You've got all the symptoms, you've got the tiredness, you've got the depression, you've got every symptom possible for survivors and that was quite sort of Ohhh. (Pat)

However, as Pat then went on to observe:

Again, the symptoms of how you feel etc all tie in with kind of ME / depression type things as well. (Pat)

The CSA recovery literature had been used by women to increase their levels of self-esteem and helped them to feel normal but it can also be used to the opposite effect. During her first period of counselling Emma believed the recovery literature had helped her to construct a sense of her self as positive and normal. This was important for how she viewed both the present and the future. However, her second of period of counselling, which followed a miscarriage, she felt contradicted the first period. Although she recognised that she was unhappy following her miscarriage she rejected the connection made between this and her abusive childhood. For Emma a miscarriage was a 'real' problem which would be difficult for any woman to experience:

I think the important difference between the two sessions was that the first time, I really did need to talk about what had happened, to make me understand that I was normal. But the second lot of sessions years later seemed so negative because I felt, she was trying to tell me that I was abnormal and always would be because of my childhood. (Emma)

The counsellor, she felt, drew on the recovery literature not to reinforce her feelings of normality but rather to construct her as abnormal and position her within a therapeutic framework in which her reactions to events, rather than the events themselves, were seen as problematic. At the same time CSA was used by her counsellor to dismiss external factors and to construct the problem in terms of Emma's damaged psychology.

Revisiting childhood

What is understood by CSA has expanded to include areas that in the past might not have been interpreted as either sexual or abusive. This enables women to return to childhood experiences and, with this new, expanded, understanding of sexual abuse to reinterpret them within a new narrative framework as sexually abusive. As Hacking suggests, this has contributed to a muddying of the waters of the recovered memory debate as it enables women to revisit their childhoods and present an interpretation of events which may be 'true' *of* the past but was not necessarily 'true' *in* the past (Hacking 1995). Whilst this might contribute to the emergence of recovered memories it is not on its own enough. It is the harm story which provides the narrative framework for women to reconstruct themselves as damaged and in need of healing. The 'memero-politics' identified by Hacking (1995), whereby past events are reinterpreted from a (different) position of knowledge and understanding in the present, did not form the basis of women's recovered memory narratives in this study.

The women in this study did not recover memories of sexual abuse through a reinterpretation of events but identified alternative memories stored in the unconscious mind and body. These took the form of symptoms, body messages (such as aches and pains) and dreams (many of which needed interpretation by others). However, they did revisit their childhoods where some were able to identify symptoms of sexual abuse. For some this added support to their memories and helped others to identify themselves as victims:

The clues were all there when you look back in hindsight. I was not quite the same as everyone else. (Angela)

The construction of the child victim, found in the literature, provided Pat with an image she could relate directly to her child self:

I think I was always the very good child and I think that's the other, in self help books, the typical picture of the abused child was that you were always trying to please and I was definitely one of these. I was always trying to do things right and I hated it when I got told off and all that sort of thing. I was

not rebellious or the...so you think oh maybe that's why because I was under stress. (Pat)

Pat was able to identify the characteristics of the abused child in her own child self and, in doing so, to construct that child as a victim of sexual abuse. Without this particular construction of CSA Pat, like others, might not have been able to interpret characteristics as evidence of sexual abuse in her childhood. Had a different narrative framework been available to them, women may have interpreted their symptoms differently and in doing so produced a different narrative, one in which they may not have been positioned as victims or constructed as damaged.

Those with continuous memories of abuse were often well aware of the signs evident in their childhoods. A return to this time helped some to recognise that what was done to them was wrong. Jay had revisited the self of her childhood and, by comparing her past self to others of a similar age, was able to view her experiences in different light:

I found looking and talking to children of that age, then I found it more and more difficult to say well 'it was me encouraging him', 'it was me being flirtatious' because I kept thinking well at that age I shouldn't have understood. (Jay)

For those who remembered their abuse, revisiting childhood also contributed to a fuller, more nuanced account in which sexual abuse, whilst clearly in evidence, was not always a central theme. As Tracey says of her own childhood:

My mum used to tell me I was fat and just like, with sexuality this really hurts. She's giving me an impression that she doesn't think that I'm, 'no one would want me' you know and that 'what am I talking about', 'you'll never get there'. So she obviously thinks I'm not a very beautiful person and you know outside I'm not a beautiful daughter. I have sister...she's a model and she's ...younger of me and god she was the apple of my mum's eye. So I've had that as well and that's ruined my self-confidence and self-esteem as well. (Tracey)

Woven through the accounts that Julie, Tracey and Jay provided were elements of emotional and psychological abuse which at times they identified as at least as significant in contributing to the difficulties they faced in adulthood as was their

sexual abuse. They drew on the sexual abuse recovery literature because it provided them with a way to address these difficulties but this should not be taken as a straightforward acceptance by them that sexual abuse was the main cause.

A better life

The CSA recovery literature provides women with a reason for their unhappiness and offers them a way to heal. Its success relates to women's perceptions of how their lives have improved and is measured by 'the extent to which fear gives way to inner confidence and despair to hope' (J Kitzinger 1993:231). The emphasis is on the inner world of women's psychologies in which the measure of success is determined by how they perceive themselves within the world rather than how they perceive the world in which they live.

Although for Beccy the 'main problem' for which she initially sought help remains unresolved she does feel her life has improved. Failure in the area of sex, together with her continued lack of memories, is taken by Beccy to indicate the serious and traumatic nature of her, as yet unknown, abuse:

Now on the main problem, the sexual problem there's a lot more resistance to going back and finding the memory or memories. And she [her therapist] said we'll keep doing it but sometimes I don't get anything, remember anything.
(Beccy)

Beccy has clearly identified improvements in her life which she believes are the result of beginning to heal from CSA. This enables her to remain committed to the process of healing even though she has recovered no memories of abuse and this leads her to believe her lack of memories indicate a greater severity of trauma:

But then sometimes I just get feelings, I don't get any images. I mean mostly I never get nothing, when it's a bigger thing that's touching on the main sexual problem erm, I err...I get feelings but I don't get any memories. So all the feelings come but I can't remember anything. [How do you feel about that?] Err, well I think it's just a question of time, just getting at it bit by bit and doing the less kind of sensitive beliefs first to sort of get to it bit by bit.
(Beccy)

Rather than rejecting the ideas of traumatic forgetting Beccy invests in them more heavily. To do otherwise would involve rejection of a life history and an identity that she has invested heavily in. She would then be faced with the task of constructing a new life story in which could not only make sense of her symptoms but also explain why and how she came to falsely believe she had been a victim of abuse.

Alternative narratives

An important story to emerge from women's accounts was of their engagement with discourses of therapy and sexual abuse recovery. This story tells of a central role they themselves ultimately played in the construction of a life story and in the process engaged with but did not adopt wholeheartedly, and in some cases came to reject, ideas surrounding childhood sexual abuse, traumatic forgetting, the harm story and the healing discourse. The current orthodoxy on CSA can be perceived as a form of victim blaming in which the cause of women's unhappiness and dissatisfaction is located in the minds of individual women. However, this 'failing' is in some respects also its strength. It is not only the cause but also the solution that is located in the minds of individual women and so these discourses offer women the opportunity for empowerment and a better life.

The majority of participants in this study identified improvements in their lives which they attributed, at least in part, to their engagement with the recovery literature but a number did not. Five of these women identified themselves as victims of FMS although, as discussed above, they did not necessarily reject the idea that they had been sexually abused. However, this was not the only option available to them. A sixth woman, Anne, who had invested heavily in a therapeutic solution to her unhappiness, believed she was the victim, not of 'mere' incest (Anne's words), but of a more traumatic form of abuse. CSA as a causal narrative did not provide an adequate explanation for her unhappiness and she believed the answer lay deep in her unconscious where she thought the knowledge of even greater trauma was stored.

Although Anne entered adulthood with no memories of sexual or ritual abuse she did have access to a traumatic history which she could have drawn on to construct a

traumatic narrative and used to explain unhappiness and dissatisfaction. She witnessed the death of a younger brother and, whilst feeling responsible, was sent to boarding school. In addition she witnessed her mother's nervous breakdown, the admission of her brother and mother to psychiatric units and, as an adult, was involved in a serious car accident. Anne constructed a narrative in which she was the victim of sexual and ritual abuse, based on the belief that her life exhibited the symptoms. We cannot speculate on whether or not Anne was the victim of sexual or ritual abuse but we can see a narrative progression in her life history from childhood trauma through incest to ritual abuse in which she appears no nearer her goal of a happy and fulfilled life.

Anne has not simply adopted an off-the-peg narrative nor followed a ready-made script but has drawn on the explanations and narrative frameworks provided in this literature to construct a history which not only makes sense to her but which provides her with others tools (such as the inner child) and guides for living which help her function in the world. Her story has become increasingly complex and involves Anne sharing her life with over twenty alters, some of whom have alters of their own. Living within a ritual abuse narrative and sharing her life inner personalities is so much a part of Anne's life that in many ways it is her life, a life more real than the one outside. Anne's involvement with multiple personalities is explored further in part three.

Whereas the harm story enables women to construct a particular narrative which in turn helps them negotiate their adult lives the ritual abuse literature provides a different understanding with which to construct an alternative narrative. It also provides women with a different set of tools to help them engage with the world. The emergence of Multiple Personality Syndrome (MPS), or Dissociative Identity Disorder (DID) as it is now called in the professional literature, has helped to create a space and time in which those stories can be both told and heard, if not by everyone then at least by some. Although Anne was the only woman to take this path, the idea that additional knowledge was stored deeper in their unconscious than was the knowledge they had so far accessed and which they might need to access in the future was one shared by both Fiona and Beccy.

Chapter six: Bad relationships, wrong sex

I just had a problem with sex and I didn't know where it came from

Introduction

The principles which underlie the current orthodoxy on childhood sexual abuse are as much in evidence in the area of sex as they are in other aspects of women's lives. The healthy adult woman, who should be sexually knowledgeable and desirous, is contrasted with the sexually innocent child. This not only allows for the identification of symptoms in the lives of adult women but also introduces the possibility of identifying symptoms in the lives of children and suggests women can revisit their childhoods and identify symptoms in the lives of their child selves. Although not a central feature in their accounts, the idea that inappropriate sexual activity, in childhood and adulthood, indicated a history of sexual abuse was one the majority of participants touched on. A number of women also identified sexual difficulties in their lives but again their engagement with the recovery literature was not straightforward or uncritical.

Childhood and sexual innocence

A central theme, which underpins the recovery literature, is that of childhood innocence, particularly sexual innocence, and this is especially significant when it comes to identifying particular 'symptoms' of CSA in childhood. In contrast to the healthy adult woman the healthy (non abused) child is constructed as sexually innocent. This allows for the idea that sexual thoughts or activities, identified as inappropriate in children, must have come from outside the child. As childhood is a time of innocence, disruption is seen as abuse and evidence of disruption as evidence of such abuse. This is a view which permeates the literature and which many women take on board.

Although the majority of participants lacked memories of CSA, childhood was not so much a time they revisited, as one they reconstructed through the identification of symptoms in their adult lives. However, it was a time to which they returned, to identify or explain sexual or other behaviours deemed wrong or inappropriate in children. Drawing on a sexual abuse discourse, women were able to explain or excuse problematic behaviours which could, within this narrative framework, be reinterpreted as symptoms of sexual abuse. Both Fiona and Rae were able to reinterpret childhood behaviour with reference to CSA:

It made sense of why I felt the way I felt. Before that I knew there was something not right and it made me feel very different and very apart from my friends at school and I wondered and I worried what's wrong – something's not right here why? I kept things hidden and I was ashamed of things like I used to masturbate a lot when I was very very young and when I was at primary school. (Fiona)

In drawing on the recovery literature Fiona was able to overcome the shame she felt for her child self. However, it is the definition of childhood as a time of sexual innocence that serves to define her behaviour as shameful. This literature does not acknowledge that (non-abused) children are sexual and might engage in sexual activities. Therefore when such behaviour is identified it can only be recognised as evidence of sexual abuse. An alternative construction of childhood, which accommodates children's sexuality and allows for the possibility of sexual activity, at least when viewed from an adult perspective (Gagnon and Simon 1974, Jackson 1982), would not define this behaviour as problematic and in need of explanation. Within such a construction, sexual activity in children would not inevitably be seen as evidence of sexual abuse.

Whereas Fiona drew on the recovery literature to explain a sexual activity, for Rae it was useful to explain an activity that, although not seen by her as sexual, was nevertheless one she viewed as problematic. Rae had no memories but had revisited her childhood to look for evidence of sexual abuse. She recounted a single incident in which, whilst having a bath, she had 'removed faeces' from herself and placed it under the bath. With no explanation she looked to the recovery literature which enabled her

to make a connection between this behaviour and the sexual abuse she believed she experienced as a child:

I do wonder why I did that, I do wonder why I did that...So that was another thing that added to me thinking that I had been abused. (Rae)

This was an activity Rae believed to be associated with CSA and so she was able to revisit her own childhood and explain this behaviour as an effect of sexual abuse, an explanation that did not undermine her positive self-image. As both women lacked memories their behaviours could also be used to support the construction of a sexual abuse narrative.

However, not all women accepted or found the construction of childhood as a state of innocence to be helpful. Their accounts not only challenge this construction but also help to demonstrate some of the problems inherent in it. When Jay revisited the period of her abuse she did not believe she was returning to a time of innocence or even childhood:

I was a woman in my granda's bed from three years old and I got swapped for being my stepfathers' mistress and my stepbrother's mistress and then the other rapes and abuse went on around it. (Jay)

Jay had not felt like a child when she was abused and found the idea of childhood innocence unhelpful, but it did nonetheless form the background against which she interpreted childhood experiences. Jay was a victim of years of abuse, some sexual, perpetrated by a number of men. Her understanding of childhood innocence contributed to her inability to identify herself as a child and prevented her seeing her experiences as sexual abuse. As she says:

I didn't feel I was a child and I think that's part of why I couldn't accept it as abuse. (Jay)

The sexual abuse recovery literature writes of childhood as if it were a natural category and not a social construct and, although there is 'no benchmark of undisputed truth' to tell us the difference between the child and the adult (Stainton Rogers, 2001),

this literature is written as if there were. Sexuality is central in maintaining the boundary between childhood and adulthood (Burman 1995) and therefore takes on added significance within the context of sexual abuse. Sexual abuse more than other forms of abuse is said to disrupt the child's natural development to adulthood but it can also obscure the transition. At the same time as abuse is defined as sexual it can mark the transition to adult status and therefore need no longer be defined as abusive.

Jay did not refer to the idea that girls relinquish their child status if they are sexually active or even abused (Burman 1995) but it was part of the background against which she interprets her own experiences both now and as a child and, she believed, may have contributed to further abuse in her childhood. If childhood is defined as a state of innocence and the 'knowing child' is no longer a child then Jay, once she had been sexually abused, could not lay claim to the protective veil of childhood innocence. She could then be viewed, by both herself and others, as someone who could not be abused. Not because she was safe but because what was done to her need no longer be interpreted as abusive.

The adult woman

A lack of sexual innocence is used to identify sexual abuse in children but it is often a lack of sexual activity and desire which is seen as a symptom in adult women who should be sexually knowing, active and desirous. They must release the asexual child to become the healthy adult woman:

The self-help book said that people who had been sexually abused found it difficult to accept relationships... Also they say that there is the opening up of, of, of the woman in you. That you're still like the child locked up really inside an adult body and it can cause relationship problems and also it's all about being comfortable with yourself and accepting yourself as a woman. (Tracey)

Sexual difficulties, including lack of interest, was a theme which permeated many women's accounts but for most it gained prominence only occasionally. Where women did engage with discourses around sex and sexuality this was complex and

reflected not only their need to make sense of their lives up to the present but also to negotiate a future which they may or may not wish to include sexual relationships. For some, although they did not dwell on their lack of interest in sex, it was this which contributed to their coming to know they had been sexually abused:

Because I had no interest in sex [right yeh] and that to me was the reason why I was not interested in sex. (Hazel)

Pat also drew on the recovery literature to explain her lack of interest in sex, which she had already used to identify herself as a victim of childhood sexual abuse:

I thought well maybe that's what it is, I've been raped at some stage and just blocked it out or you know something has happened. Because I was very, I wouldn't let anybody really touch me at all. (Pat)

However, Pat also recognised that she imposed current attitudes onto the past without which her lack of interest or engagement in sexual activities might not be considered evidence of abuse:

Even when I had boyfriends I wouldn't go near them or...have a sexual relationship with anybody. [That wouldn't have even been that uncommon then?] No well that's right that was quite normal. (Pat)

For Hazel and Pat their sexual problems could be used to identify a history of childhood sexual abuse but for others such as Tracey, who had always known of the abuse, the recovery literature could be used to explain and overcome sexual difficulties they were experiencing in adulthood. Tracey had sought help before to deal with her sexual difficulties and believed her new therapist when he told her:

You've got a reason anyway why you're blocked, maybe if you weren't blocked you wouldn't be a virgin you would be enjoying a sex life (Tracey)

This advice can be reassuring as it provides women with a reason for difficulties they experience and because, although it helps to construct them as the problem in identifying a 'block' or area to be worked on, it also offers the possibility of improvement.

Sexual difficulties

The participants all drew to some extent on discourses which promoted the idea that the healthy, adult woman should adhere to a particular construction of female sexuality in which the adult woman should want to engage in (a particular kind of) sexual activity. Whereas some drew on the literature to explain a lack of interest in sex for others the problem in need of explanation was the amount of sexual activity they engaged in or their reasons for doing so. The healthy adult woman is expected to desire the right amount of sex and for the right reasons. Women who engage in too much sexual activity are identified as unhealthy, or psychologically damaged, and are said to confuse sex and love:

I hadn't had a boyfriend for a year and fell obsessively in love over and over again, a kind of love and sex addiction with no real intimacy. (Jenny)

Then I was having a rough time in a relationship and the only way I could relate to anything at the time was on a sexual basis, which again is classic. (Sarah)

The circumstances that Jenny and Sarah sought to explain and change were very different from those of women who identify a lack of sex or sexual difficulties as the problem. Both women are involved in relationships, or types of relationships, that they are not happy with. The recovery literature offers them an explanation for this involvement together with the possibility of finding the kind of relationship they want:

At the same time a longing for love and attention got mixed up with sex and led me into repetitive short-term affairs that never developed into the relationship I craved. (Jenny)

As their current relationships were seen as evidence of CSA and the result of a damaged psychology, the focus was on the women and not their sexual partners. By means of this discourse women's sexual partners are rendered invisible and it is the women themselves who are held responsible for unhealthy or unsuccessful intimate and sexual relationships. Again, external factors or constraints are not acknowledged and women are put under additional pressure not only to engage in sexual relationships but to make sure those relationships are healthy. The survivor is told of

her problems in relation to sex in which the role of her partner is ignored. She 'may mistake sex for intimacy and love. She may use sex to fulfil other needs, such as for affection, acceptance, closeness, or power' (Dinsmore 1991:93). Implicit here is the idea that there are right and wrong reasons for engaging in sexual activities and women are encouraged to identify those reasons which are wrong in their lives and to conform to those which are right.

Jay learnt that sex could be used as a tool to help her negotiate other aspects of her life. The literature makes clear that this is a wrong reason for engaging in sexual activity and whilst on one level Jay accepts this view she then goes on to reject the problems this position would leave her with:

I know but I just found that if Stewart was in the mood I'd have sex just to placate him. It wasn't even his suggestion or idea it was just, well it will put him in a better mood. I just found I was having sex for all the wrong reasons... I realise I use sex as a tool erm, it's just very rarely I'll have sex because I feel affectionate and loving and just want to make love. It made me really concerned about it for a while and now I've decided that basically if that's how I am, that's how I am and I just live with it rather than worrying about it [right yeh] Rather than worrying about it all the time and creating more problems. (Jay)

Jay recognised that her attitude to sex can be considered problematic but went on to reject the construction of herself as the problem. For others, the source of any sexual problem clearly lies with themselves. Frances believed her childhood sexual abuse caused a list of problems:

It made me more precocious, more insular, promiscuous, frigid...unloving and unloved (Frances)

However, this idea may initially have been introduced to them by others. For Fiona it was her boyfriend who introduced the idea that her sexuality had somehow been damaged:

He feels as if it's a barrier and as if it's like a thing that's broken and it's unfortunate that that thing doesn't work properly. That our sexual intimacy.

my sexuality is kind of damaged. It's not whole it's been damaged by what happened. It's quite hard because I don't really like feeling damaged I would like to feel have a sense of being whole. (Fiona)

For others, such as Beccy, it was the existence of a sexual problem, identified by her as the main problem, which first led them into therapy and which represented the most convincing clues as to their history of CSA. As she says of her early identification of a sexual problem:

I didn't know the source of the problem then I just had a problem with sex and I didn't know where it came from, I didn't have a clue. (Beccy)

Beccy later went on to attribute this problem to having been sexually abused as a child. The lack of memories together with the continued existence of the problem was seen by her as evidence:

A lot of things have improved but it's still not resolved yet. I just think er, I probably have a really, really massive block so erm, it's just going to take a bit more time (Beccy)

And again:

On the main problem, the sexual problem there's a lot more resistance to going back and finding the memory or memories (Beccy)

Tracey's first experience of therapy, some years earlier, was also related to what she identified as a sexual problem. Tracey had continuous memories and for her the link was clear from the outset:

The first therapy I went to was a couple of years ago before I met David and erm that was talking to someone about sexuality because I wasn't comfortable with that as well, sex and it just wasn't... you know if I wanted to lose my virginity I didn't feel comfortable because I had been tampered with. (Tracey)

Even those who did not identify sexual problems in their own lives drew on this literature believing it to be a sign of childhood sexual abuse:

No I didn't go there with any other issues I've had a very... I didn't particularly have a good sex life when I was with my husband but from then on I had a good sex life. I had no problems in that way. I certainly didn't go there with any sex issues so it was purely as a way of losing some weight. (Rae)

Learning to be sexual

The literature, having alerted women to possible difficulties, offers them a way to become fully functioning sexual beings. This might encourage some women to look for examples of sexual problems in their own lives, or redefine as problematic experiences with which they were previously happy or content. However, for others it helped explain symptoms they already identified as problematic or wanted to address:

But they said in the book that you know, sex is not an enjoyable experience for someone who has been abused in that way at an early age and they don't have, orgasmic, you get an orgasm from yourself but you don't get it so much from someone else. And I had that you know... So the self-help books really helped with that because they show you what, people who have been sexually abused, these could be the symptoms and what you could do. (Tracey)

The literature also included suggestions for how women might overcome these problems, which some found helpful:

There was a book on sexual, sexual genitals and how to relax them and how to feel safe with them. I used them you know, relaxing the abdominal muscles and diaphragm and just doing breathing exercises and just you know, walking naked in the flat and just feeling comfortable. Looking at yourself in the mirror and going, you're beautiful and just looking at yourself. Not with anything else in your head but just looking at yourself. (Tracey)

Women may be bombarded with advice but they were not forced to follow it. Whilst some used the literature to develop a fuller, more active sexuality, others used it to negotiate something very different. In constructing an abuse narrative women are not only creating a sense of self but they are also trying to devise a strategy for living. Whilst some women draw on this material to negotiate an existence in which they are, or learn to become, active sexual beings, others may choose to avoid such relationships.

Hazel initially believed her memories of abuse, which she uncovered during hypnotherapy, because they made sense to her: she was having difficulty losing weight and disliked or was uninterested in sex. However, she also acknowledged that this might not be the only reason for adopting a sexual abuse narrative:

I'm not sure I really do not know. Whether it's an excuse, whether it's an excuse to... because my sexual life is horrendous and whether that's, I don't know. I don't know whether that's sort of an excuse if you like. (Hazel)

Whilst she might, at least at times, have accepted the construction of the healthy adult woman as an active, sexual being, promoted in the recovery literature, Hazel was also aware of the cultural pressures on women to conform to this idea:

Like you read in the newspapers some of it's four times a day and some four times a week and some it's four times a month or whatever. It's everybody to their own [yeh] there's too much pressure on us. Far too much pressure on us [yeh] you should do it when you feel like it not because you have to do it and that's how it should be. (Hazel)

Although at times she drew on a narrative of sexual abuse to help her negotiate this path it was not the only one available to her as she recognised that a medical model also provided her with a way to avoid a sexual relationship. As she observed:

It could be my hormones; it could be anything couldn't it? (Hazel)

The discourses available to Hazel were not without problems. Although she believed women should only engage in sexual activity if and when they wanted to, this was contradicted by the idea of the healthy adult woman as sexually active. A medical and a sexual abuse discourse both offered Hazel a way to negotiate a path which avoided sexual activity, whilst maintaining a relationship with her husband. However, it may be that for Hazel a sexual abuse narrative offered the best way to have an asexual relationship with her husband. This did however, involve her claiming the identity of a sexual abuse victim and the possibility that she had been abused by her father. At the time we spoke she rejected neither, but believed instead that she might have been abused by someone else, an understanding that, like the construction of her father as

the abuser, did not rely on recall memories. Although that allowed her to maintain a positive image of her father whilst also claiming the 'benefits' of a sexual abuse history it was not one she was entirely happy with.

In contrast, both Tracey and Beccy wanted to develop or improve a sexual side of their relationships and were happy to accept that a history of childhood sexual abuse was the cause of their present difficulties. They did not see recovery literature as simply providing an explanation but also as offering a way forward. Although they both accepted the construction of themselves as psychologically damaged they were engaged with that area of the literature which they believed would help them address aspects of their lives in which they sought improvements. They had also both read widely in the area of self-help and self-improvement and had at an earlier date also been involved in therapy specifically to address sexual problems. It may be that it was in the sexual abuse recovery literature that they found the best opportunity to achieve their aims.

Not all women made reference to their sexuality, problematic or otherwise. In Anne's account, for example, sexuality was not mentioned at all. However in the context of discussing her inner children, she did make reference to not wanting to grow up and become a woman. It may be that, like Hazel, she drew on the sexual abuse recovery literature to negotiate an absence of sexuality. Her account would allow for such an explanation but it may also be that she did not engage with this aspect of the literature as she refused to accept the construction of adult female sexuality that it promoted.

Alternative explanations

Whilst many of the women in this study drew on the recovery literature to explain, excuse, or negotiate their own sexuality many of their accounts also included experiences from childhood which provided an alternative explanation for the sexual difficulties they had experienced. This was particularly noticeable in the accounts of women who had continuous memories of their abusive childhoods. Although elsewhere in her account Tracey connected the sexual difficulties she was

experiencing with having been sexually abused as a child the references she made to her mother offered a different explanation:

I wasn't educated properly in these things I wasn't at all. And no one ever talked about it in the household and my mum just put me right off at the beginning, she put me off when I was about 18 when I first approached her and asked if she could talk to me about sex and stuff. She went oh no sex is horrible; it's like a knife going through inside you. I remember she still said that to me, I still remember the day she said. Afterwards those words followed and followed until I was 21. (Tracey)

Tracey presents a dramatic image of her sexual education but for others the lessons they learnt were more by way of example. Emma also accepted the link made in the literature between adult difficulties and childhood abuse but her account also introduces another factor:

I am single and have been for a long time and I can't imagine that I'll ever be happily married. I think that's because my parents' marriage was a sham. (Emma)

In the areas of intimate relationships and emotions Emma does not believe that her life has improved:

However, I feel that I am emotionally retarded when it comes to relationships with the opposite sex. So I don't feel that any of my therapy sessions / counselling or self-help have changed me in that respect. (Emma)

CSA is not the only explanation available to women and they draw on it only as long as they believe it will explain and help them devise strategies to improve their lives. Tracey's account included references to her mother but it was a history of sexual abuse that she focussed on. It was this that the literature addressed and which offered her the possibility of improvement. For Emma her life did not show the improvements she sought and it may have been this that directed her to focus on an alternative explanation. Tracey was able to draw on a number of explanations to explain and

improve her life but it was her engagement with the sexual abuse recovery literature that she believed had led to improvements.

Jay also had continuous memories of a childhood and adolescence in which she was sexually abused. Perhaps more significantly she also remembered how she negotiated the power imbalance of those abusive relationships and the lessons she learnt and brought with her to adulthood:

I think again that was part of the problem in the past: saying no didn't work, but if I co-operated...So if I don't fight I don't get hurt [yeh.] If I feel pressurised sexually and I feel it is a real threat then it's like a different side of me comes out. Then it's a bit like well what's the best way to manage it, what's the best way to try and keep myself safe and that's, as I say I suppose no never worked. (Jay)

One of the lessons Jay had learnt was that resistance could be dangerous and submission, at times, the safest option. Although Jay recognised that the knowledge gained during childhood had at times helped to keep her safe, she also recognised the other side of that experience. Whilst she draws on this knowledge both she and her partner have also identified a problem she has with some men and with sex, which she has also linked to childhood experiences:

Although Stewart had told me for years that there is a problem if I'm around men, that I can be very easily... I don't have a lot of confidence and that can come out in different ways. I'll chatter or I can be flirtations and various bits and pieces but Stewart says I can give very mixed signals but I think that people should still check [well yeh absolutely]. And he doesn't feel that I'm particularly safe on my own either. [Really, what because of the messages you give out?] Because he says men will interpret them the way they want and most men won't care and he feels I have an inability to say no if I'm in a pressured situation. (Jay)

Jay engaged critically with the recovery literature but here she accepted that the problem was largely one of her making and not theirs. This was largely because, by focusing on her own role, she helped to dismiss the attitudes and behaviour of these men.

Women engage with the recovery literature for a variety of reasons and in varied, at times critical, and often complex ways. This is as true for that area of the literature dealing with sexuality as it is for other areas. Not all women identified a sexual problem in their lives but for those who did, the literature offered them the possibility of negotiating a sexuality that they could both achieve and be happy/comfortable with. The literature could be used by women to achieve an active and fulfilling sex life, either with a sexual partner or by themselves. It could also be used to explain an excessive involvement in sexual activities or a lack of interest, and ultimately to excuse themselves from sexual relationships. In addition it could help them maintain a positive self-image in which any problematic or difficult sexual thoughts and or behaviours could be explained with reference to childhood experiences for which they were not to blame. For those who did not have access to memories of sexual abuse in their childhoods accepting the construction of female sexuality in which any deviation could be identified as a symptom of sexual abuse also allowed them to identify symptoms in their own lives. It may be that for women who struggle with their own sexuality this literature, as it identifies damage as the cause of sexual problems and healing as the way to address such problems, in fact offers them the most flexible, pragmatic and appropriate path. Although they must accept they have been damaged, women can then negotiate the extent and speed of their recovery and in doing so negotiate the degree or otherwise to which they engage in sexual activities.

In this first stage of the journey to recovery the victim must identify the symptoms of having been sexually abused in her adult life. Through the uncovering of memories or knowledge of that abuse the victim can begin 'the second stage of recovery' where she 'tells the story of the trauma' (Herman 1992:175) and begins to construct a sense of self. This second stage will be explored in part three.

Part three: Knowledge and the inner child

Chapter seven: Knowledge, the inner child and the memory wars

Chapter eight: Uncovering knowledge, contacting the inner child?

Chapter nine: Living with the inner child

Chapter ten: Problems with the children

Chapter seven: Knowledge, the inner child and the memory wars

Almost any problem or behaviour can be seen as a symptom of abuse, just as most any problem, behaviour, or perception can be said to be a memory of abuse (Ofshe and Watters 1995:85).

Introduction: The main debate

The recovered memory wars appear to be about the validity of recovered memories but much of the debate in fact centres on the role of therapists in the recovery or construction of previously unknown histories. A central premise of the recovered memory literature is that traumatic memories such as those relating to CSA are not encoded and stored in the same way as normal memories. These memories are seen as unmediated versions of truth (for example Bass and Davis 1988, Blume 1990, Courtois 1992, Fredrickson 1992, Herman 1992, Olio 1989, Whitfield 1995) and as such cannot be challenged or subjected to (re)interpretation. Their emergence is said to be spontaneous and ultimately inevitable. Those on the other side of the debate reject this understanding and claim that false memories of abuse are implanted in the minds of weak and vulnerable victims by malicious or misguided therapists (for example De Rivera 1998, Ofshe and Watters 1995, Pendergrast 1997, Yapko 1994). Although Multiple personality disorder (MPS), or Dissociative identity disorder (DID), is not central to the memory wars, similar arguments have also applied to the emergence or creation of multiple personalities (see for example Putnam 1989 for the emergence of alter personalities, Ofshe and Watters 1995 for the creation of alter personalities and Showalter 1997, Hacking 1995 for women's use of alter personalities). A third position acknowledges a role played by victims in the use, if not the creation, of sexual abuse narratives (for example Haaken 1998a 1998b, Hacking 1991, 1995, Showalter 1997, Spence 1998). This position goes beyond the main debate and is looked at in more depth in part four.

Recovered memories

The sexual abuse recovery literature is not aimed solely at those who enter adulthood without memories. For those who do not remember, the symptoms discussed in part

two enable them to recognise evidence of CSA in their adult lives. These symptoms can be seen as the influence of an inner child on the thoughts, feelings and behaviour of the adult victim (Bass and Davis 1988, P Parks 1990, Dinsmore 1991, Hall and Lloyd 1989, Whitfield 1995, Cameron 2000), or the result of psychological damage (Fredrickson 1992, Herman 1992). They can be used to identify the effects of CSA but for many, coming to 'know' they were abused relies on a redefinition of memory to include not only recall memory but also alternative memories such as imagistic memory, body memory, acting-out memory and feeling memory (Fredrickson 1992, Herman 1992, Whitfield 1995). They can take the form of dreams and flashbacks, physical or bodily experiences, such as pain and nausea, and feelings such as sadness, depression, anxiety or fear. Although proponents of recovered memories recognise the limitations of normal recall memory in recording past events, they argue that traumatic memories are different and the processes by which trauma is stored in the mind or body allows them to remain intact as an accurate and true record of past events. Trauma is believed to affect both the way events are encoded into memory and the way those 'memories' return (Bass and Davis 1988, Cameron 2000, Dinsmore 1991, Fredrickson 1992, Herman 1992, Miller 1987, 1991). These memories, it is claimed:

were never encoded linguistically, thus traumatic memories reappear implicitly via the sensorimotor systems as kinaesthetic sensations, smells or tastes, or visual images, flashbacks and nightmares (Hovdestad and Kristiansen 1996:38).

More significantly, although explicit memory improves with age, these implicit memories, it is argued, do not, 'indicating that the implicit memory system is age-independent' and thus 'it is neurobiologically possible to recover implicit memories of trauma experienced during infancy' (Hovdestad and Kristiansen 1996:33), a time from which explicit memories would not be expected. Within this understanding the very young child together with the child who does not understand are not at a disadvantage when it comes to the storage of traumatic memories. This allows for the recovery of traumatic memories from a time when other memories do not exist and this may also offer some women an easier way into identifying themselves as victims.

It is these alternative memories that provide more solid knowledge and enable victims to 'validate concretely what they know intuitively' (Dinsmore 1991:65). For those whose mind 'chooses to forget', the 'body remembers'. These memories, it is claimed, 'are stored in our bodies, and it is 'possible to physically reexperience the terror of the abuse' (Bass and Davis 1988:74-5). Victims are told, 'everyone has a child within her' (Hall and Lloyd 1989) and 'within all of us there is an inner voice telling us how we feel' (Bass and Davis 1988:117) and although this voice may be experienced in a variety of ways – dreams, headaches, exhaustion, obsessive cleaning – 'the important thing is not what you experience, but that you recognise it as a message' (Bass and Davis 1988:117). For those who might not have conscious knowledge it is said that their unconscious:

had for years been speaking to them in a variety of languages – bodily symptoms, emotions, sexual problems, compulsive self-abuse, and strange dreams and fantasies (Cameron 2000:158).

Validation of this knowledge is said to take the form of 'sense memories, childhood coping skills, childhood and adult behaviour patterns and acquired survival skills' (Dinsmore 1991:64). As this implies, the knowledge of abuse is believed to be ever present in the minds and bodies of victims.

More significant to the recovered memory debate is the assertion that the expression of this knowledge is not a conscious act but rather a spontaneous and inevitable display of the effects of past trauma. These 'implicit memories of trauma have a life of their own' (Hovdestad and Kristiansen 1996:43) and neither therapist nor victim are believed to be responsible for the emergence of this knowledge. According to Dinsmore (1991) flashbacks, a term she uses to include not only visual images but also bodily sensations and feelings, 'occur because the survivor is ready to deal with the memories of her abuse' (Dinsmore 1991:66). The accuracy of these memories and the view of the inner child as an 'objective observer' or recorder of events is reinforced by the idea that for her 'time was frozen' or 'stopped at the moment of trauma' (Dinsmore 1991:59). By contacting their inner child the survivor gains access to knowledge which she either 'sees' or 'experiences' and so 'startle reactions,

flashbacks, and sleep disorders, such as nightmares, occur, replicating the experience as if it were happening at that moment' (Dinsmore 1991:59). The victim is said to 'reexperience the original abuse (Bass and Davis 1988:73), which is seen 'through the child's eyes' (Cameron 2000:195). Flashbacks are seen to be involuntary, spontaneous and, for the majority of victims, inevitable, but some claim they can also 'provide a context for previously denied memories laid down during similar dissociated states years before' (Cameron 2000:183) thereby enabling the victim to gain additional knowledge. The victim can 'record and use the flashback as a way of going deeper into childhood memory' or later 'can relive the flashback with congruent effect and gain access to further events of her childhood' (Dinsmore 1991:66). Whether acquired from the original flashback or a result of going deeper into memory, this knowledge is seen as ever present and waiting to be viewed. As Cameron argues of such memories, 'reality had broken through' (Cameron 2000:178).

The inner child

The inner child of the recovery literature can take many forms. She is the inner child, the child within, the damaged part of the adult victim and the inner or core self. She is a damaged or a childlike part of the adult victim, a discrete personality or a personality fragment. She is the holder of memories and information that the adult woman may or may not have knowledge of. For some she is not alone but may be one of a group of 'alters' (male and female, children and adults, people and animals), who share the adult victim's world and who protected the core self or 'first person' from harm. She can be, based on the idea of the innocent child, the undamaged part of the adult victim, the core to which they can return. The inner self who, once rid of the experiences of abuse, can go on to become the woman she would have been (Ainscough and Toon 1993, Bass and Davis 1988, Parks 1990). Alternatively, she is said to be the abused and damaged part of the adult woman (Fredrickson 1992). In some cases therapists use both terms wherein the 'inner self' is also seen as 'the child within' (Whitfield 1995). Created at the point of trauma, often when the innocent child could not cope with the experience and splits, the inner child is said to be stuck at the time of the abuse and therefore is seen as the key to healing. Not only is she thought to be trapped with the feelings and emotions from the time when she was sexually abused, for which she

needs help to heal, but as the holder of those memories she is also said to have access to the knowledge or truth of past events (Bass and Davis 1988, Dinsmore 1991, Fredrickson 1992, Herman 1992, Whitfield 1995).

The role of therapists and self-help literature in the creation or surfacing of this inner child, along with the nature of recovered memories, is a central question within the recovered memory wars. Within this debate women are often constructed as passive victims of either CSA or of misguided or malicious therapists. However, the relationships women develop with an inner child or children are not as simplistic or as static as the debate would suggest. Whilst she has a certain uniformity within different strands of the literature, the inner child, or childlike part, of women's accounts is more fluid and women's engagement with her more critical, complex and pragmatic as they negotiate their own path through the literature. She may be more or less real, more or less childlike, more or less in control, depending on the needs, wishes and circumstances of the women who engage with her. For some she may not exist at all whilst for others she may be a useful tool or companion on their journey through life or to recovery. For others she may be the product of therapeutic techniques, such as inner child work, which can be perceived as both useful and dangerous. Whatever she is, she is not and cannot be taken straight from the pages of the literature or imposed on women by external agencies but neither does she emerge fully formed from women's subconscious.

A central figure in much of the literature, the inner child is not confined to healing and recovery, but infuses all areas of contemporary culture. She can be found in the pages of popular psychology and self help manuals, in the pages of literature, newspapers and magazines and in news and current affairs programmes. In the therapeutic / healing literature she is usually a child but elsewhere she might be an adult or inner self. She may be linked with childhood trauma or abuse but she may just be the part of ourselves who we are allowed, or are given permission, to look after or pamper. We need not have been traumatised to be able to identify our own inner self but for those who have been, this self is said to have split at the time of the trauma event(s) and it is a child or childlike part of ourselves that we are encouraged to make contact with. Whilst adult women (and men) are encouraged to pamper their inner selves by

indulging in activities such as relaxing baths, visits to health spas and indulging in 'retail therapy' or 'bibliotherapy' the traumatised woman is encouraged to indulge in childish activities such as cuddling teddy bears and holding tea parties with her inner child (Bass and Davis 1988, Dinsmore 1991, Engel 1982). So much a part of 21st century culture is she that she even features in advertisements as a way to sell products, where she has taken the form of a bright blue furry teddy bear. We do not need to have engaged directly with the discourses of CSA and recovery to be acquainted with the inner child. So firmly established has the inner child become that, in the twenty-first century, we are as likely to make her acquaintance in magazines, in contemporary literature such as the novels of Margaret Atwood (1994, 1999) and Fay Weldon (1994), and in films such as *Sybil* and *The Three Faces of Eve* as we are through reading therapeutic and self-help literature. She might make an appearance in celebrity biographies (see Roseanne Arnold 1994) and in light entertainment programmes on radio and television (such as *The Bill*) and has featured in docudramas and documentaries such as the recently aired *The Woman with Seven Personalities*. We are also likely to come across this inner child in survivor's stories, such as Fraser's *My Father's House* (1987) and Spring's *Cry Hard and Swim* (1987), which are no longer confined to the self-help/popular psychology sections of bookstores.

In the literature that plays host to a damaged inner child it is she who is said to influence the thoughts, feelings and behaviour of adult women, evidenced by the array of 'symptoms' outlined in part two. As suggested earlier, it is in identifying symptoms that women not only begin their journey to recovery but also first make the acquaintance of the inner child. In attempting to make sense of and improve their lives it is the aspect of the inner child who influences the adult woman that women are likely to come across first. Therefore, before they acknowledge an inner child and develop or establish a relationship with her, they have already accepted the idea. In doing so they may have brought their own inner child a step closer to 'reality'. For those whose only knowledge of abuse comes through identifying her influence on their adult lives this is perhaps all the more imperative. These women are encouraged to have the inner child play a more prominent and significant role in their lives (Bass and Davis 1988, Engel 1982, Parks 1990). This significance is not limited to the retrieval of memories but is extended to all aspects of healing and recovery, as it is the

inner child who is seen to have been abused and therefore in need of healing. It may be that for some women the need for an inner child to validate their claims to have been sexually abused provided the initial impetus to contact an inner child and develop a particular relationship with her which they then went on to develop in ways not related to the recovery of memories. The reification of the inner child in much of the recovery literature can lead some victims to indulge their inner child to the extent of holding birthday parties for her, reading children's stories and watching children's television and films and buying her dolls and teddy bears and other presents. Of course for some, it may simply offer them a way, or a justification, to give themselves treats.

Much of the literature is based on the idea of an inner child but not all proponents of recovered memories embrace this concept. Whilst this appears to have little impact on the memories themselves, it does inform the role of therapists. Fredrickson (1992) a psychotherapist and Herman (1992) a feminist therapist, both believe therapists need to take an active role in helping their patients uncover and interpret hidden knowledge. In her widely cited book *Repressed Memories* (1992) Fredrickson claims that both the conscious and unconscious 'have the capability to record and access events and information' (Fredrickson 1992:88). Human beings, she argues, have five kinds of memory: recall memory is consciously retained whilst imagistic, feeling, body and acting-out are the memory processes of the unconscious mind. These 'repressed' memories 'stalk your unconscious and hamper your life with their aftermath' (Fredrickson 1992:24) as the victim 'continues to register the effects in her body' (Herman 1992:108). Herman (1992) also identifies a central role for the therapist. Together the patient and therapist must recreate the story and in this process the therapist 'normalizes the patients' responses, facilitates naming and the use of language, and shares the emotional burden of the trauma' (Herman 1992:178). The creation and telling of the trauma story is for therapists such as Fredrickson and Herman a joint effort between patient and therapist.

Whilst it is argued that the emergence of stored traumatic memories is inevitable and spontaneous, without the concept of an inner child the meaning attached to them may require interpretation (Fredrickson 1992). The symptoms 'speak in a disguised language of secrets too terrible to remember' (Herman 1992:96). A professional

therapist can help the victim with one of the seven methods of memory retrieval: imagistic work; dream work; journal writing; body work; hypnosis; feelings work; art therapy (Fredrickson 1992:97-99). These memories 'will tell you a story if you know how to listen to them' (Fredrickson 1992:24). Often, victims are advised to seek the help of a professional therapist not only for support and validation but also to help in the process of uncovering and interpreting their sometimes hidden knowledge of abuse (Fredrickson 1992, Herman 1992). The process of discovery and healing is 'an internal journey in which you must piece together mind and body clues to find out what you have forgotten' (Fredrickson 1992:25) and whilst the clues are ever present the victim may need the help of a therapist to piece them together. This can take the form of 'imagistic memory work', a therapeutic technique advocated by a number of leading exponents of the recovered memory movement including Bass and Davis (1988), Fredrickson (1992), Maltz (1991) and Prozan (1993). The client is encouraged to spend time 'imagining that you were sexually abused, without worry about accuracy, proving anything or having your ideas make sense' and to 'give rein to your imagination' (Maltz 1991: 50-51). This technique draws on the idea, central to the recovered memory movement, that 'bad' thoughts, including sexual thoughts and fantasies, are improper, incorrect and sick and so women feel they must disown them (Showalter 1997). For those who, in giving rein to their imagination, describe sexual or disturbing thoughts and feelings, the belief in buried knowledge provides both an explanation for the disturbing imagery together with the evidence to support that explanation, namely memories of sexual abuse. We should not be surprised, believes Showalter, that women still find it 'difficult or impossible to acknowledge erotic, antisocial, unfaithful aspects of their own psyches' (Showalter 1997:165).

On the surface, the recovered memory movement is about uncovering hidden or buried memories. However, not all recovered memory advocates agree on the need to recover memories as part of the process of healing. Far from being problematic, a lack of memories can be seen as evidence of CSA. In the incest survivors' after-effects checklist in *Secret Survivors* (1990) Blume lists at number twenty-six the symptom 'Denial: no awareness at all' (Blume 1990). In a similar vein Fredrickson suggests that 'profound disbelief is an indication that memories are real' (Fredrickson 1992:171). Forgetting, or amnesia, is one of the most common symptoms of CSA and therefore

remembering or recovering memories is thought by some to play a central role in a victim's journey to recovery. Recovering memories is, exhorts Olio, 'crucial to successful resolution of the trauma' (Olio 1989:99). To avoid them leads to 'stagnation in the recovery process' (Herman 1992:176). Recognising that gaps in the story can sometimes remain even after painstaking exploration, Herman advocates the 'judicious use of powerful techniques such as hypnotherapy', psychodrama and 'the use of sodium amytal' (Herman 1992:185-186).

For others the recovery of memories is not so important, as long as the victim recognises, and deals with, the effects of having been sexually abused (Bass and Davis 1988, Dinsmore 1991). Memory, counsels Dinsmore, is 'not needed for survivors to begin the acknowledgement process' (Dinsmore 1991:56) or even the healing process as 'one does not need memory to heal from abuse' (Dinsmore 1991:65). Whereas some recovered memory advocates believe memories are crucial, others acknowledge that:

Instances of regaining such memories are rare (Dinsmore 1991:64).

Many women don't have memories, and some never get memories. This doesn't mean they weren't abused (Bass and Davis 1988:81).

As these writers go on to acknowledge,

If you don't have any memory of it, it can be hard to believe the abuse really happened (Bass and Davis 1988:82).

For those who do not believe the abuse 'really happened', false memory syndrome (FMS) offers them an explanation and, in the case of those who claimed to have recovered memories they no longer believe in, a way to retract those memories.

False memories

Those on the other side of the recovered memory wars argue that recovered memories of CSA together with multiple personality disorder (MPD) are iatrogenic conditions created in therapy by misguided or malicious therapists. Much of the criticism of

recovered memories, and the role of therapists, has been institutionalised in the False Memory Syndrome Foundation (FMSF) and the British False Memory Society (bfms). These are largely action groups established to help 'falsely accused parents', to publicize the dangers of irresponsible therapists and to support those who have come to retract their allegations. Members of the FMSF and bfms have themselves created a new disorder or alternative abuse narrative, in the form of false memory syndrome (FMS), to support their view that abuse narratives which are said to be based on recovered memories of CSA are in fact based on false memories implanted in the minds of weak and vulnerable patients. As they rightly point out, the symptoms identified in the recovered memory literature do not necessarily indicate a history of CSA. Although focussing on what they understand to be FMS the FMSF and the bfms are also critical of MPD. They claim both conditions are created by therapists and which one emerges first depends, they argue, on 'whether the therapist first hunts for alter personalities or for repressed memories' (Ofshe and Watters 1995:205).

Although the central argument appears to be over the truth of abuse histories and the personalities who populate them, the focus is often on the role of therapists, said to be responsible for their creation. Within this argument women who have recovered memories are still constructed as victims, but victims of FMS, at the hands of therapists, rather than victims of CSA. FMS refers to 'a distinctive iatrogenic pattern of beliefs/behaviours that appears to develop in the course of iatrogenic therapy' (De Rivera 1997:271). This involves the development of a contra factual belief system and a transformation of personal identity (De Rivera 1997). Although proponents of FMS agree that it is a condition created in therapy there is no consensus as to how this 'contra factual belief system' and the 'transformation of identity' are achieved and what role, if any, the patients themselves play. This disagreement is largely centred around two models. The mind control model promoted by Ofshe and Watters (1995) and the FMSF and the self-narrative model as outlined by Sarbin (1998).

In the mind control model the therapist is said to undermine the ability of patients to make decisions. As a result they relinquish control to the therapist who then provides them with a story that gives meaning to their lives. Therapists, working on the premise that the effects of sexual abuse in childhood can be seen in the lives of adult victims,

evinced by an array of symptoms, stored in the unconscious mind and body, are said to search for non-existent hidden memories. The central premise of this model is that the therapist is the author of the story and convinces, or persuades, the patient of its validity. The patient, it is argued, is often isolated from those who might challenge this new story – either because they are sceptical or because, as might be the case with the accused and their families, they have knowledge which contradicts the new story. At the same time the patient might be encouraged to immerse themselves in the culture of repressed memories and gain additional support for their story.

This is the model favoured by the American FMSF and exemplified by Ofshe and Watters in their widely cited book *Making Monsters* (1995). They acknowledge that many who enter therapy have been:

exposed to the theories of the recovered memory movement – ideas that might be sufficient to predispose them to the belief that sexual abuse is at the bottom of their problems (Ofshe and Watters 1995:84).

However, they do not interpret this awareness as contributing to the construction of abuse narratives except that it makes patients more open to manipulation by therapists. As the active role is seen to be taken by therapists, with patients relegated to a minor role of passive acceptance, their focus is on the work of therapists and writers of self-help manuals.

Ofshe and Watters suggest that a client's acceptance of an abuse history is often a two-stage process. Therapists, they argue, can convince patients to relabel feelings and symptoms as memories in only a few sessions but 'helping the client to create a detailed pseudomemory of abuse can take much longer' (Ofshe and Watters 1995:87). The first stage involves convincing clients that their symptoms indicate past abuse and then changing their understanding of memory so that these symptoms can be reinterpreted as memory. As they point out:

Almost any problem or behaviour can be seen as a symptom of abuse, just as most any problem, behaviour, or perception can be said to be a memory of abuse (Ofshe and Watters 1995:85).

They identify the second stage, the creation of pseudomemories and the construction of an abuse narrative, as more difficult. The focus in much of their writing is on those aspects of therapy said to create false or pseudomemories. Drawing directly on the work of therapists, Ofshe and Watters point out that the patient is advised to:

spend time imagining you were sexually abused, without worrying about accuracy, proving anything or having your ideas make sense. As you give rein to your imagination, let your intuition guide your thoughts (Maltz 1991 quoted by Ofshe and Watters 1995:92).

Continuing this line of argument they demonstrate the role therapists and the therapeutic encounter can play in the construction of 'false' memories of CSA. Maltz, for example, is said to recommend that the therapist ask the patient questions such as 'Who would have been likely perpetrators?' and 'Why would it have been important for you to forget what happened?' Another example of 'imagistic memory work' used to reinforce their argument is taken from Fredrickson who includes the advice 'whether what is remembered...is made up or real is of no concern at the beginning of the process' (Fredrickson 1992 quoted by Ofshe and Watters 1995:93). The bfms is also critical of Fredrickson's imagistic memory work in which they argue she encourages anyone to become a survivor by providing:

the building blocks of an action-packed visual narrative, including the suggestion that the therapist provide scene prompts to cue the sluggish 'memory' (Anon 1999).

Advocates of the mind control model of FMS have shown that therapy can play a central role in the construction of false memories of abuse but this is not the same as demonstrating that it does. Missing from this argument are the voices of those whose memories are said to have been recovered, those who continue to believe in their memories as well as those who have come to retract them.

The self-narrative model does appear to look at the role of the patient who in the context of recovered memories is seen to be 'the first author of the story' (de Rivera 1998:172). Although this allows for some role for the victim at least in making the

original suggestion, this is located within a framework of FMS and therefore allocates ultimate responsibility with the therapist. In this model the patient, drawing on readily available ideas on child abuse and repressed memories, begins to construct a story which makes sense of her life. The therapist is responsible in that s/he does not challenge this story but instead gives it credibility and encourages, or initiates, the search for memories to support the new story. Whilst the patient may be responsible for the original idea the details of the story and the patient's conviction in its truth are largely seen as the responsibility of the therapist. Within this model the patient is seen to be unhappy and disaffected with her life and vulnerable to the manipulations of misguided, or malicious, therapists.

The principle of this approach is the 'readiness of human beings both to organize their experience and to interpret their social lives according to narrative plots' (Sarbin 1998:15). Within the context of recovered memories this narrative plot is assumed to be false. Although as Sarbin argues, 'the content of experiences identified as believings' (based on phenomena) 'cannot be differentiated from the content of experiences identified as imaginings' (Sarbin 1998:22). The assumption is that the experiences on which these narratives are based are false but we cannot prove them to be. Within this model there appears to be an assumption that at some level the story is initially known to be false but, under the right conditions, gains credibility and comes to be believed. The story is not constructed over a period of time during which the teller comes to reinterpret her life but rather the teller adopts a ready made story, albeit lacking some details, which makes sense of her life and which she then comes to believe. Although this model evades to some extent the question of truth, it is based on a true/ false dichotomy in which the story, and the memories, can only be either true or false.

Evading the issue of truth, albeit by assuming indemonstrable falsity, the question then becomes how do 'some imaginings become believings, that is, serve as guides to conduct' (Sarbin 1998:22). Identifying the patient as the first author of the story could be read as implying responsibility but if the patient is said to be suffering from FMS that responsibility must lie with the therapist. The central question identified by Sarbin allows for this shift in the allocation of responsibility. The story is only believed with

any degree of certainty, he claims, when it is given credibility and therefore we need to ask:

what are the antecedent and current conditions that account for the credibility a person assigns to the propositions arising from poetic imaginings? (Sarbin 1998: 24).

Whilst this does allow for inclusion of the wider context within which abuse narratives are constructed it focuses attention on the therapeutic encounter itself, looking at the therapeutic 'conditions' under which the story gains credibility and directing attention away from those who come to see themselves as having been abused. Although the focus is on the therapeutic encounter the proportion of those who report to have recovered memories during psychotherapy is between 14 and 68 percent (McNally 2003). Although as McNally observes 'the fact that a trauma memory surfaces outside therapy does not guarantee its accuracy' (McNally 2003:259) but it does suggest that we should look beyond the confines of the therapeutic relationship.

Opponents of recovered memories who rally behind the banner of FMS concentrate their efforts almost exclusively on the role of therapists and in doing so fail to explore the role of victims in the construction of a narrative of CSA based on 'recovered memories'. De Rivera does go some way towards addressing this omission in his 1997 and 1998 research (de Rivera 1998), in which he assessed the mind control, self-narrative and role enactment models. The role enactment model is similar to the model outlined by Spence (see part four), except that the person enacting this role, suffering from FMS, does not know it to be false and is not responsible for believing in its validity. This model draws on the theory that in our everyday lives we all enact a variety of roles, at different times and in different situations, which are consistent with those times and situations. The distinction between the three models offered by de Rivera lies in the level of responsibility accorded to the therapist. In the mind control model patients are subjects of the therapists story, the self-narrative model sees patients as subjects of their own story and in the role enactment model they are actors in a drama played out in society (de Rivera 1998:172). All three models rely on the presence of an authority figure in the form of a therapist who exerts undue influence on the patient and 'asserts that the narrative explains the person's problems or supports

the validity of the narrative' (de Rivera 1998:186). When constrained by a discourse of FMS, all three models allocate ultimate responsibility, and blame, to the therapist. The different models illustrate the different levels of influence exerted by the therapist.

De Rivera did not attempt to explore his respondents' experiences. Instead they were given the three models and asked which of the three accounted for 'what happened to them'. Of the fifty-six respondents who participated twenty-three endorsed the mind control model, ten the self-narrative model, seven a combination of mind control and role enactment and four a combination of all three. Six felt that none of the accounts 'did justice to their experience' (de Rivera 1998:173). The participants were self-selected out of a group of one hundred and fifty-nine who agreed to be involved after being sent the three accounts. All the respondents had retracted their claims of abuse and identified themselves as having suffered from FMS prior to their participation in the research and were members of the FMSF foundation. Although de Rivera's research only looks at how self-identified FMS victims come to construct a 'false CSA narrative' it does raise some interesting issues around the construction of abuse narratives, including the retractor accounts in which the respondents had invested. The reason for most respondents certainty that their allegations of abuse were false relate to the benefits they gained in rejecting them, which they did not gain when they believed them. All four respondents in de Rivera's original 1997 research said that:

while they were in therapy and recovering 'memories'...they had been either extremely depressed or extremely anxious...Now that they were out of therapy and realized they had not been abused, they felt better (de Rivera 1997:291).

FMS is no more dependent on the falsity of recovered memories than the construction of an abuse narrative is reliant on the truth of those memories. It is therefore important to look at the role of the tellers of abuse narratives whether they be narratives of CSA or narratives of FMS.

Multiple personalities

Recovered memories of childhood sexual abuse are coupled with Multiple Personalities (whether this be understood as MPD, MPD or DID) because childhood

sexual abuse is thought to cause the abused child to split. Whereas the majority of the recovered memory literature relies on only one personality, the inner child, much of the MPS literature assumes populations of alters, resulting from more extreme forms of abuse including ritual and satanic abuse (Bloom 1994, Putnam 1989, Ross 1995). No causal connection has been established between CSA and multiplicity (Ganway 1989, Hacking 1995) but it has become a matter of common understanding, in part due to both discourses being reliant upon the same understandings and, therefore, to some extent also on each other. The concept of multiple personalities, or alters, does not feature in all the recovered memory literature and where it does this is typically restricted to the identification of only one, which usually takes the form of the inner child. For others however, sexual abuse in childhood can result in a more extreme form of multiplicity (Putnam 1989, Ross 1995) in which the (typically female) victim is believed to be populated with an average of fifteen personalities. The majority of those who develop MPD are said to have been sexually abused in childhood, usually before they reach the age of five (Bass and Davis 1988), or to have been the victim of more extreme forms of trauma such as ritual or satanic abuse (Bloom 1994, Ross 1995). To cope with the abuse it is claimed:

the child blocks the feelings and memories from consciousness and another self, the 'alter' personality, takes over and functions (Bass and Davis 1988:424).

Although a causal link between CSA and multiple personalities has not been established, I believe it is important to include the concept in a discussion of women's engagement with abuse narratives. For many women, their engagement with the recovered memory literature may lead to the identification of alter personalities. Whilst most will identify only one inner child, others may identify many.

Within the recovered memory movement, where the emphasis is on healing and recovery, the inner child is seen as central as it is she who is believed to be damaged and to hold the knowledge of abuse. Within an MPD discourse the focus is on identification and integration, although there are now those for whom recognition and learning to live as a group is more important than integration, which may or may not follow (Chase 1990). The link between multiple personalities and sexual abuse is

based on the same knowledge claims as those for the inner child of the recovered memory literature. The MPD literature also shares a similar understanding of a core self untouched by the abuse. For those living with multiple personalities, this core self is thought to be protected from the knowledge and effects of abuse by their alters, although within this population there may also be alters who act as saboteurs, or even abusers. As multiplicity is itself defined as evidence of abuse and the emphasis is, for the most part, on reintegration there is less concern to provide additional evidence or proof of abuse. The focus is on creating or surfacing, proving or disproving, the existence of multiple personalities rather than challenging the knowledge these personalities are said to hold. Therefore, although linked to the recovered memory controversy, the arguments around MPD are at the same time somewhat removed.

Although MPD is said to refer to autonomous personalities, the official heading of Dissociative Identity disorder (DID) in the fourth edition of the Diagnostic and Statistical Manual (DSM IV) (American Psychiatric Association 1994), allows for this condition to be seen in terms of personality fragments rather than discrete personalities. However, neither the change in definition or the shift in understanding has been universally accepted within the field of dissociative conditions. Coons, for example, had argued, before the official change in definition, against considering these alters as separate or autonomous personalities suggesting that they should be seen as 'personality states, other selves, or personality fragments' (Coons 1980). True MPD, diagnosed as amnesia between alters and the host, is more reliant on witnesses than recovered memories of abuse as the host is said to be unaware of her alter personalities, at least until an external source brings them to her attention. DID, on the other hand, is less reliant on external witnesses as these personality states can be seen as the expression of different aspects of the victim's personality. As such, they are also less reliant on formal diagnosis. Developments within the field of multiple personalities have also seen the emergence of alters who themselves have multiple personalities (Anne, research participant, 2003).

Unlike the literature on recovered memory there appears to be agreement amongst both proponents and critics that hypnosis plays a significant role in the 'diagnosis' and

'treatment' of MPD. Whilst supporters of MPD believe hypnosis can be useful in encouraging an alter personality to come forward and take control of the patient's consciousness (Bliss 1986, Putnam 1989) those on the other side believe that hypnosis is central to the creation of MPD and the acting out of multiple personality behaviour (Ofshe and Watters 1995). The concept of the inner child, although central in much of the recovered memory literature and itself a form of MPD, albeit usually with only one alter, does not feature in the debates around MPD. This is surprising, especially given the shift from MPD to DID. Within the recovered memory debates the argument centres on whether memories are true or false. In the MPD debate the argument is whether hypnosis is used to create multiples or to facilitate the emergence of already existing personalities. Ofshe and Watters clearly believe the former. Although critics acknowledge that some patients may be motivated to accept a diagnosis of MPD, for example to absolve themselves of responsibility for thoughts and actions they are unhappy with, they believe that:

to fully understand how and why patients first begin to act out their hidden selves, we must explore the close relationship between MPD treatment and the use of hypnosis (Ofshe and Watters 1995:215).

The therapist who suspects MPD might 'directly ask for a personality to step forward and take control of the clients' consciousness' which can be done 'with or without hypnosis or trance-inducing drugs' (Putnam 1989 quoted by Ofshe and Watters 1995:213). As with abuse narratives, they acknowledge that modern patients know how MPD patients would act and the 'type of behaviour that would confirm the diagnosis' (Ofshe and Watters 1995:212). However, this is used to support the view that these patients are in some way inadequate. For the patient who 'abuses alcohol or hits her child', confirming the therapist's diagnosis 'would not only be a step toward an explanation for those actions but would also give the client some sense of absolution for their consequences' (Ofshe and Watters 1995:212). Although much of the criticism is based on a diagnosis of MPD, as the change in definition to DID suggests, not all those in this field believe those who are suffering have discrete personalities as opposed to personality fragments.

The mind control model used to explain the emergence of recovered memories, endorsed by the FMSF and the bfms, is also used to explain the emergence of MPD. Like recovered memories of abuse, MPD is said to be a condition constructed during the course of therapy (McHugh 1993, Ofshe and Watters 1995, Aldridge-Morris 2000) and 'never occurs as a spontaneous natural event in adults' (Merskey 1992 quoted by Ofshe and Watters 1995:222). The patients are said to be unaware of having the condition before treatment and develop 'their most dramatic and debilitating symptoms only in the course of therapy' (Ofshe and Watters 1995:207). Whereas proponents of MPD believe it is the result of sexual abuse in childhood Dr Aldridge-Morris, a consultant clinical psychologist and member of the advisory board of the bfms, suggests that:

The place to look for MPD is not in the brain, but in the culture, the practice of a sub-group of clinicians and a host of poorly qualified acolytes, and the hypnotic suggestibility of a patient group (Aldridge-Morris 2000:11).

Although he allocates responsibility and blame, for the emergence of MPD with clinicians, Aldridge-Morris also identifies aspects of a patient's psychology as a contributing factor. Victims are again included by Aldridge-Morris as weak, vulnerable and at the mercy of traumatic experiences or misguided therapists, rather than as fully engaged responsible adults.

The change in terminology from MPD to DID in the DSM IV (1994) indicates a broadening in the understanding of multiplicity and as such has had a major impact on the nature of the debate. This has enabled sceptics to engage in this debate without rejecting the condition outright. However, it maintains the understanding that it is a psychiatric disorder together with the view that sexual abuse in childhood has long term negative psychological effects. Although some in the MPD movement still claim that multiplicity, caused by trauma, results in splitting and therefore autonomous personalities this shift in terminology has also led to an expansion of the condition and in turn more women have been diagnosed as suffering from DID. However, this can also be seen as enabling women to actively engage with the ideas of DID in a way that

they were perhaps unable to with MPD. Perhaps more significantly, it blurs the boundaries between MPD and the inner child of the recovered memory movement.

A pervasive theme running through the recovered memories debates is the belief that sexual abuse in childhood is devastating at the time and has devastating long-term effects. Showalter suggests that we should find other ways of enabling women to make sense of their lives rather than 'succumbing to the epidemic of suspicion and blame' (Showalter 1997:11) but she does not challenge this understanding. Hacking, drawing on the work of Browne and Finkelhor, is less willing to accept the relentlessly negative understanding, however and challenges this construction of child sexual abuse pointing out that although:

It is obvious to everyone that sexual abuse must have bad consequences for the development of a child...the search for scientific proof is not doing very well (Browne and Finkelhor (1986) quoted by Hacking: 1995:64).

He shares their view of the CSA literature, in which:

there is an unfortunate tendency in interpreting the effects of sexual abuse...to overemphasize long-term impact as the ultimate criterion...child sexual abuse needs to be recognised as a serious problem of childhood, if only for the immediate pain, confusion and upset (Browne and Finkelhor (1986) quoted by Hacking: 1995:64-5).

Hacking also questions the focus on sexual abuse, to the exclusion of other forms of abuse, as having such damaging effects and identifies this construction as central to the emergence of abuse narratives to explain contemporary ills and unhappiness. As he argues:

if we had been content to intervene in child abuse just because it is bad, we would not have our present set of beliefs about the consequences of child abuse (Hacking 1995:66).

It is this set of beliefs that allows for 'knowledge' or 'memories' to be uncovered from the minds and bodies of victims. The variety of roles that women themselves play, the knowledge they uncover and the different ways they understand this knowledge and

where it comes from, together with the ways they use it to construct a sense of self, or selves, is explored in the following pages.

Chapter eight: Uncovering knowledge, contacting the inner child?

We knew something had happened. The children knew something had happened but not quite why or how it happened

Introduction

The inner child, or childlike part, of the recovery literature, was identified as a valuable, although not always unproblematic, instrument by the majority of women involved in this study. Most of those who acknowledged their own inner child believed they were first introduced to the concept during the course of their healing and recovery. However, even here the idea of an inner self, who could be childlike, was not totally alien to them. For many, particularly those who read self-help manuals, the idea of an inner child who influenced their thoughts, feelings and behaviours had already been established before they were introduced directly to (the idea of) their own inner child. This introduction was based on the participants taking an active role in identifying her influences on their adult lives. When it came to uncovering the knowledge she was believed to hold they did not always play, or believe themselves to play, such an active part.

Uncovering knowledge

Although the inner child may have a certain uniformity within the literature, the inner child, or child self, of women's accounts was much more fluid and women's engagement with her more complex and pragmatic as they drew on different understandings. For women who did not remember, on entering adulthood, that they had been sexually abused as children, the identification of symptoms did not necessarily provide them with enough certainty. Where this was the case they needed other forms of knowledge to support their claims. For many in this position, the inner child provided them with information or evidence about the abuse together with an explanation for how they could have 'forgotten' this information. However, it was not necessary for women to recognise or make contact with an inner child to gain access to additional knowledge which could also be seen to have been stored in the

unconscious minds of victims and often women negotiated their own path between the two.

Many of the participants took an active role in identifying symptoms of sexual abuse in adulthood and used this information to make sense of their lives. However, when it came to recovering memories they saw themselves playing a less active role. This was largely because they believed the memories were already present, albeit sometimes deeply buried. Although they saw themselves playing a secondary, less active role they were not entirely passive in the process. Often the memories came to them in a form that they did not readily understand and, therefore, although they did not believe they played an active role in uncovering memories, they did recognise the measures they took to interpret or make sense of this new knowledge. For those women who did not have continuous memories, the memories they came to recover were either seen to be held by an inner child or stored in their unconscious minds or bodies. The majority of women acknowledged an inner child although for some this was not seen as someone who held knowledge of past abuse but simply a damaged part of themselves that needed healing.

Spontaneous knowledge

Whether or not women developed a relationship with an inner child, many felt they had acquired knowledge over which they believed they had no control. This knowledge could take a number of forms. Often it was seen to surface through dreams and flashbacks but could also surface as feelings and emotions. Whilst some recognised an inner child at work, imparting knowledge and releasing feelings, for others these were seen to come from a damaged part of their adult selves. Whilst for some this knowledge was seen as spontaneously and inevitably breaking through, for others accessing knowledge was something that, at least some of the time, needed to be worked at.

The recovery literature provided women with a number of explanations for how knowledge of CSA could have been buried and how they might access it. This knowledge could be held by an inner child who split at the time of the abuse, it could

be stored in the unconscious mind of the adult victim or it could be stored as alternative memories in the minds and bodies of victims. It might surface spontaneously or they might need to contact that part of their child or adult selves who was thought to hold it. Women did not feel constrained to remain loyal to only one explanation and felt able to draw on different ideas at different times. Nor did they necessarily rely on a static relationship with an inner child but felt able to develop different relationships and understandings in the process of accessing additional knowledge.

There were times when Fiona felt overwhelmed when knowledge held by her inner child broke through:

It was as if I wasn't able to keep the lid on it anymore and the memories just popped out, just came out. But I didn't at first understand. I thought it was because I was depressed and having horrible thoughts. It was because I was depressed that these thoughts were...I wasn't able to control them anymore and out they came. (Fiona)

Whereas for Beccy accessing knowledge was often harder work. Both women had come to believe they were the victims of sexual abuse by identifying symptoms in their adult lives and believed they could discover more solid evidence, in the form of memories. Although they conceptualised her differently, an inner child played a central role in both women's attempts to access this hidden knowledge. At times Beccy had to actively seek out her inner child:

Try and connect with myself as a child because, to help me get the memories back (Beccy)

but elsewhere in her account she refers to a different form of knowledge coming to the surface, over which she felt she had no control:

I get emotional flashbacks, I'm not reacting to what's happening (Beccy)

Knowledge which surfaced in the form of emotions and feelings was important to a number of women and could, they believed, provide them with a direct connection to their abuse:

I don't know what age I began to be abused at but that seems to be the age that now if I get really upset, that seems to be the age that emotions regress back to. And where I can't talk about what's going on, I'm not able to verbally express or tell anyone or ask for help and I feel really upset because I can't do that at that age. All I can do is express how I feel and you know, in emotions, in crying or shouting or rage, whatever physical way I can I'm expressing these strong feelings. I'm too young to be able to talk about them and that wee person wants listening to. (Fiona)

We'd get more upset and you know, she [the therapist] would follow my upset. (Anne)

At other times Anne gains access to this knowledge by putting herself in a trance:

Because that's what you have to do to let the little ones talk. (Anne)

Although this knowledge might not provide them with detailed information about what happened or who was involved, as it is seen as the inner child reexperiencing the abuse, women felt it provided enough information for them to 'know' they were victims of sexual abuse. As the source was understood to be their child self, this knowledge was seen as an accurate reflection of feelings and emotions relating to sexual abuse, a form of knowledge which women believed did not lie. Angela had employed a number of techniques to access information held by her inner child and felt that connecting with her child's emotions was the more powerful:

It's much more intense than just writing to your inner child if you like, because it's feeling what she's feeling. (Angela)

As this quote illustrates, contacting the inner child can be experienced as more than just receiving incoming information. The adult self can return to the time of the abuse and feel, for themselves, what the child once felt. A similar intensity can be seen in the words of Jenny and Fiona:

What we are doing is feeling the pain that we couldn't feel as a child. (Jenny)

The past was a daily reality to me, I was living in the past I couldn't escape it, it was with me all the time. Memories erm, ...feelings, the past was haunting me I wasn't able to get on with my present. (Fiona)

At times Fiona felt her inner child took over her life. Not only did she hold the knowledge of Fiona's abuse but it was she who chose when to bring it to the attention of Fiona's adult self. As this adult self is not in control of this knowledge she cannot be seen to be responsible for the construction of the story which Fiona comes to tell of her abusive history. Within Fiona's account this can only be attributed to her inner child. The memories were there, she believes, before she was aware of them:

They were just squished down, now they're out in the open and here's a chance to sort them out. (Fiona)

She did not choose to look for buried knowledge of abuse but seized on an opportunity presented to her, by implication by someone other than her adult self who had access to this knowledge. Sarah also seized an opportunity and chose to see a psychiatrist 'when the memories came through'. As she does not claim these memories as hers, Sarah succeeds in distancing herself from the process by which they surfaced. Anne is more concerned with making contact with her inner children than uncovering knowledge. In her account it is her adult self who is distanced from the memories which she attributes to her inner children:

We knew something had happened. The children knew something had happened but not quite why or how it happened. (Anne)

Anne's inner children all have their own memories and often the memory and the inner child surface together, in what Anne described as a traumatic experience:

After a time your mind gets so used to the horrors that, I mean you are shattered ...because there's another child each time that surfaces and each memory is different. I suppose it's different each time. (Anne)

Often the children surface when Anne is not awake:

The children come with the dreams into the memories. (Anne)

Many of the women understood their emotions and feelings to be an inner child reliving the abuse. However, they did not need to develop a relationship with an inner child to be able to access to this knowledge as it could also be understood to come

from their unconscious or from the damaged part of their adult selves. Even those who did recognise their inner child as an important source of information did not rely solely on her for knowledge. Fiona, for example, identified strongly with the idea of a child self, both in terms of needing to heal and of holding memories. However, she was also able to access other memories which she did not have to attribute to a child self:

Not visual memories, more memories of touch and smell and sound because this happened at night. Either it was dark or I was closing my eyes but I don't remember really seeing a lot of things going on. (Fiona)

She was able to do this because, informed by the recovery literature:

I remember my other senses have got memories. (Fiona)

Of those who did not remember their abuse on entering adulthood, Sarah was the only participant who was not limited to alternative memories but had also recovered 'recall memories'. As these were validated by others, she did not rely on either form of memory to 'know' she had been abused. In her account she talked of when her memories 'came through', which implied a level of spontaneity, and also believed that additional memories would surface if they needed to. She had also been able to use different concepts to explain, and access, hidden knowledge which she believed lay waiting to be uncovered. Whilst she believed this knowledge might be brought to the surface by her unconscious, and therefore not under the control of her adult self, she had also considered taking a more proactive approach:

Yes because if my conscious or whatever needs to bring it out, it will bring it out. [right yeh] I don't know if I go to hypnosis it might bring it up then. (Sarah)

Although, like others, Sarah believed she could actively seek out knowledge of her abuse, she had seen this as finding knowledge that already existed. Whilst she acknowledged that she could play an active role in bringing it to the surface she did not see herself as responsible for this information. She was merely accessing something that already exists.

Who is the inner child?

Within much of the literature the inner child is often seen as a distinct personality who not only holds knowledge of past abuse but also controls the thoughts and actions of adult victims. However, not all women accorded their own inner child the same level of autonomy as the self help manuals suggested. Some like Sarah and Anne, recognised an inner child or children as separate, but for others she was more fluid and the degree to which they saw her as separate varied over time. Angela's inner child often came when she was finding life difficult, which she believed was:

Normally a clue to me that there's something deeper going on that I need to deal with. (Angela)

Fiona had invested heavily in her inner child who she believed became more separate after she read *Rescuing the Inner Child* (Parks 1990). She was not sure if that was a 'positive thing or not' but she said that since reading the book:

It feels to me now that that part of me is a very separate part of me now whereas I'd never before had that idea in my head. That part was more integrated into all of me but since I've been into that idea of starting to think about it more there seems to be more of a distance between me and myself when I was wee. (Fiona)

Beccy was much clearer about her child self. Although she acknowledged a childlike part of herself, who she believed held knowledge of her abuse, she did not see this as a separate personality. This child she believed:

has the memories that me as a child who was abused... Yeh. Obviously it's myself telling myself but it's that part of my mind that's been shut out. I think I don't want to listen to it. I want to, consciously I want to but obviously subconsciously I don't otherwise I would know. (Beccy)

Beccy was very clear that her child self is not a separate personality:

Yes I see it as part of my mind rather than something separate. (Beccy)

However, she did credit her with a degree of control over her adult self and the process of healing and recovery. Having considered a variety of techniques, such as hypnotherapy and regression therapy, to help her recover knowledge, Beccy attributed her failure to engage with these techniques to that part of her mind she sees as her inner child:

I haven't done much of it because I'm quite resistant to it. I want to but my mind's resistant to it so its not quite worked so far. (Beccy)

Not all those who participated in this study recognised or developed a relationship with an inner child. For those who entered adulthood with no memories and did not recognise an inner child in possession of knowledge, the idea that memories were stored in their unconscious minds and/or bodies was something that made sense to them and again provided an explanation for how they could recover memories that they appeared to have forgotten. Even where women did believe their inner child held memories they did not rule out the possibility that other memories were stored in their unconscious minds and bodies. They could therefore work with techniques for contacting their inner child as well as ways of interpreting these other memories. What these women shared was the belief that this knowledge was there waiting to be uncovered.

Interpreting spontaneous knowledge

Not all the knowledge that women believed came to them spontaneously or from their inner child was easily understood. Often they believed this knowledge came to them in the form of dreams and, although they might be clear that these were related to sexual abuse, they did not always know what the dreams were telling them. Where this was the case they felt they needed the help of someone else to interpret or make sense of it.

Fiona was certain that the knowledge she uncovered which, together with the symptoms she identified, took the form of feelings and emotions, related to a history of CSA but she also felt she needed the help of others to understand:

When I realised what it was about, what the memories were about then I sought out a counselling service specifically...they could help me understand what I was feeling and what was happening and what was the best way forward. (Fiona)

Whilst Fiona believed it was her inner child who was responsible for bringing memories to the surface, like many of the women she also identified an active role played by her adult self in making sense of this knowledge.

As I have already indicated, not all the women in this study recognised or developed a relationship with an inner child. Of those who did, only Anne developed a relationship with more than one. She believed that hundreds of inner children held knowledge of sexual and ritual abuse she had experienced as a child. She had made contact with over twenty of these children at the time of the study and it is from them that she learnt of her abuse. Much of this knowledge came to Anne, the front personality, in the form of dreams. It was her inner children, not her adult self, who Anne believed were in control of the process and who took responsibility for choosing when it was safe for her to know more:

The people inside you know they are only letting out as much as I can take. (Anne)

Anne was certain that in her dreams her alters were telling her about the abuse but this information often needed additional work, either because it was not in a form that was easily understood but more often because it was incomplete:

It was extraordinary at the beginning. We maybe have been having dreams I would go... I mean the pattern now, the best pattern is that I go with my dreams and often it's just a fragment when I wake up. It's just a sentence and the whole thing comes out of that. In the therapy session we just work on the fragment. (Anne)

It was also in her dreams that Anne first learned she shared her inner world with hundreds of alters. One particular dream she took to her therapist:

I had a dream that chanted my name, and then a dream about a long list of children...and she started talking, she'd been saying things, that she thought I

might have more people than one inside and I thought oh no.... then one notices a long list of names and pictures of these teenagers and all called the Children's Brigade. (Anne)

Although certain that the knowledge she obtained from her inner children related to ritual and sexual abuse, at times Anne needed more. She drew on some of the ideas suggested in the recovery literature and developed 'whole packages' for her children:

Often I write two lots of things and then a number of poems, and then a chant to the goddess from them so they get a whole package. (Anne)

Elsewhere, Anne clarified who was doing the writing:

I write the poem from inside, from them. (Anne)

Written communication, often in the form of letters written between the inner child and the adult self, is one of the techniques suggested in the literature. Although not as many women made use of this technique as were aware of it, the idea of communicating with a child self did reinforce the view of an inner child who held knowledge that they could gain access to.

Anne had read widely on the subject of abuse, recovered memories and multiple personalities. This had informed her understanding of how children split and memories could be hidden and of how she could make contact with those children and in doing so access those memories. She has used this understanding to find further evidence of abuse and to identify additional personalities, whom she believed could increase her knowledge still further. Anne had found many of the techniques and practices in the self-help and recovery literature but she had also drawn on biographies in her quest for understanding. She learnt of the potential for her inner child to communicate to her adult self in the form of writing through Sylvia Fraser's autobiography *My Father's House* (1987). It is here that Fraser tells us of the role her inner child played in the writing of her novels, how her inner child 'learnt to type' and how she 'presses the keys, throwing up masses of memories - stream of consciousness stuff' (Fraser 1987:149). With this knowledge Anne was able to explain some of her own writing and in the process identify her inner children at work:

As a writer I'd always found it rather suspicious that I'd totally work with six characters and I'd manage complicated plots and things, like you know, and I could write fast and it was very complicated and all that. (Anne)

This idea of the inner child taking over the adult self was also used by Angela, here to explain a letter she wrote to her parents. Although Angela did not believe it was her inner child who wrote the letter, she did think that:

My inner child was the one that forced me to write it. (Angela)

However, in order for her child self to do so this child self needed to possess knowledge of the abuse.

At times the memories could be seen to come from either the adult woman or inner child, as was the case with dreams and flashbacks. For some it was not clear where these memories originated whilst others drew on different understandings to explain where their knowledge came from. Whilst that might have been significant for me to know, it did not seem to be of relevance or importance for the women themselves.

Actively seeking knowledge

In addition to that knowledge which took the form of symptoms, for the majority of women who did not remember their abuse and who therefore relied on hidden knowledge, this knowledge was seen to surface spontaneously and inevitably. However, even many of those who felt they had accessed knowledge in that way reported that there were times when they actively sought out additional knowledge, or supporting evidence. The literature suggested a number of techniques for accessing knowledge and although most were centred on making contact with the inner child, such as letting the child write letters and draw pictures, other techniques such as guided flashbacks could be used even by those who did not recognise a child within.

Anne employed a range of techniques to make contact with her inner children, although ultimately she found using guided flashbacks too traumatic:

Early on, I read that thing here and I did a sort of guided flashback if you like, sort of jiggling about in a chair and things, as if I was being raped and then it was clear that I was being raped by different people if you see what I mean...and I did about two of those and then I couldn't cope I began to fall apart. And I realised, wait a minute, this has been very helpful but lets stop it. So the memories some came in that guided flashback. (Anne)

For Anne making contact was more important than uncovering knowledge. Therefore she did not need to persevere when those techniques proved difficult; the technique had served its purpose if it enabled an inner child to surface. Others were more concerned with accessing knowledge, which itself might relate to the degree of certainty they had both in the narrative they had constructed and their identity as victim. For some the search for additional knowledge might also have been related to the extent to which they felt their lives had improved.

Although at one point Fiona claims that:

There's enough in my memory that I know what happened, I know who did it.
(Fiona)

There were other times when this was not the case. At those times she had considered returning, to:

get in touch with my wee self at two-and-a-half / three. (Fiona)

Fiona hoped this would increase her knowledge, which she felt to be only partial and limited. She believed the paucity of her knowledge indicated a greater depth to her trauma and therefore also to some of her memories. She contemplated other forms of therapy as a way to address the inadequacy of her knowledge:

Then I thought perhaps some of these feelings I have are so deeply hidden that consciously I'm not going to be able to get at them and maybe if I went to see a psychotherapist or psychodynamic counsellor who was skilled in uncovering deep feelings with, I don't know, tricks of the trade that I thought they might have. They might know ways of getting at things, you know, subconscious things that consciously I wasn't really getting access to. (Fiona)

Although in one sense Fiona was thinking about accessing knowledge she did not yet have, her understanding of the effects of CSA allowed her to identify the existence of hidden knowledge by the feelings she had in the present. At the same time her investment in recovered memories and healing could be seen to encourage her to look deeper for knowledge as she was not yet happy with her life.

For others, contact with an inner child was seen as being more spontaneous and less under the control of their adult selves. Beccy believed the information provided by her inner child was an accurate reflection of past events and therefore not open to interpretation. She also believed there was a relationship between the proximity of knowledge to the 'main problem' and the difficulty this knowledge had in getting to the surface:

And then sometimes I do get memories coming back and sometimes I don't. But sometimes I just get feelings I don't get any images. I mean mostly I never get nothing, when it's a bigger thing that's touching on the main sexual problem erm, I err... I get feelings but I don't get any memories. So all the feelings come but I can't remember anything [how do you feel about that?] Err, well I think it's just a question of time just getting at it bit by bit and doing the less kind of sensitive beliefs first to sort of get to it bit by bit. (Beccy)

This is not the only way Beccy believed she could discover the knowledge held by her child self. Using photographs of her self as a child, particularly those where she looked very unhappy, she would:

look at them before I go to bed at night and to try to communicate. Sort of ask that little girl that I was what happened, just to help remind me, you know ask her. (Beccy)

Beccy believed she had to work with her child self to recover memories but at times she believed patience would be more useful to her than employing techniques designed to recover hidden memories, at least when they were related to the 'main problem'.

Not the first author

The majority of women were able to identify symptoms in their adult lives which they then supplemented with alternative memories. For a few, however, the idea that they had a history of childhood sexual abuse was one that was first introduced to them by a therapist. These women were able to identify symptoms of abuse in their adult lives, although they had not done so before the suggestion was made to them, but they did not gain access to memories or knowledge of abuse without assistance. Ultimately all five came to reject as false the memories they recovered during therapy but their explanations for this varied as they all negotiated their own path through not only the recovered memory literature but also that pertaining to false memories.

For Hazel, Rae and Pat, their memories surfaced during a hypnosis or scientology session. Hazel and Rae wanted to lose weight and Pat wanted to address her ME type symptoms and the idea that their concerns resulted from being unhappy made sense to them. Therefore when a therapist suggested that they needed to discover the cause of their unhappiness he tapped into ideas that resonated to some extent with the women's own belief systems. These included the idea of knowledge stored in the unconscious mind and could therefore accommodate the idea of memories or knowledge held by an inner child or traumatised part of their adult selves. As Rae commented:

I've always been like that and I used to wonder what I was pushing to the back.
(Rae)

For some, their first knowledge of abuse came to them in the form of dreams, although they had not necessarily interpreted these dreams as evidence of abuse. Hazel did not recognise an inner child but relied instead on regression and the interpretation of dreams by her hypnotist as a way of accessing knowledge of past abuse. Although she could identify supporting evidence in her adult life, evidence that could also be interpreted in other ways, Hazel's understanding that she had been abused came entirely from her hypnotherapy sessions. Here she would either take dreams to be interpreted or whilst hypnotised regress to recover other memories which also needed interpretation:

Every time I was at hypnotherapy I'd come out with another memory of abuse, every time. (Hazel)

And of her dreams she says:

And he would analyse them. It could be like I said about a house and a red box and I would be the house and dad would be the red box and it had been squashed... Things like that. (Hazel)

At the time Hazel believed the interpretation she was offered but later, when she came to question her abuse narrative, she recognised that there was no one truth in the analysis of dreams and it was possible to read a dream in different ways:

I mean sometimes a dream makes sense. Yeh sometimes they do don't they, they do make sense sometimes. But those dreams I don't know he just made things out of them. [Jo: Did you dream more?] I think so yeh. I was very aware that I had to, as soon as I dreamt anything I would wake up in the middle of the night writing things down, three or four times. (Hazel)

Hazel came to question the interpretation of her dreams but, like Pat and Rae, she did not reject the idea that hypnosis could uncover knowledge of traumatic events stored in her unconscious. All three believed in and had engaged with this idea at various times and Pat and Rae also believed in past lives. It was perhaps this that made it difficult to reject totally, the idea that they had been sexually abused as children.

See I've always believed that anything that comes out in hypnosis is the truth. [right] and I couldn't get away from that, I kept saying well it must be true because it's hypnosis it must be true you know. (Rae)

It was her belief in hypnosis and the truth of the recovered knowledge that prevented Rae from returning to the hypnotist:

Yeh and I wouldn't know anymore. I was terrified of knowing, I didn't want to know anymore [Did you think there was more to know then?] I did yeh, yeh at the time yeh. I was terrified what I was going to dig up. I wanted to know if you know what I mean but I didn't want to know. (Rae)

Hazel also had faith in hypnosis and the knowledge recovered during her sessions:

I believed everything, I believed everything. (Hazel)

This belief in knowledge stored in the unconscious mind had contributed to their acceptance, albeit short lived, that they were victims of sexual abuse. When they came to doubt these memories it was this same belief that enabled them to construct an alternative explanation, in which they could reject the specifics of their memories but not the underlying theme. For Pat and Rae it was a belief in past lives that enabled them to maintain their belief in hypnosis or the unconscious and retrieval of buried memories but also provided a way of removing their fathers from the story:

I had to say well look if I haven't been abused in this life I must have been abused in a previous life. That has to be the answer. Whether or not it is I'll never know but I had to believe that that was the answer because I had to cling on to something. (Rae)

All three struggled with the question of how they could have memories of abuse and although Pat also saw past lives as a credible and acceptable explanation it was not the only one she considered:

I don't understand why your mind should come up with these things, I just don't see what the point of that is and why should you come up with these bizarre scenarios. (Pat)

She went on to say

So I thought well this could have been in a past life or it could have been something I'd seen on television or something initially. (Pat)

Although identifying herself as a victim of FMS Pat, like Hazel and Rae, distanced herself very much from the bfms stance that malicious or misguided therapists implant false memories into the minds of weak and vulnerable victims. Rather than blaming others for the information in her head she argued instead that it came from within:

He doesn't lead you at all there's just no...Oh yeh it's very intense. Yeh I mean it's coming from you. I mean some people having got such a vivid imagination and I always had a very good imagination and a lot couldn't get anywhere near where I got at all. (Pat)

Although Hazel did not share this belief in past lives, she too was able to accept an explanation which did not challenge her view that she had been abused, but only challenged the role her father was said to have played in that abuse. As she suggests:

I just think its real, that I really do think its real. I've said to K...I'm sure something happened but not with my dad. Absolutely positive something happened. (Hazel)

They also acknowledged that their own wishes and motivations played a role in the explanations they eventually put forward. In ruling out any possible role her father may have played in sexually abusing her, Rae acknowledged that her reasoning was based to some extent on the outcome she wanted. This might have included feelings about her father together with a desire to maintain a belief in hypnosis which she had returned to since rejecting her memories:

But I couldn't rule out the possibility that I'd been abused, I could only rule out dad's part of it. But whether I have ruled that out in my head because I loved him so much and protected his image I don't know, I honestly don't know and I'll never know will I. Well it's just one of those things you've got to live with isn't it. (Rae)

Although their own particular understandings of how knowledge could be stored in the unconscious mind had enabled these women to first explain how they had been sexually abused and later how they had come to uncover 'false' memories or knowledge of abuse it did not challenge the idea that this knowledge could have been buried. Therefore, although able to construct a new narrative based on false memories they could not do so with certainty:

But then again when I think about my dad and I look at his photo in the dining room, yeh I always wonder; did you or didn't you? (Hazel)

and

I still have my doubts I'm afraid to say. Not with my dad though, with someone else. (Hazel)

So many years down the line it's not gone away and I will never know whether I've been abused or not. I've still got that bit in my head...No I'm still not sure. (Rae)

99.9% says it didn't happen but there is still that kind of thing – well where did it come from, what brought up all that? Why did I feel so much better? You know there are always questions still unanswered that will never be answered and that's the frustrating thing. (Pat)

Daisy and Nicole had also come to reject their memories of sexual abuse. In doing so they also rejected the knowledge claims on which they were based. Without the same investment in this knowledge they could do so without accepting responsibility, but also with apparent certainty. Although they had both at some point believed themselves to have been the victims of CSA they rejected both their memories and the idea that traumatic knowledge could be stored in the unconscious mind of the victim. Although not condemned to a state of autobiographical uncertainty they did, at least at the time of this research, identify themselves as victims. Their very different understanding of hidden knowledge had informed the narratives they came to write. These were narratives which no longer featured CSA but featured in its place FMS, in which one victim identity was replaced with that of another. It did not seem to me to be a positive identity, one that helped them to feel optimistic for the future. Maybe at its heart it too contained an element of doubt.

Although they have found a way to make sense of and live their lives, albeit shrouded in doubt and uncertainty, it may well be that they are to some extent condemned to 'a state of autobiographical limbo' (Tietjens Meyers 1997) in which they can never be certain. Neither Daisy or Nicole expressed any such doubts but it is hard to imagine that even for them there would not have been at least some seed sown during the course of their therapy even if, like the other three, it only referred to the identity of the possible abuser. They had after all once believed, or at least invested in these stories.

Chapter nine: Living with the inner child

She's brilliant yeh yeh. Full of fun and laughter, fantastic

Introduction

Within the recovered memory wars much of the debate over the inner child has focused on whether she is real or created in therapy. However, the inner children found in the women's accounts is more complex and women's relationships with them more fluid. The inner child plays a central role in the literature, both as the holder of knowledge and as the one damaged and in need of healing, but the inner child of women's accounts was more than this. How they understood this child, or childlike self, and the relationships they developed with her were informed as much by what they wanted in the present as by their need to explain the past or plan for the future. Clearly an explanation for how traumatic memories can be stored and later uncovered is significant to women who have no memories of abuse they believe they experienced but, even in the lives of women who do not remember having been abused, this is not always the central role played by a child self.

The adult woman and the inner child

Not all those who participated in this study accepted the concept of an inner child. Among those who did, the relationships they developed and the role she played in their lives varied according their individual needs, wishes and circumstances. For some their inner child was a vehicle through which they could express feelings and emotions but for others she was much more real than an idea. For the latter women it was not the adult woman who was expressing feelings and emotions; those feelings were believed to come direct from the inner child. Fiona and Beccy, for example, often found that it was not their adult selves who were in control of or reacting to a situation. They both believed it was their inner child reacting, but they did not share the same understanding of who this child was:

I was quite often being very upset if we had a conflict. The first few times it happened I was so caught up in it I couldn't make any sense of it but then I was able to take a wee step back and try and think about what was going on. It was then that I started to think well how am I feeling when this is happening, what's going on in my head because I'm not here and I'm not now. I'm not feeling like I'm in my own house and that I'm 37 years old, what am I feeling like and I felt like I was a young child and I was lost. (Fiona)

Say if I'm in bed with my partner and I get emotional flashbacks I'm not reacting to what's happening in bed with my partner, I'm reacting to what happened to me as a child. Which means this part of my mind that's causing the emotional flashbacks is still emotionally a child. It hasn't worked it through and developed so in a way it's getting in touch with that part of my mind that's still reacting to what happened. So yes I see it as part of my mind rather than something separate. (Beccy)

Whereas Fiona believed her inner child took over at those times, Beccy did not see her child self as separate and therefore did not create the same distance between her adult self and the feelings and emotions she was experiencing. For her, it was a damaged and childlike part of her adult self who was reacting to what happened, and who influenced the thoughts and behaviours of the adult Beccy. It was this childlike part of her adult self that Beccy believed held the knowledge of abuse and which takes over at times of distress or difficulty. Both women drew on the harm story, survivor discourse and the inner child but applied them in ways that best suited themselves and their situations. However, although she made it very clear that the inner child was not separate, Beccy did confer a level of autonomy and control on the child part of herself that at times was not dissimilar to the level of control believed by Fiona to be exercised by her inner child.

For women with continuous memories of their abuse, an inner child was not needed to access memories but she might still be seen as damaged and in need of healing. Julie's experience of therapy was the Parks Inner Child Therapy (PICT), which used guided flashbacks as a way to contact the inner child and recover knowledge of past abuse. Although she did not need to use this method to gain knowledge Julie did make use of this technique. She saw her inner child as someone who was holding her back and dragging her down and used the guided flashbacks as a way of contacting her:

But it was quite scary but eventually I got this girl, and she is so remote from me now but I got her to calmly talk to me and what have you and in the end I'd go back and meet her again and this particular time I sort of explained to her that she wasn't very well and that she really did need to go and be sort of healed really. I didn't really want to send her off to a psychiatrist or anything so her guardian angel came and took her away and she went off with them. In a way, it's not like I've abandoned her completely its like one day she'll come back but she'll be healed. I had to get rid of her [right, yeh] She was the side to me that was inhibiting me. Since then, I'm very aware that she's still, there is an element of her there but I'll have her back when I'm good and ready, when she's healed. It is like I've sent a part of myself away... You know you have to say that part of me has gone and this is the new me...(Julie)

For Julie the idea of an inner child resonated because she had always identified different aspects of her self that came to the fore in different situations. She had particularly sought out PICT, a therapy aimed at getting in touch with the inner child:

No it felt ok I always knew I'd got this, well split personality, this childish side, not childish but no I was very aware of my inner child. [Was that before you read the book, cos you read the book before you saw him didn't you?] No I was always aware of it. I don't know why. Because I was very aware with my children for instance. You're a parent and a teacher and I felt I'm an adult with my children and there are times when with my mother I felt like a child and that was a side of me that I didn't like. So because she brought out the child in me and I found things difficult when I was a child so I was going to be difficult with her and as the person that I wanted to be, oh I think I was very aware that there was somebody else there that was very much a person in my own right but I needed to explore a bit more. So there were these three personalities already there before. That's why I think the inner child therapy appealed to me because I knew I was already, I could relate to the fact that there are these people in me already. (Julie)

For others the concept of an inner child also helped them to identify and tap into different aspects of their own personalities. Many women expressed the view that in communicating with and comforting their inner child they discovered a stronger and wiser part of themselves.

The concept of a hurt, damaged child, although used in the literature to encourage women to return to a time when they were weak and vulnerable, was also seen to offer the possibility of a fresh start and the opportunity to put right problems created in

childhood. Growing up again and (re)parenting their inner child was a recurring theme in a number of women's testimonies:

The whole idea of dysfunctional patterns & re-parenting our inner child was one that I found very useful. It was necessary in order for me to get in touch with my vulnerability and my feelings again after building a powerful wall around them. (Jenny)

Although contacting an inner child directed women to identify a weak and vulnerable part of themselves, when combined with the idea of re-parenting her, it also helped some women to identify a stronger and wiser part of their adult selves:

It was very useful and I actually found myself being wiser than I realised I was. It was as if I was being able to tap into some wisdom that I had that I didn't even realise was in there when I was trying to parent my child. (Fiona)

There was another aspect of their adult selves which not all the women realised existed, as Fiona found when writing to her inner child:

There's adult me functioning, there's younger me but there's also access to a sort of an older and wiser part of myself that I can access. Probably I got that idea, I don't really know where I got that idea but it's always been there ever since I first went into counselling that there are sort of three parts to who I am. (Fiona)

Not all the participants had developed a positive relationship with their inner child. The child who held knowledge of Hazel's abuse was, she believed, under the control of her hypnotherapist and only surfaced when she was under hypnosis. For her the therapeutic relationship was conducted, not between her adult self and the hypnotist, but rather between the hypnotist and herself as a ten-year-old child. As she explained of these sessions:

I'm a 10 year old; I'm talking as a 10 year old. Yeh the words one uses as a 10 year old. [So apart from a little chat at the end would you have had conversations with him about what was going on as an adult?] No, as a child. (Hazel)

and

Yes as a child for about two years. (Hazel)

For two years Hazel had visited the same hypnotist and in all that time, with the exception of making practical arrangements, this hypnotist had only engaged with the ten year old hypnotised Hazel. The adult Hazel had been given information but was not able to engage with these sessions or to discuss the memories. One of the few occasions when she was able to talk, as an adult, of her experiences, was during the course of this research.

Hazel later came to reject her memories of sexual abuse, and thought that her hypnotist had misinterpreted the knowledge which might have been stored in her unconscious or held by an inner child and which surfaced in the form of dreams. Hazel did not feel she had had a relationship with an inner child. She did not engage in those activities, suggested in much of the literature, aimed at making contact with this child, either to help them heal or to gain access to additional information. As an adult she had read self-help manuals to help her understand how she might have forgotten and then recovered memories of abuse but this was a solitary exercise, in which she did not talk to others. Although she had met with other retractors, this was more by way of listening to their stories than it was telling hers.

Hazel did not develop a strong relationship with an inner child, or child self, but it was the interpretation of the knowledge this child was believed to hold that she rejected. Only Jay rejected outright the idea of an inner child, who she believed was created in therapy, a product of inner child work, who, Jay thought, could take on a life of her own. However, even Jay had found a way of using the inner child in some form to help her own understanding and recovery:

I found the inner child strange. I couldn't really cope with that one. I tried but I couldn't get my head round it. [Do you think you've got an inner child?] Err... not really in the way it seemed to come across in the self-help books and the counselling. I think for me it was looking at other children who were the same sort of age as when I was abused because I did blame myself. I found looking and talking to children of that age then I found it more and more difficult to say well it was me encouraging him, it was me being a flirt because I kept thinking well at that age I shouldn't have understood. I shouldn't have been able to flirt, not sexually. If somebody thought it was sexual then that was their problem and not mine. So I suppose you could use inner child as err, looking at it a bit differently but I looked at it that way. (Jay)

Acting your age

A fundamental principle of the harm story and the healing discourse is that sexual abuse in childhood is a devastating experience that leaves a devastating mark on its victims. This is combined with the view, widespread within self-help culture, that adult women are not only powerful but have the right to lead happy and successful lives. Where women fail to claim this right the causes and solutions are sought within the individual damaged psychologies of those women. Where this understanding is combined with the concept of the inner child, the nature and process of healing take on a particular meaning which have consequences beyond that of individual women. The inner child becomes central not only to the recovery of memories or knowledge but also to the process of healing as it is she who, it is said, has been damaged and therefore it is she that is in need of healing.

Healing has come to be seen as either an ongoing journey of discovery and personal development or as a means by which women, in making contact with their inner child and learning to parent her, can help their own inner child to ‘grow- up’ and develop, without the damaging effects of having been abused, into the strong powerful woman she should or would have been. Whichever route women choose to take they are offered the promise of becoming, or finding, the strong powerful woman who is able to claim her rights to happiness and fulfilment. Whether they choose the route of discovery and personal development or of re-parenting their inner child, they must (first) accept that they have been damaged. In doing so they accept that either their own damaged psychologies or their damaged inner child is in need of looking after, of care and attention, in order that she can heal. At the practical level whichever of these two routes women take they must accept that they are weak and vulnerable, and therefore childlike, and so they can travel easily between the two. This also helps to construct all women who have been abused and are perceived as in need of healing as weak and vulnerable and therefore childlike as well as those women who, although not victims, display the symptoms of abuse such as unhappiness and dissatisfaction.

Whilst the literature does encourage women to engage in childish, or children’s, activities and at times to ‘become’ a child it would be wrong to assume that women

simply follow the advice as if following a set of commands. The inner child was not only more or less real, more or less separate, but she represented different opportunities and fulfilled different functions for different women. For some she offered a way to engage in activities that might otherwise have proved difficult but which they saw as beneficial to both their child and adult selves. For others she offered the possibility of a fresh start and the opportunity to put right what they perceived to be problems created in childhood. The concept of an inner child who was hurt and therefore in need of healing, although central to much of the literature, was not something that all women accepted.

Among those who did identify an inner child there was considerable variation in how they perceived her, how real she was, how often they were in contact with her and the relationships they developed with her. Whilst Beccy did not see her inner child as separate, recognising that it would be herself who engaged in any activities, she did identify in this child a way to work on aspects of her life and personality that she felt needed to be improved. Her child self represented a way in which she (her adult self) could learn to enjoy life more, rather than just plod on. However, it was not something which came easily to her:

I only give 100% if it's real. I can't do it if it's pretend. It's something I have to work through as well [why?] Because I need to be able to play, I want to be able to play. I want to be able to erm... to go into an imaginary world and really feel things when I want to. Not just plough through the not so good everyday things that I have to do. (Beccy)

Beccy used her inner child to represent a part of her adult self; for other women the inner child, or children, was more real or separate. However, this understanding was not always unambiguous or clear-cut, which itself might relate to how contact with the inner child was seen by women as a way to help their adult selves. As the following exchange shows, although Fiona identified her child self as separate, she also used her as a way to engage in activities which she felt would benefit her adult self:

Looking after the inner child I think is more basic it's cuddling up with my teddy. I keep a teddy by my bed and if my inner child is feeling tearful and

afraid I'll go to bed and cuddle my teddy and have a wee cry and that's how I take care of my inner child.

[But the teddy's not your inner child].

No no.

[It's just some books suggest you have a teddy as a...]

No my inner child is in me, not a separate part of me it's always me, actually me.

[So is it you cuddling the teddy for your inner child or is your inner child cuddling the teddy?]

My inner child's cuddling the teddy. It's me as an adult telling myself to get into bed and cuddle the teddy and keep myself warm and have a wee rest and it's my inner child that's doing that, that's lying in the bed cuddling the teddy. When my inner child has been comforted, had a little cry, cuddled the teddy and I'm calm and it's my adult self that gets out of bed and carries on with the day. I'll look after my inner child as well with music. I actually like to dance about. If I've got the place to myself (laughs) not if my partner.... I'll put on music that I like and I'll have a wee dance about the place and just feel happy. Sometimes just to relax and feel happy and I do that when I'm on my own but not when I'm with anybody else. That part of me feels safest when it's just me and her.

[What if you want to dance?]

If I want to dance I would go with my friends out dancing or out with my partner out dancing but I would do that in the company of other people but erm, for that part of myself to be able to express her happiness and joy she would want to do that with just me there, not anybody else. Colouring in, I went through a period, not recently, but when I used to have a colouring in book and crayons and just lie on the floor and colour in. I'd feel quite calm and happy doing that. (Fiona)

The relationship Fiona developed with her inner child was not only influenced by the recovery literature but also by discourses of femininity and what she believed were the appropriate thoughts and behaviours of adult women. Although she acknowledged that some of the activities engaged in by her inner child were beneficial, they challenged her perception of her self as a mature, healthy adult woman. The concept of an inner child enabled her to engage in certain beneficial, pleasurable or fun (childish) activities without threatening this identity.

Fiona engaged with her inner child more than most women, but she used her own judgement in choosing which activities or behaviours she was prepared to entertain and which she thought would be unhelpful. Fiona was the only participant who had used the Internet but as she said of one site:

There was one in particular that had a chat room where everybody talked baby talk to each other [yeh]. Have you heard of that? [Yeh]. And I find that very disturbing. I went in and looked at it and I thought oh no, it made me actually feel nauseous. Some people might get a lot of help out of that but it just put the willies up me so it did, all this baby talk (Fiona)

and

I didn't find useful the idea of actually talking in a babyish voice or trying to regress myself physically but maybe I got that idea on the Internet. I didn't think that was very useful (Fiona)

An inner child has proved useful to Fiona but the idea of an inner baby, talking in a language of goos and gahs, was a step too far.

Rather than being infantilised by her inner child, Fiona was able to use her to maintain a positive self-image in which she was could distance her adult self from childlike behaviour. However, her relationship with this child relied to some extent on her accepting only particular thoughts and behaviours as appropriate in adult women. This was an idea rejected by Jay. She believed the inner child was used to encourage women to believe that, as healthy adult women, they should deny themselves certain feelings. Therefore when they had these feelings, they were attributed to an inner child as they could not be attributed to a healthy adult woman. The idea of an inner child not only threatened Jay's sense of identity but it also denied the very real feelings her adult self was having in the present:

I worried enough about whether I'm mental or not I don't want that. ...because you're trying to put yourself together and then you're being told to split yourself up again. It just didn't make any sense. I know sometimes you feel like a child and feel vulnerable and scared and everything else but are we not allowed to feel that as adults... Yeh I feel vulnerable now. That's what I have to deal with. I'm living now not then... (Jay)

Jay did not believe it helpful, or even healthy, for women to separate themselves from their thoughts and feelings, whether it took the form of an inner child, which served to construct them as childlike, or provided them with an excuse, which allowed them to act in inappropriate ways. She believed it would be healthier for women to recognise and take responsibility for the way they felt and behaved. Jay was ready to challenge the construction of adult womanhood, which in turn made it easier to reject the

concept of an inner child, but this was perhaps not so easy for others. Jay also had continuous memories of having been abused and, unlike Fiona and Anne, she did not need to rely on an inner child for autobiographic certainty.

Both Fiona and Anne accepted the idea of appropriate thoughts and behaviour for women, but used the inner child as a way of mediating the effects on their own lives. The inner child provided Fiona with a temporary release, and relief, from the straightjacket of contemporary womanhood. Anne had come to live 'as a group' and the relationship she developed with her inner children was more intense. Her inner children were very real to her and, unlike the other participants, she often used the pronoun 'we' when talking. Although she also used the inner child to engage in similar activities to those of Fiona, she did so to very different effect.

Anne was aware of hundreds of alters and had, to date, made contact with over twenty, of whom most are people and a few are animals. Of those in human form, only one was a boy and the rest were girls. Many have been given names and they all display strict gender attributes. The girls were seen as sweet, charming, innocent children who needed protecting and looking after:

They're lovely (Anne)
and

I've got a lot of very sweet little children, you know, who are delightful and great fun, sort of ingenious and I've tried to train them not to take sweets from strangers or go off with them...(Anne)

She writes poems to them, celebrates their birthdays and buys them presents and cards, an idea suggested in much of the literature but not taken up by the other women. In return they

like colouring in books, they love glittery stuff, all the girly stuff. (Anne)

They were also very demanding:

I found the children kept wanting bracelets you know. They thought bracelets were great. And Minuet who picked up the worst of the abuse, I got her a beautiful... you know I went into the shop, I knew I wanted silver because I realised there were predators in my system who were anti me and I felt it was like possession, you know I needed exorcism. You know I thought you stopped vampires with garlic and silver so I went off to try and get something silver. (Anne)

Anne was very generous to her children, buying them presents and cards, in a way that she was perhaps unable to be to herself. It was also her children who needed reassurance and comfort when Anne felt distressed or upset. She had a tape, recorded by her therapist, which she played at such times:

Cos a little baby hears voices you see, don't they. (Anne)

Many of the children inside listen to that tape now, when they're panicking. (Anne)

Through her children, Anne was able to buy nice things, to read books and listen to tapes. She was able to take time out for herself and to go for walks across the park. She was able to talk about her feelings and even to seek out a therapist. It may be that the adult Anne felt unable to do these things. As much as the recovery literature claims to be empowering, it will not help Anne's adult self to do them.

The only boy, Dag, among Anne's personalities conformed to a particular stereotype of troubled or troublesome male youth. He first surfaced by a football ground and when he wrote it was always using graffiti:

you know stropky kids kind of thing, you know, graffiti artist, tough graffiti artist... (Anne)

She did not buy Dag sweets or colouring books or bracelets, she bought him a little football. He might have been damaged and he might be troubled but he was also tough and, by implication, able to look after himself. Of all her alters this boy was the one Anne seemed to have the most affection for. He was also the one

Who had to be incredibly courageous you know, all the time. The daring one. (Anne)

But he also bore a resemblance to her Father:

His eyes are just like my dad's. (Anne)

It was her father who Anne believed was one of the central figures in the circle who ritually abused her. However, he was also someone about whom she felt some guilt.

Unlike her friends from childhood who looked after elderly parents, Anne had moved away and left her father to look after himself. She had expressed guilt over this, but at the same time was able to draw on her history of abuse to vindicate her behaviour.

In Fiona's world it was her inner child who helped Fiona maintain the identity or self-image of a mature adult woman but this was an identity which Anne was not so happy to construct for herself. Indeed as a teenager she was not sure she wanted it at all:

Because in my teenage years I had no intention of growing into a woman at all, it just sort of happened. (Anne)

Anne's inner children may well serve a different function. The girls who populate Anne's world displayed the feminine characteristics with which she herself was uncomfortable and might have helped her to avoid such an identity. But elsewhere, as she says of her alters, they sometimes

Feel to me like protectors, parents or something. (Anne)

On a similar theme, she believes it was one of her inner children who telephoned her therapist, when she was having a particularly difficult time:

One of my inner children called up R, my therapist. It had to be that person because, you know, it wasn't me on the phone. It was somebody else. (Anne)

Becoming whole or living 'as a group'

Integration and the idea of becoming whole is a theme running through much of the literature. Within the sexual abuse recovery literature, where there is usually only one inner child, the aim is to enable your inner child to heal and for you both to become whole. The idea of becoming whole through healing and contact with an inner child was also a theme running through many women's accounts. Splitting and losing sight of her true self were seen by Sarah as a consequence of having been abused. Therefore, becoming whole and finding this true self were seen by her as fundamental to her healing:

I was acting, putting on a front basically...when someone has been abused, whether emotionally or physically or whatever, you put up boundaries around you or you act like somebody wants you to act. You are not your true self because it has been beaten out of you. (Sarah)

But through her healing she believed

I became my self and became whole. (Sarah)

For some the idea of becoming whole ran counter to their experiences, particularly those who engaged with inner child work. Fiona had, for example, started to feel less not more whole since engaging with the recovery literature.

Julie had pictured her inner child as the child self she once was and had chosen to send her inner child away to be healed. However, she was at the same time very clear that her inner child was a (damaged) part of her adult self. It was, she believed

the side to me that was inhibiting me. (Julie)

In sending this part of herself away she was able to move forward in her life and in doing so hoped to become stronger and be able to welcome back her inner child, who as a part of her, would also be stronger. Although for many the idea of integrating a damaged inner child or child self was an important part of healing they did not all take this to mean that, on healing, they had to give up this child. This child might remain with them, not because they were abused but as Julie says, because they are like other human beings:

She's never going to go away, as in there are times you know, as a human being, we feel a bit like a child. (Julie)

The issue of integration also featured in much of the MPS/DID literature but some argue that this should not necessarily be the only aim (Whitman and Shore 1994). This was an idea picked up by Anne who had intense, at times overwhelming, relationships with the children who shared her world. Whilst she believed these inner children needed to heal, she was less clear about the need, or desirability, for integration:

Whether they'll merge or what happens I just don't know...but to my mind the thing to do is to just love them all and when they surface you need to tell them that they're not going to get hurt any more. (Anne)

Whilst she was aware that much of the literature encourages survivors to integrate their personalities, Anne has recently read a book that challenges the orthodoxy of this:

It's helped all of us, you know, begin to realise, you know, not to try and sort ourselves out like all these easy books tell you to but to just kind of go along with it and take whatever happens week by week because it's, you know maybe you land up getting to know all the children like before, you know or maybe they start integrating a bit along the way. I simply don't know. But I found the simple advice of other multiple personality books simply didn't tell you the horrors and the difficult structures that these tortured children had to invent. (Anne)

The inner children with whom Anne shared her world were very real to her. So real had they become that Anne did not always see it was her role, as the front person, to make decisions for the rest of 'the group':

I realise that there are people in there who know much more than I do about what happened and who are much wiser than me in what needs to be done. I mean there are so many different people but Anne, the front personality, is beginning to realise that she is only part of the big system. (Anne)

For many of the participants in this study who acknowledged an inner child, integration and becoming whole were seen as important steps on the road to recovery and health. However, for Anne this was less important, if important at all, partly because as she said herself:

You get used to existing as part of a group. Even the front personality gets used to existing as part of a group. (Anne)

So who is the inner child?

The inner child need not always be the weak, vulnerable person evident in much of the literature. Neither need she always be a reminder of past, unhappy or traumatic, times.

Instead she can be a representative, or possibly a reminder, of happier times. In the case of Sarah, literally a snapshot of when she was full of fun and laughter:

I have an inner child oh yes. Stay there I'll show you my photo of my inner child (she leaves and returns with a photo) This is a photo I love, this is my inner child she's beautiful, just her face and the laughter it's brilliant. She's probably about four [right]. She's brilliant yeh yeh. Full of fun and laughter, fantastic. (Sarah)

Chapter ten: Problems with the children

I mean, who is going to be the inner child?

Introduction

Within the debates raging over recovered memories of childhood sexual abuse the inner child is left largely untouched. However, the way in which she enters the world, as one of a number of alter personalities, is central to that area of debate that focuses specifically on MPS, or DID as it is now known in the professional literature. This is in part due to the focus of these two separate but related arguments: whereas the recovered memory wars focus on the truth or falsity of sexual abuse claims, the focus within the arguments around MPS is on the emergence of alters. Therefore, although an inner child, itself a form of multiple personality albeit usually limited to only one alter, plays a central role in recovered memory discourses, it is the knowledge which she is claimed to hold that has become the focus of attention. One of the few areas of agreement within the recovered memory debates is that hypnosis is significant in the surfacing or creation of multiple personalities. According to the FMSF, MPD is an 'iatrogenic behaviour syndrome, promoted by suggestion and maintained by clinical attention, social consequences, and group loyalties' (McHugh 1993:5). Although there is recognition of the vast array of literature, including self-help material, currently in circulation, it is assumed that this suggestion is made by a (hypno)therapist. As with recovered memories, those women at the centre of these debates are seen as passive recipients or hosts for these numerous personalities.

Of those who participated in this study four identified, often for very different reasons, problems with the concept of the inner child. Of these, Beccy and Fiona did both develop a relationship with an inner child. Anne's concerns were with that literature which encouraged women to recognise only one and she went on to develop relationships with over twenty. Jay rejected the idea of an inner child, who she believed was created during the course of women's engagement with therapeutic discourses. These women cannot be taken as representative or used to explain how

multiple personalities come into being, but the concerns of these four women did shed some light on the subject and offer alternative routes for the emergence or creation of multiple personalities.

A problem of separation

Although the inner child was largely thought to be hurt and in need of healing and contacting her was seen as necessary, or at least beneficial, a number of women did express concern over how this child could be perceived, or how she might develop over the course of therapy or a woman's journey to recovery. Beccy and Fiona both developed a relationship with an inner child or child self but saw her in very different ways. Beccy saw her inner child as a damaged part of her adult self and although she was not concerned with the relationship she developed with her own child self she did express concern about the relationships some women might develop, possibly encouraged by the experiences of others:

I haven't really looked into it I just know of the concept. I haven't read any books on the inner child. I have read a book about someone who was emotionally abused by her mother and she has loads of children and she talks to them and she can be one or be the other. That freaked me out slightly. I was like oh I don't know. They're all you so is it good to be so separate? Like this one had that personality and this one had that personality and this one had that one. I'm thinking what, they're all you. So I think there can be damage somewhere there of not integrating everything and not working through some things because you think, oh well that's not me that's that inner child there, or that inner child there. When really, it's all you. (Beccy)

Beccy was one of the few participants to engage directly with the recovered memory wars and was careful to avoid criticism of her own therapist and to distance her from practices that could be criticised by others. As a result, although she expressed concern around the inner child, she made it clear that she was not rejecting something that had come up in her own therapy but rather she was rejecting something she had only come across in books. Beccy's concerns centred on the potential role the inner child could take in women's healing. She believed that coming to see their inner child as separate could direct women away from healing and prevent them working through problems.

Her concerns also carry the implication that a separate inner child could be used as an excuse, or even an indulgence, by some women. Where problems are attributed to 'that inner child' and 'not me' the adult woman can avoid responsibility for those actions attributed to their child self. The idea that women might not respond to events that were happening to them but rather see them as happening to a separate inner child, and the reification of this child, could point women in the wrong direction was a concern shared by Jay:

So I feel in a lot of ways the inner child, as well as being dangerous and everything else, it takes you totally away from what you really should be concentrating on. (Jay)

For Fiona her introduction to the concept of a child within was not entirely new but resonated with the feeling she had that she shared her life with someone. For her the therapeutic /self-help literature provided a way for her to make contact and interact with what she came to identify as her inner child. Although not entirely comfortable with the relationship she had with her child self, Fiona was clear that she saw this child as, increasingly, separate. Even though Fiona had developed a positive relationship with an inner child who had proved a helpful and cheerful companion, she was nevertheless someone of whom Fiona was at times fearful. Over the course of her healing Fiona had increasingly come to see her child self as not only separate but with a will of her own. Indeed so separate had she become that at times Fiona spoke as if someone else was responsible for her emotional well being. She was also beginning to be

A bit afraid of her at the moment because she is the one who has caused me all this upset. (Fiona)

Whereas Beccy saw her inner child as a part of her adult self, and therefore ultimately under her control, Fiona saw her inner child as separate. It was for Fiona, therefore, her inner child who was in charge and Fiona had begun to feel that she could not 'control her anymore' (Fiona). Fiona had invested heavily in the relationship she developed with her child self not only as a means to recover memories but also as a way to engage in activities that she might otherwise find difficult. As she perceived

this child as separate, Fiona has surrendered to her a degree of autonomy and control over her adult self that the adult Fiona now finds hard to resist. Although she recognised that her inner child had become more separate since she first entered therapy, as she believed her to be real, she did not believe that a separate inner child was created in therapy.

Creating children

It was not clear who or what Beccy believed was responsible for the conception of a separate child self but for Jay the creation of one or more inner personalities was the result of inner child work; a therapeutic technique in which women are encouraged to contact and communicate with their inner child self. Within the literature this often involves writing letters to and from the inner child together with drawings done by the child, seen as the child communicating information. As this child is said to be the one who was damaged by, and holds knowledge of, their abuse women are encouraged to attribute thoughts, feelings and behaviours that are seen to result from abuse to her. Jay believed that in doing so women would create a personality whom they would come to see as separate and might well go on to develop a relationship with her:

So I did write some stuff and I found I'd given a name and then I thought hold on I'm making this into a real person, somebody who's not me. But by making her a real person am I not encouraging it and I became quite scared then. (Jay)

Jay had continuous memories of multiple forms of abuse spanning most of her childhood. She came to reject inner child work and the idea of an inner child for a number of reasons. Even before she tried to contact her inner child Jay was faced with the problem of how old this child would be. She would either have to choose an age at which to contact her self as a child or she would have to contact this self not once but many times. This in itself, she believed, could lead her to identify a number of children. When she combined this with other aspects of inner child work Jay feared for her sanity:

Yes it was multiple. And I was thinking I don't want to end up getting sectioned for having multiple personalities. [Did you actually think that?] I

didn't just think it, I said it [right what did they say?] They said no it's just sort of inner child work and I said no because if you're trying to acknowledge somebody at a certain age then you're looking at that person as an individual and to me that usually means looking at it and giving it personality or a name and something like that. Now if you have five or six or eight of them it's going to get rather crowded. That's when I realised, when I'd given them names and things like that and I thought...it was getting me crazy it was like a multiple personality and I thought no, I'm stopping this now. (Jay)

The possible age of her inner child or children, a concern not raised by others, was not the only reason Jay rejected inner child work. Jay had tried inner child work but, unlike the other women in this study who had tried it, she eventually came to reject it as unhelpful, counterproductive and at times dangerous. Returning to the inner self of her childhood, particularly her teenage years, was especially disturbing to Jay who was aware of attitudes and behaviours that she displayed as a teenager to which she did not want to return:

I found it very scary ground. As a teenager I could be rebellious, I could be angry and I could be quite destructive especially to myself. Did I want to bring a child out like that and that's when I find I'm on very dodgy ground because the self harm I'd done before I went into counsellor was quite minor. ...I'd never cut myself but I did when I was doing the inner child work [really] and that's when I stopped the inner child therapy and I stopped cutting myself. (Jay)

Jay was very clear that it was her adult self who not only experienced the effects of having been abused as a child but that it was this adult self who lived in the present and who therefore had to deal with these effects. Since engaging in inner child work she found she had begun to self-harm again but she was able to stop when her adult self took control.

She had first-hand experience of the potential dangers of inner child work during her own recovery but Jay's concerns were not limited to her own situation. Like Beccy, she felt that attributing thoughts and behaviours to an inner child, or children, could be indulgent and might direct women away from addressing issues faced by them, as adults. Inner child work, she argued, served to deny adult women the expression of feelings and the articulation of thoughts which were seen within the therapeutic

community as inappropriate whilst encouraging women to indulge in childish and/or irresponsible behaviour. The re-parenting promoted in the recovery literature she believed was irresponsible and encouraged women to allow their inner children to run wild. If we are going to re-parent an inner child, she argued, we should be responsible parents and not the indulgent ones encouraged by the literature:

If I had an outer child who's doing that, which I have done, I'd deal with it but I wouldn't let them run round me. I wouldn't be giving them permission to just do anything they wanted and say it's ok, which is what they encouraged me to do in the inner child work. Saying they've got a right to be angry and everything else but I think well no if you're trying to parent a child you have to be a responsible parent [yeh, yeh]. And that's why these things are getting me pretty scared about it because I do feel it's giving yourself permission, not to be indulgent, but to be very destructive [Yeh, yeh]. And I don't think that's going to help anybody so I stopped doing that as soon as I twigged what seemed to be happening. (Jay)

However, although she rejected much of the 'childish' behaviour encouraged in the inner child, Jay did not reject all behaviour that is seen as childlike. Instead she questioned the types of behaviour prescribed for adult women and those behaviours which are prohibited so that women can only engage in certain behaviours by accepting these are performed by an inner child or child self:

I never felt comfortable with it. I felt as though it was an excuse to let things run riot in a way, which I don't suppose is always a bad thing but do we need an excuse, it could be we want to do it. (Jay)

Why say the inner child's angry. Why not just say you are angry and I felt as though maybe the inner child was becoming an excuse. (Jay)

Jay saw the ideas surrounding the inner child, created in therapy, as both prohibiting certain behaviours in adult women whilst encouraging others, neither of which she believed were helpful or even healthy. A concern with the childish also led to alarm about how women who identified an inner child might be treated by others. Included in the advice offered in the literature is the suggestion that women hold birthday parties for their inner children or have their husbands or partners read them bedtime stories. This was a prospect not relished by Jay who saw dangers for both parties:

Because you're asking your husband to effectively treat you as you were treated as a child...so for both sides I think it's very dangerous. (Jay)

Anne's children

The problems identified by Jay, relating to the inner child and inner child work, can be recognised in the account Anne gives of coming to identify herself as a victim of ritual abuse living with multiple personalities. However, Anne has a very different understanding of the inner child and multiple personalities and does not see the emergence of her personalities as problematic. Rather than being created through inner child work, Anne believed that

during a severe physical trauma there's a point where the mind and body split (Anne)

Inner child work was problematic for Anne not because she did not identify with the idea or recognise her own inner child but rather because she recognised (too) many:

Because if a lot of us have got inner children, I mean who is going to be the inner child? (Anne)

The main fault, she believed, lay with therapists and writers of self-help manuals who failed to recognise that those with particularly traumatic experiences may have many alters and the process of making contact with them might itself be traumatic:

Yes what I would really like to caution about this inner child stuff is that for multiples it is terrifying to have people want to do inner child work on them... They [therapists] think because you won't do inner child work that your skiving, that you're escapist, you're irresponsible, you don't want to be cured, you're making problems. And it is absolutely appalling. They should never ever assume that anybody has just got one inner child. Because if you are severely disturbed you will have more inner children and I think it is appalling that therapists aren't taught this and go about trying to castigate you. (Anne)

Believing that the inner child or children were created at the time of trauma, Anne felt that inner child work should at least be open to the possibility of there being many and

should be designed to help all of them rather than focus on just one. The process had, after, all been a positive one for Anne:

It's been marvellous to surface the inner children. (Anne)

Anne had been involved in recovery for over twenty years and although initially believing herself to have been the victim of CSA had rejected this history and come to identify herself as a victim of ritual abuse. She was not the only woman for whom a history of CSA may at one time have provided an explanation for her unhappiness but which, over time, was no longer adequate. However, unlike those who had rejected their memories and saw themselves as victims of FMS, Anne had invested heavily not only in a therapeutic solution to her unhappiness and the difficulties she was facing but also in the idea that her problems stemmed from childhood trauma, and more specifically from sexual abuse. She was also, again unlike the other women, the first author of her story. Whilst we cannot speculate on whether or not Anne was the victim of sexual or ritual abuse we can see in her narrative a 'progression' from childhood trauma through incest to ritual abuse in which she appears no nearer her goal of a happy and fulfilled life. Having invested heavily in therapeutic discourses she needed an explanation for her continuing difficulties which she also found in the therapeutic literature. As she believed these difficulties stemmed from childhood trauma it was only a small step for Anne to look deeper to uncover knowledge of even greater trauma, stored in the unconscious or held by an inner child.

Anne had 'always needed therapy', had 'always needed something' and spent many years trying to decide if it was her 'mother or father that was causing the problems'. To begin with she identified herself simply as coming from

a multiple problem middle class family, that's as far as I'd got...one brother died as a child...my other brother killed himself... he'd attempted suicide often as a teenager...he'd spent a year in a mental hospital...so it was clear to me that this family was a complete mess. (Anne)

It was only later that she came to believe, first that she had been the victim of incest, and later, that she had been ritually abused as a child and that she existed as part of a

group. Although she had no memories of sexual or ritual abuse Anne did have access to a traumatic history which others might have found provided an adequate explanation for unhappiness or dissatisfaction in their adult lives. However, for Anne these memories were not enough to explain the difficulties and unhappiness she experienced as an adult. She might have been influenced here by society's perception of sexual abuse as more traumatic and damaging than some other forms of childhood abuse or trauma. However, by the time of this study she had identified a history that she believed was even more traumatic and damaging than sexual abuse.

During the course of her recovery Anne had been able to identify a growing number of alters which she first connected to sexual abuse. At the beginning she had been unable to do inner child work and came to believe that this was because she had more than one, itself an indication to her that she might have suffered more serious abuse over a prolonged period. That, she believed, would have resulted in very scared and damaged children and so rather than the adult Anne attempting to make contact with them she left it to the inner children to first contact her. Anne's narrative was not simply based on her having more than one inner child but the inner personalities who shared her world were very different from those who were created as a result of 'mere incest'. Unlike many multiples, Anne's system did not include adults, which is linked by Anne to the severity of trauma and the age at which it occurred. The inner personalities of Anne's world were not the

happy little children and happy little adults who get to know each other and some of them go off to work and some of them do this and that. (Anne)

Anne's inner children are the 'totally traumatised children' found in the ritual abuse literature. Her understanding explains not only why she has the personalities she has but also why she did not benefit from the 'sweet pretty little books' aimed at the multiples of the sexual abuse movement. Unlike the structure of multiples who split as a result of CSA, the personalities who inhabit Anne's world did not include adults. This, she believed, related to the lessons her children learnt at the time of their trauma:

I was expected to have adults in my system but I didn't trust the adults you see. (Anne)

The only adult in Anne's system was Anne, the front personality. She was the one who had 'been out in the world'. She was also the one with whom the interview was conducted.

A constant theme within the literature is that of splitting and often the more extreme or traumatic the experience(s) the more split personalities a survivor is likely to have. The explanations and advice provided by therapists and self-help books clearly play an important role for Anne in explaining and validating her experiences. Whilst it could be argued that her life is structured around therapeutic discourses, Anne was not tied to any single one. There are 'no rules' she said, 'everybody does things different'. Where the literature no longer provided an adequate explanation or way of living, or possibly when her relationships with her inner children developed beyond those in the literature, she was prepared to seek out additional or alternative material. Often this involved an increase in what she believed to be the level of trauma she experienced, as she developed a more extreme history of abuse:

Often in these serious abuse things it's one child who takes a lot of it ...And it's got a chapter on multiple personalities because what I read otherwise, the ordinary multiple personality books don't help people from ritual abuse. I now realise, as a ritually abused you've got an entirely different pattern of multiple personalities... You've got all the totally traumatised children and in my mind I give them nursing, you know whatever they need, you know [yeh] And then you've got the predators who are on the side of... you know. I'm now beginning to understand all this. And then you've got the children who surfaced during the abuse yes, the abused children, the predators and protectors. I've got animal protectors. This I think is beginning to be you know, maybe people who've suffered more serious ritual abuse, that you are a very small child so you've got animals, it's lovely. (Anne)

In a further development of this theme, traumatic experiences may not simply result in additional alters but the alters themselves may develop multiple personalities of their own. Anne's life revolved around her inner children. Her days would be spent with the children and her evenings would often be spent, possibly when they had gone to bed, talking about them to those adults willing or able to listen, usually on the other end of a help line. However, at the time of our interview she had become aware of the possibility that there was more to her inner children than she had at first believed.

Rejecting books that she was once 'wild about', her reading had become more focussed on ritual abuse. It was here, specifically in reading *Ritual Abuse* (Smith 1993), where she first came across the possible extra dimension to her children. As she says of reading this book:

Yes, certainly somebody's, you know it's helped at least one person surface and it's helped all of us, you know, begin to realise, you know, not to try and sort ourselves out like all these easy books tell you to but to just kind of go along with it and take whatever happens week by week... But I found the simple advice of other multiple personality books simply didn't tell you the horrors and the difficult structures that these tortured children had to invent. (Anne)

The structure of multiple personalities is said to be such that in extreme cases of abuse the personalities may depart, leaving one particular alter to take the abuse. It is under these circumstances that an alter may herself develop personalities. This is an explanation that Anne had come across recently and which she was able to apply to her own life:

So you see it's a completely different set up. I've been reading this book about it, I photocopied some of it and you know all the time I'm reading it people are screaming and screaming and screaming inside. So I know there's a lot there to learn from. They were talking about children who took the abuse would also fragment into sub-personalities and I now realise because three of them who took the worst abuse have surfaced and they have sub-personalities I think now. I may be wrong but I think they're sub-personalities of Minuet, the dear little girl who took most of the abuse. (Anne)

Anne found, within the field of multiplicity, an explanation not only for the difficulties she experienced in her adult life but also for why they continued even after years of therapy:

I couldn't do the exercises. I mean, the ritual abuse thing was just so different so I mean sometimes you know I would get upset. (Anne)

Well no because I'm a ritual abuse survivor, the book is geared to people with a different experience. (Anne)

It was not because she was 'skiving' and not working on herself that Anne continued to experience problems. It was because she was a victim of ritual abuse. Having

located herself in the field of multiple personalities she was no longer under pressure to provide evidence of abuse - multiplicity was itself seen as evidence enough - nor was she under pressure to integrate. She did not need to go beyond the 'packages' she prepared for her alters. As Anne's life was increasingly centred on her inner children she had become increasingly isolated. Again she did not look outside the therapeutic world she had created for herself to address this problem. Seeing herself as a victim of the most severe trauma provided Anne with more than just an explanation for her continuing difficulties. The 'survivors' world', she said,

has given me a home, a base and area of dialogue... suddenly I'm in an area of growth and discussion and beingness. And that also has been fantastic. That's since I've discovered the sort of survivor's movement as it were. You know there are people to whom you can talk about this. (Anne)

Beyond her inner world of troubled children the people Anne talked to are those within the survivors' movement, who understand and are willing to talk to someone who identifies themselves as a victim of ritual abuse who shares their life with hundreds of personalities. Although she has spoken with a few ritual abuse survivors with multiple personalities, the majority of those to whom Anne talked in the survivors' movement are those at the other end of a help line. Going through her list of help line numbers Anne was able to tell me those that she found helpful and those she did not. She talked to women on the end of help lines all over the country and spoke of them as if talking of good friends. The women she found particularly helpful were those with a particular understanding of and empathy with the inner children of the ritual abuse world:

It was fantastic to find they take you on board as a person. They would know me and I would call up and I would talk to someone I knew. (Anne)

I got to know all the SAFE people which was lovely. Then Mary started getting new people at SAFE and I got to know them. I got to know ...at Brighton a tiny bit. The Manchester people were great. They were never there but they would always call back. (Anne)

She also subscribed to a number of newsletters, for both sexual and ritual abuse survivors. On reading these she commented

you're almost in touch with the people out there aren't you? (Anne)

The survivors' movement might have contributed to Anne feeling special and given her a sense of belonging, where she might otherwise have been even more isolated, but this survivors' world is itself a very restricted one. There were times when it did not seem enough for Anne. It may be that she was constantly looking to expand her world, but so entrenched had Anne become in the world of multiplicity it was difficult for her to look elsewhere.

The alters Anne had so far been in contact with did not need to provide evidence of abuse, but she did need an explanation not only for why there were so many of them but also for why she was still to move 'from surviving to thriving'. The investment Anne had made in the therapeutic world of alters also made it difficult for her to look elsewhere for such an explanation. Without her inner children to provide supporting evidence Anne could only claim to have been the victim of more and more extreme abuse. In doing so she would have had to identify more and more extreme forms of abuse in which her experiences were much worse than the experiences of others. At the same time the more alters she surfaced the more extreme her experiences would have to have been and the more likely it would be that her recovery would take even longer:

I could never get help by the books. I think what happened to me was too severe. (Anne)

I was right, you know off the...out of the books as it were. I always was the most severe case in anything I read. (Anne)

Anne's story reads not so much like a 'detective novel' in which she uncovers perpetrators, but more like a coming of age or family saga in which she goes through life developing new relationships, but only with children and the occasional animal. Throughout her account Anne made clear that she believed her alters had always been present, albeit unrecognised, and was careful to distance herself from their creation.

Like Beccy, Anne also engaged to some extent with the recovered memory wars, and this informed the explanation she gave for the emergence of alters. Throughout her account Anne referred to the ideas of others, therapists, writers and survivors, as a way to reinforce and validate her own account and to some extent to distance herself from its construction. Whereas Beccy had claimed validity for her story by distancing it from the accounts of others, Anne claimed validity for her story by demonstrating its similarity to those found in the literature. This claim was reinforced by the idea that it was not always, or at least only, her adult self, who read this material:

It's been stuff that nobody else has told me. You know, it's just my inner children who've had those experiences. And then in this book they talk about the experiences and the inner children just, you know, it's so fantastic to them that it's written down. Do you see what I mean? It sort of confirms the experience and then you feel you understand more. (Anne)

It was also the children who engaged with the recovery literature and who might communicate directly with her (their) therapists:

Once or twice Mary at SAFE talked directly to the children who were feeling very panicky and that helped but that's quite strange. (Anne)

And elsewhere

Sometimes there's different people inside me talking you see...R [a counsellor] at Christmas said she wanted me to write every week...She said she wanted me to write every week and moreover she wanted the person who talked in the therapy to write. That was when we realised she didn't want Anne the front person to write and it turns out, I thought it was a young child but it was clearly much more, you know a major part of the system. (Anne)

So far Anne's children had only talked directly to her therapists when her adult self was absent. She was optimistic about the possibility of her front personality being present at the same time as her children and for them all to be able to engage in conversation together:

It's complicated this, it's about co-consciousness. Have you come across the term? [Yeh]. It's new to me. But I've never had co-consciousness, I think most people have it from the age of three onwards or so, something like that I don't know. You know when there's someone there that can say wait a minute this is going to be tough but we'll be ok...But anyway I'm beginning to get it a

bit which is fantastic it's a great thing isn't it [yeh] It's marvellous. It means you don't have to get so upset you know. (Anne)

Anne had worked for many years at developing a relationship with some of her alters. She was beginning to look at the possibility of developing relationships between all those with whom she shared her world. She was also aware of how much of her life was taken up with the children. There was she said

so much to do in life...you need an extra day to do anything. (Anne)

Whereas the harm story of the sexual abuse recovery literature enables women to construct a particular narrative, which in turn helps them negotiate their adult lives, the discourses around ritual abuse and MPS helps women to construct a different narrative in addition to providing them with a different set of tools with which to negotiate their lives. The emergence of multiple personalities has also helped to create a space and time in which those stories can be both told and heard, if not by everyone, then at least by some. The sexual and ritual abuse literature not only provided an explanation which Anne could draw on to explain her own life but in doing so it introduced the possibility that she shared her world with a number of alternative personalities. Although she did not simply follow a script set out in the literature her experiences of healing and recovery did to some extent mirror the developments within the recovered memory and multiple personality movements. Initially believing herself to be the victim of sexual abuse she had, by the time of the interview come to believe that she was the victim of ritual abuse and shared her life with hundreds of alters, some of whom had alters of their own.

Sharing her world with a population of inner children and animals had become so much a part of Anne's life that it was more 'real' to her than the one outside, populated by 'unitary people'. Constructing a ritual abuse narrative helped Anne to make sense of and explain her life. It also provided her with the tools and maps to negotiate a path for herself, with which she felt comfortable and at times 'special'. Unlike those for whom the inner child was a means to gain access to knowledge of abuse, Anne's inner children, like those of the multiple personality literature, did not

need to provide evidence of abuse. Their presence was seen as evidence enough and the emphasis was on making contact and not uncovering knowledge. Anne's life involved little contact with the outside world but was centred around her inner children. She had for the last twenty years

been virtually invalidated out of the work world because I'd get ill all the time and things. (Anne)

Unable to work and with limited outside contact, Anne's friends and companions were the personalities, animals and children, from her inner world and those from outside who were able to enter this inner world. Each child received a package, including poetry, presents and sweets, and her life revolved around producing these packages. It may be that when she had completed a package for one child she moved onto another. There were after all hundreds still waiting. Whereas many women engaged in the recovery literature were involved in a search for knowledge, it may be that others were looking for companions. Anne's life did not seem to live up to the promises of empowerment and success made in the recovery literature. It may be that MPS offered her a new way to be an unhappy person (Hacking 1995).

The inner children of women's accounts

The concept of the inner child illustrates once again that women's engagement with ideas promoted within the recovery literature, and encapsulated in the harm story and the healing discourse, were not always embraced with open arms or accepted in their entirety. Not all the participants identified an inner child or developed a relationship with her. Of those who did recognise an inner child, not all saw her as a separate person. For some she represented a damaged part of their adult selves. However, many did accord her considerable influence over the lives of their adult selves. The inner child was evidently a valuable companion that helped some women understand, make sense of and move on with their lives. For others, she was someone with whom they shared the present. However, she was not an unproblematic concept even for those who shared their lives with her. Women had an ambiguous, at times problematic and at times helpful relationship with their own inner child.

Part four: Healing and the adult self

Chapter eleven: Selves to live with

Chapter twelve: The contradictory self

Chapter thirteen: Self-development and healing - to be and not to be

Chapter fourteen: Conclusion

Chapter eleven: Selves to live with

Personhood...is not a matter of simply choosing a role that one somehow becomes aware of. (Grodin and Lindlof 1996:5)

Introduction

The healing discourse and the harm story draw on a contradictory formulation of the self found in the humanistic psychology of Maslow (1968,1970) and Rogers (1961,1970). Women are encouraged to construct a self that is damaged but also to see the self as all powerful, as responsible for their future happiness, well being and satisfaction. They are encouraged to uncover their 'true' selves at the same time as they are advised how to create a better, stronger, happier self. The harm story of childhood sexual abuse enables women to make connections between (perceived) traumatic childhood experiences and the symptoms they identify in their adult lives. For those with no memories, this story provides a framework to reinterpret their lives and construct a history of childhood sexual abuse and may represent their only form of knowledge. The harm story enables them to identify themselves as victims. The therapeutic corollary to this construction of CSA is the healing discourse, itself based on the same models of childhood and development. Those who were abused in childhood, or who are in some other sense victims, were prevented from growing up to be healthy happy adults. If they follow the advice promoted within this literature women can learn to 're-parent' their inner child, or child like self, and grow up to become a different person, a new self unharmed by their abusive childhood. Those involved in the field of sexual abuse recovery and in the recovered memory wars recognise the importance of identity and the self in women's construction of sexual abuse narratives but they do not all share an understanding of what or who this self is.

Reframing the debate, redefining meanings

The main debates within the recovered memory wars have focussed on the role of therapists and the truth or falsity of abuse narratives. Within these debates the FMSF, and the bfms, are seen as anti-feminist organisations which serve to silence the voices

of women and deny the sexual abuse of children. This narrow focus has led some to call for a reframing of questions in which the issue of truth need not be engaged with directly. For some this involves redefining the meanings of sexual abuse narratives so as to identify some truth in women's stories of sexual abuse (Brown 1996, Enns et al 1995, Haaken 1998b, Parks 2000). Others start with an assumption of falsity but look at the role women themselves play in knowingly adopting false narratives of CSA (Hacking 1995, Showalter 1997, Spence 1998). Here some agency is accorded to the victim but she is constructed as someone, unhappy and disaffected, who makes use of ready-made narratives to explain her unhappiness and failure (Hacking 1995, Showalter 1997, Spence 1998). Recognition of the widespread availability of ideas around childhood sexual abuse, repressed memories and recovery, together with the view that women knowingly tell false stories of sexual abuse, has led to a focus on the psychologies of those who come to narrate these stories. The questions then become: why do people knowingly adopt a narrative that is untrue? (Spence 1998) or 'what needs are women attempting to meet through these therapeutic investments, sickness lifestyles, and emotional histories?' (Showalter 1997:11). These writers all recognise that identity, together with the desire to improve one's life, are central to women's use of abuse narratives. However, there is a suggestion in some of this work (e.g. Spence 1998) that when these narratives are knowingly based on false memories or are known to be untrue, the new identity which accompanies them is also false.

Although critical of the recovery and self-help literature those who take up this position to some extent reinforce the premise that satisfaction and fulfilment is a matter of self-actualisation. Spence (1998) argues that those who construct false stories of abuse have a 'low tolerance to modern day hassles' (Spence 1998) but in doing so ignores the variety of ways that women's lives are constrained and women are oppressed. He identifies a failure to cope with modern living as a failing in individual women. Spence suggests three reasons for the adoption of a false abuse narrative: it explains and excuses the teller's failure to cope with life; it provides the sufferer with an 'all consuming personal narrative – a new identity' (Spence 1998:221): it is a means to achieve a position of authority. This new 'identity-explanation-narrative' he argues 'is remarkably successful – almost invulnerable – as a piece of causal reasoning to explain present unhappiness' (Spence 1998:222). As it is

also a narrative that ‘stands almost entirely on first-person testimony’ it ‘becomes very hard to validate’ (Spence 1998:222) and therefore elevates the teller to a position of authority. Any role played by the therapist is seen by Spence either to result from manipulation or a ‘disturbing unspoken pact’ in which the therapist is paid for services in return for supporting the false story.

A similar understanding underpins Showalter’s (1997) argument wherein she identifies both child abuse narratives and multiplicity as hysterical epidemics to which unhappy or discontented women succumb. Although she recognises that women can use discourses of CSA to make sense of and improve their lives, express feelings and act out otherwise difficult behaviour, she too focuses on perceived inadequacies of those who do so. However, she does not share Spence’s view of the malicious intent of those who come to construct these narratives. They do not, she argues, ‘generate these confabulations out of an intention to deceive. They may need to define an identity, to work out anger toward the accused, or to respond to cultural pressure’ (Showalter 1997:147).

Central to arguments which claim that women knowingly use false narratives of sexual abuse is a belief that doing so may enable women to improve their lives (see also Maguire 1995). Using the example of a woman whose story she read in an alumni magazine, Showalter suggests:

When she began to think of herself as a survivor, Marion could explain many of the disappointments and failures in her professional life (Showalter 1997:152).

It is not only for Marion that Showalter believes the experience of constructing an identity based on surviving CSA has ‘been a good one...both socially and professionally’. She is also ‘certain that many professional women besides Marion have found comfort and community through the process of recovered memory’ (Showalter 1997:153). Although her question looks for an explanation for why these ‘hysterical epidemics’ have gained currency and entered the ‘symptom pool’ Showalter looks to the psychologies of individual women for the answer. Like Spence, she accords some agency to the tellers of these stories and rejects the idea that they are

simply manipulated by therapists but again sees the adoption of abuse narratives as a way to mediate or excuse individual failure.

The view that the narrators of these stories take ready-made fictions and use them to explain present unhappiness or failure appears to be supported by Hacking when he suggests, 'we grasp at whatever picture is floating by and put our past into its frame' (Hacking 1995:88-9). However, his analysis also allows for the possibility that for some the construction of an abuse narrative may involve a reinterpretation of their lives in which, from the vantage point of the present, childhood experiences can be reinterpreted as sexually abusive (Hacking 1991,1995). The wider definition of sexual abuse in contemporary culture enables the construction of an abuse narrative that can be true *of* the past but was not true *in* the past (Hacking 1995). The construction of such a narrative, he suggests, is a 'way of explaining oneself, not by recovering the past, but by redescribing it, rethinking it, refeeling it' (Hacking 1995:94). However, there is the implication in Hacking's work that even where victims come to reinterpret their lives so as to construct a 'true' history of abuse, this is a result of taking a ready made narrative and tailoring it to meet their individual needs. Past experiences are reinterpreted within this new, adopted narrative framework. Although Hacking accepts there may be an element of truth in some child abuse narratives, at least in the present, he shares with both Spence and Showalter the view that the initial motivation for their adoption is to excuse failure and blame unhappiness on an external cause.

A similar argument has been promoted to explain the emergence of MPD (Hacking 1995, Showalter1997). Showalter brackets MPD with recovered memories as a hysterical epidemic, along with alien abduction narratives, chronic fatigue and gulf war syndrome. MPD, she proposes, emerged 'in part as an answer to one of the most vexing questions for recovered memory advocates' (Showalter 1997:159) to explain hidden, but accurate memories of abuse but it can also be used to express uncomfortable feelings or thoughts, which can then be blamed on external sources. Linking multiplicity directly with the hysterias of the nineteenth century Showalter believes that 'for over a century, multiplicity has offered women a way to express forbidden aspects of the self' (Showalter 1997:164). We should not be surprised she suggests that even in the 1990s 'women find it difficult or impossible to acknowledge

erotic, antisocial, unfaithful aspects of their own psyches' (Showalter 1997:165). She goes on to link the increasing number of alters a multiple displays with 'the increased number and complexity of social roles women are expected to fill' (Showalter 1997:163). Locating the emergence of both multiplicity and abuse narratives within the context of contemporary culture Showalter claims that a conventional MPD plot has been established for women

In which other selves and the "memories" of abuse emerge when an adult woman is doing something that makes her feel ashamed (Showalter 1997:175).

Hacking, who also links MPD with earlier hysterias, suggests that 'dissociative behaviour is a language of distress' (Hacking 1995) which provides women with a way to express inadmissible emotions. He also questions the causal link between sexual abuse and multiplicity. The widespread adoption of abuse narratives by women, Hacking believes, in part explains why women predominate within the field of multiplicity. Although Hacking questions the causal connection between CSA and multiplicity he does connect multiplicity with concerns over such abuse, believing that multiplicity is a discursive parasite 'in need of a host' which it finds in societal concerns over child abuse. This enables the multiple to explain their present condition and discover a history of sexual abuse.

Those who invest in abuse narratives are said to take ready-made fictions to excuse failure and in doing so to create a new identity. For Spence this identity is also seen to be false in the sense that the 'victim' is acting out a role which she knows to be false. These new identities are seen by both Hacking and Showalter to be 'real' at least in the sense that those who construct them believe themselves to be victims, as 'each of us becomes a new person as we redescribe the past' (Hacking 1995:68). Although such an argument does accord some agency to women who invest in abuse narratives and multiplicity, the view that they do so in order to explain and excuse their own failings serves to construct them as inadequate. This in turn reinforces the message of the self-help and recovery movements, within which there is no acknowledgement that women's unhappiness may indeed have an external cause. Some of those who attempt to avoid or evade the question of truth do acknowledge the external constraints on

women's happiness and satisfaction. However, even where external factors are recognised this does not necessarily preclude the identification of women's damaged psychologies as the immediate cause.

Looking for some truth in accounts based on recovered memories has led some to ask such questions as 'In what sense, then, might these memories be true?' (Parks 2000:15). Whilst not disputing that some recovered memories of CSA might be true in the sense that they relate to lived experiences, those who take up this position also believe that they may reflect women's adaptations to their 'sexual, emotional, physical, social and economic, or even therapeutic circumstances' (Parks 2000:34). Brown also argues that a therapist, on hearing a woman's claims to have recovered memories of CSA, should respect and accord authority to that knowing. However, she goes on to argue that the distress and shame caused by this 'knowing' 'need not have derived from direct encounters with sexual or physical violation' (Brown 1996:14) but may result from sexism, racism, heterosexism and other forms of oppression. A central premise of this approach is that not only childhood abuse but also the material conditions of women's lives can have damaging psychological effects. Whereas in the recovered memory literature 'symptoms' are seen as evidence of abuse, here they are recognised as abusive. However, both arguments share an understanding that identifies psychological damage and a need for healing. Therefore the question of whether claims of childhood abuse are true or not is rendered irrelevant as the issue is the negative effects of 'abuse', whether suffered in childhood or later life. Whatever the cause it seems women are in need of healing.

Others, whilst identifying the negative effects of women's subordinate position in society, do not look to women's psychologies to explain their engagement with sexual abuse narratives but look instead to the therapeutic culture in which their engagement takes place. Whilst acknowledging that the sexual abuse victim story 'draws like a magnet those who feel vulnerable and victimized' (Tavris 1992:321) Tavris argues that sexual abuse has become 'a metaphor for all that is wrong in women's lives'. She suggests women use repression and sexual abuse narratives as 'a way to participate in this metaphor' (Tavris 1992:321). Within the context of a therapeutic culture in which political action has been replaced by an individualising mental health movement

(Kitzinger, J 1993) the sexual victim identity is for some women ‘a lightning rod for the inchoate feelings of victimization they have as a result of their status in society at large’ which provides a ‘clearer focus than such vague enemies as “the system”, sexism, deadening work, welfare or boredom’ (Tavris 1992:321).

Tavris believes the victim identity enables recognition of ‘a truth’ in many women’s lives, linking that identity with child sexual abuse narratives provides women with a way to participate in the airing of grievances within a culture that offers few alternatives. The problem with recovered memories is not, for Tavris, that some women are constructing false histories, but that constructing these histories and focussing on an abusive event in the past, whether true or not, does not ultimately help them to improve their lives or challenge the structures and practices which cause the ‘entire litany of women’s life problems’. Identifying a history of abuse can help a woman make sense of her life but it does so by identifying abuse as the cause of her problems and therefore encourages her to focus on her own personal healing in order to alleviate or cope with life’s problems rather than addressing those problems.

Haaken also recognises that although some women who come to infer a history of abuse may not have been sexually abused in childhood their stories nonetheless contain elements of some truth. As she says of those reading *The Courage To Heal* (Bass and Davis 1988),

While many self-diagnosed survivors who recover new memories of sexual abuse may not have been literally abused by their fathers, they are likely to find some of the truth of their experiences embedded in the narratives of this lengthy text (Haaken 1998b:180).

She criticises the claims of Bass and Davis’ text that recovered memories are a message coming directly from the unconscious, arguing that they fail to ‘appreciate the rich, textured nature of memory or the multiple meanings and interpretations of representations of the past’ (Haaken 1998b:183). For Haaken ‘There is a dynamic, motivational aspect to remembering’ (Haaken 1998b:253) which the literature on recovered memory fails to recognise. The motivation is not simply to make use of a ready-made narrative to excuse failures, as suggested by Showalter (1997), but

involves the desire to articulate a range of thoughts and feelings in the process of understanding and improving one's life and achieving desired goals. The truth of memory, she suggests, 'may reside in underlying themes...rather than its factual content' (Haaken 1998b: 251). Women might, in constructing an abuse narrative, be reconstructing themselves as victims but it might be that they are able to do so because they have already to some extent constructed themselves as victims, albeit not necessarily of CSA.

The context and women's motivation are central to the creation, shaping and organisation of (emerging) memories of CSA (Haaken 1998b). For Haaken the significant context is the position of women within the family and their role as caregivers, which delimits their opportunities for independence and self-identity (Haaken 1998b). She believes that for many women recovered memories of CSA 'are an effort to disengage from familial entrapments, to fortify the blurry boundary between self and others, and to sever binding ties' (Haaken 1998b:247). Central to this argument is the idea that a motivating and organising theme in women's lives is in the need to break from parental constraints. Sexual abuse as a social script is 'readily mobilized in various memory-making contexts' (Haaken 1998b:186). When this context is the desire to break free from family ties, to reject parental influences and constraints, the memories that emerge, reinterpreted or re-felt as abusive, can provide justification for breaking those ties. Although she believes the family is significant, it is the therapeutic encounter which Haaken claims can contribute to the creation of new memories. Not, she argues, through a powerful authority figure implanting false memories but in the creation of an atmosphere that facilitates the expression of thoughts and feelings which can be articulated through an abuse narrative. The memories that form the basis of this narrative need not be literally true but may still be true to the woman's feelings.

For Haaken it is not just that the sexual abuse narrative is a readily mobilised social script; like Tavris, she links its widespread use with a lack of alternatives. This lack relates not only to available discourses on which women can draw but also the cultural invisibility of many of the 'subtle or ambiguous forms of bad treatment girls and women endure' (Haaken 1998b:127). For some, therefore, 'dramatizing abuse is the

strategy of resistance most readily available' (Haaken 1998b: 127). The expanded definition of sexual abuse together with the collapse of the meanings of these experiences in the unifying appeal of survivorship, Haaken claims, renders the sexual abuse narrative the more appealing. It enables a reinterpretation of past experiences, seen through a lens of sexual abuse, to be understood in the present as sexual abuse. This, together with the contemporary focus on CSA, as opposed to other forms of abuse, Haaken argues, encourages women to draw on a sexual abuse narrative as a legitimate, and possibly only, means to articulate otherwise neglected or invisible aspects of the 'bad treatment' they endure. Within this argument women can be seen, not so much to create a new identity as victim, but to reinforce an identity (which includes being a victim) as a history of CSA is incorporated into their ongoing process of recreating an identity and sense of self.

This view of a somewhat pragmatic use of abuse narratives by women is shared by Tietjens-Meyers, although she is more sceptical as to its value. She believes a useful view of abuse narratives based on recovered memories is to 'regard the sadistic incest scenario as a figurative window onto ones present and to remain agnostic about its relation to ones past' (Tietjens-Meyers 1997:244). We all draw on culturally furnished figurations to make sense of our lives and who we are and then 'elaborate these figurations into autobiographical narratives' (Tietjens-Meyers 1997:244). The sexual abuse narrative has become widespread amongst women, she argues, because many of the complaints widespread among women are 'amenable to this figuration' (Tietjens-Meyers 1997:244). However, she cautions against relying on these narratives to construct a sense of self and suggests that 'where the past is epistemically opaque, self-definition must be insulated from memory' (Tietjens-Meyers 1997:244).

The issue for Tietjens-Meyers is not the truth or falsity of women's claims to have been abused but rather the value of using recovered memories to construct autobiographical narratives based on the sadistic incest scenario. There is no way to establish the accuracy or truth of recovered memories and so the narrator of such a story may be 'doomed to a tormenting state of autobiographical limbo' (Tietjens-Meyers 1997:246). She also questions whether the sadistic incest scenario helps women 'to overcome constraints and to lead satisfying lives, or...does it stifle

women's potential and divert them into a cramped, subordinate social niche?' (Tietjens-Meyers 1997: 245). The sexual abuse narrative might aptly figure the current conditions of women but, Tietjens-Meyers urges, 'since other figurations could be devised to represent the miseries and sorrows that the sadistic incest scenario is presently being used to represent, feminists have every reason to oppose it and to champion alternative figurations' (Tietjens-Meyers 1997:246). However, she sees these alternative figurations as necessary to replace the sexual abuse narrative for those who do not have continuous memories of abuse, but not necessarily for those who do. For these women she believes CSA is 'a shattering experience that often leads to a shattered condition' (Tietjens-Meyers 1997:248). It is this commonplace but questionable understanding of the consequences of childhood sexual abuse that has enabled the sadistic incest scenario to gain currency as a way to explain the 'miseries and sorrows' of many women's lives.

Within this understanding of CSA the identity of victim, central to the adoption of an abuse narrative, can be constructed in response to lived experiences rather than seen as the adoption of a role. This may provide the 'victim' with a more secure identity, within which she does not need to search for hidden memories, but it also raises the question of why women choose to construct themselves as psychologically damaged and responsible for their own future happiness and well-being. This redefinition of recovered memories has developed in part as a response to the nature of the recovered memory debate but it also shares many commonalities with other elements of the recovery, self-help and self-improvement literature, bringing us full circle within which 'incest has crossed the boundary...into metaphor' (Armstrong 1994:213). Whether they are the victims of CSA, patriarchy or modernity, of toxic parents or a toxic world, women are encouraged to engage with the discourses of therapy, self-help and recovery and embark on a journey of self-improvement and self-development in which the self is seen as a project on which to be worked.

The turn to the self

This concern with the self, the ‘frantic search for identity’ (Bauman 2001:152) is a recent phenomenon, a concern of modernity (Bauman 2001, Craib 1998, Furedi 2004, Giddens 1991), a result of globalization (Bauman 2001) and the therapeutic culture of the late twentieth and twenty-first centuries (Furedi 2004). A preoccupation with the individual self emerged within the context of capitalism and the development of the market. Within this context individuals had to sell themselves and not just their labour (Craib 1998) and rely on their own individual resources (Furedi 2004) and people began to develop a sense of themselves as individuals. This search for identity, argues Bauman, is not a residue of preglobalization times but ‘the side-effect and by-product of the combination of globalizing and individualizing pressures and tensions they spawn’ (Bauman 2001:152). By the late twentieth century the self has come to be recognised as a process and not a thing, continually under (re)construction rather than something we have. It is a continual becoming not an ever-present core. Within this ‘era of identity’ (Bauman 2001) the identities we construct do not indicate a ‘stable core of the self’, unchanging through each individual’s progress through life (Hall 1996). The self can be seen as a project to be worked on (Giddens 1991), to be developed and improved, to be continually reconstructed in light of new experiences and new challenges. So firmly established has this idea of the self as a project become, that we are subjected to a barrage of advice which encourages us all to participate in the quest for a better, stronger, healthier, happier more powerful and successful self. Yet, paradoxically we are at the same time urged to embark on a journey of discovery, to uncover our true or core self.

This turn to the self builds on a long established sociological tradition, one of the originators of which was Mead (1934), and was consolidated under the banner ‘symbolic interactionism’ after Mead’s death. Mead believed that the self – our understanding of who and what we are – emerged through social interaction. In order to construct a sense of self, individuals must be able to step outside of themselves and take on the role of others. In doing so they are able to see themselves as others see them. Mead distinguished between the ‘me’, the socialised self created through internalising information received from outside and the unsocialised self or ‘I’. A

sense of self is achieved when we can distinguish between these two selves and thereby establish some reflexive distance from the external world. In arguing that the self is created through an ongoing conversation between these two selves Mead helped to establish that the self is not a static thing but rather a process continually in the making informed, but not determined by, the world around it. This self is not only thoroughly social, but it exercises a degree of agency whereby each individual self is not merely a reflection of the social world but is itself unique.

Although the relentless march towards a better, stronger self includes the body, this body is at the same time to some degree distanced. Whether located in sociology or psychology, this self is often somewhat separate from the body, with its body located at the margins of both disciplines. It has also been identified as increasingly central to a modern sense of self-identity (Shilling 1993, Turner 1992). Popular interest in the body has risen, supporting and supported by million pound health, fitness and diet industries. Within this culture increasing numbers are concerned with the health, shape, size and look of their bodies (Giddens 1991, Shilling 1993), in what Shilling (1993) suggests are expressions of individual identity. The body of late modernity, like the self, is also seen as a project to be worked on (Giddens 1993, Shilling 1993) and individuals can engage with this project not only through health and fitness regimes (Crawford 1987) but also more radical approaches which take in cosmetic and plastic surgery and body reconstruction (Shilling 1993). In spite of this, a separation between a psychological self and a physical body is also found in much of the self-help literature with different genres aimed at different aspects of self-development, self-improvement and recovery. However, those who read this material do not necessarily maintain this split. Instead they engage with material that encourages them to improve their bodies, material that identifies a biological or physical cause of their unhappiness or victimisation (whether aimed at pre menstrual syndrome, post natal depression, the perimenopause and the menopause, which cover a woman's life from puberty to old age) and material which identifies a psychological cause.

Whatever the self is, at the beginning of the twenty-first century, it is located within a therapeutic culture and bombarded with advice on how to be a better, truer, happier,

authentic self together with warnings of what might happen if this advice is not followed.

For Giddens, therapy and the reflexive self are intricately linked. Therapy, he suggests, is a secular version of the confessional, 'not simply a means of coping with novel anxieties, but an expression of the reflexivity of the self' (Giddens 1991:34). The stories that can be told, and the selves that can be constructed, have moved beyond the confessionals of the late twentieth century. A new identity can be constructed through the telling of new stories which are not limited to the confessional, and which at least to some extent do not rely on the expert authority of a witness. We have moved from a confessional culture, in which we admit to our failings, to a culture in which we can claim, or are encouraged to claim, the identity and status of victim (Dineen 1999, Furedi 2004, McNally 2003, Rose 1989, Showalter 1997). In this new world of victimisation, victim is an identity not restricted to those who have experienced some injustice and, Furedi suggests, provides one of the most legitimate routes to recognition. People are no longer addicted to drugs and alcohol, or even to love, but victims of such addictions. They no longer suffer from illnesses and medical conditions but are victims of those conditions. (Furedi 2004, Rose 1989).

However, the claims to victim status are becoming ever more tenuous (Furedi 2004, McNally 2003). It is not only those who have experienced or witnessed a traumatic event, or even those who have no memories of their victimisation, who can lay claim to the identity of victim. Those who come into contact with these primary victims, whether they are the partners, parents, friends, colleagues or even mere acquaintances, can stake a claim to being a victim. Whilst this might not come with the same needs for healing and recovery, and the same requirement to undo the damage, as 'secondary' victims they can still make some claims. It is as secondary victims that the accused (often the parents) are constructed within a discourse of FMS. It is also as victims that they often portray, and possibly come to see themselves. Often the claim to victim status is linked to perception; one can claim to be a victim by virtue of feeling like one, such as those who experienced the symptoms of trauma after the 9.11 attacks even though they lived thousands of miles from the events (McNally 2003, Schuster et al 2001).

Claiming the status of victim enables us to blame those failings on things done to us, often in our childhoods, rather than things we do to ourselves. As Showalter suggests of *The Courage to Heal*, it is about 'victimisation and accusation' (Showalter 1997:150). Whilst we may be to blame for our 'failure to thrive' we can nevertheless devolve some responsibility, as we are not to blame for the original cause of that failure. However, when this identity is based on a hidden injury, this has a profound affect on the identities of those who make such claims. It is, Rose argues, an identity that can be legitimately claimed 'only to the extent that it can be represented as denied, repressed, injured or excluded by others' and demanding recognition of this identity 'ties its protagonists ever more tightly to the belief that their truth lies in who they are rather than in what they might do, what they might become' (Rose 1989:268). It is perhaps this that makes validation, a recognition of their truth, so important to those who recover memories of childhood sexual abuse, but not necessarily to those who are able to validate this knowledge for themselves.

A self to recover

The reflexive self of Giddens (1991) is, like the self of pop psychology and recovery, a powerful self which is seen to have real power over itself and its future happiness and well-being. A central theme of the self-help literature, particularly but not only that aimed at recovery, is the idea that the reader is in some way damaged (Simonds 1996), that she needs to recover and that this involves personal not political change (Plummer 1995, Simonds 1992). It is only through recovery and healing that the power locked within can be accessed. Although some writers do recognise the need for social and political change, this is linked to therapy and can only come from emotional work done on a personal level:

Therapy can be an integral part of the process of revolutionary change. Therapy can help us reach beneath our conditioning to contact the power locked in ourselves (Ernst and Goodison 1981:4).

Elsewhere this is linked to a specifically feminist project as women are encouraged to:

Increase their self-esteem and take more control of their lives, and thus make their own existences more happy and fulfilled and the history of women a brighter one (Sanford and Donovan 1993:xii).

For others the need for such change is removed to the arena of advanced healing where it is seen as a therapeutic endeavour for those who have already reached a level in their own healing. Others suggest that survivors have a responsibility beyond their own recovery, telling their readers, for example, that 'part of your healing is the healing of the earth. If you don't make it a priority, there is little hope for the world' (Bass and Davis 1988:169).

There may be an element of recovery geared to the external world but the aim is to work on the internal world of the individual. The selling point of this material is therefore the promise of a new and better self, but one which requires not only financial investment through the purchase of therapy and/or self help literature but, more importantly, requires emotional investment. This aspect of the literature is particularly significant in relation to the sexual abuse recovery literature, especially as the dominant underlying story within this literature is one of harm and psychological damage. These books have a relentless optimism but to maintain this optimism they must rely on promoting the concept of a self which, with hard work, can be healed and the damage removed.

Considering the relentlessly negative construction of CSA it is perhaps little wonder that when it comes to working on a self who was sexually abused in childhood this process can take 'years of commitment and dedication' (Bass and Davis 1988:20). However, it is worth it as the reader is told:

Talking about your sexual abuse, understanding and accepting what really happened and breaking free from the person you are underneath...you can find your true self and live your life as you want to (Ainscough and Toon 1993:243).

However, there is a central contradiction in the formulation of the self, promoted by the writers of self-help texts (Simonds 1996), which is also evident in the texts of the

sexual abuse recovery movements. Within these texts women are encouraged to find their true, powerful, inner self - a self which may be buried under layers of trauma and abuse but which remains nevertheless untouched by that abuse. At the same time they are told that through hard work and dedication, and under the guidance of experts, they can become the selves they want to be, the selves they should have been. They can become who they truly are. This inner or core self, whilst essentialist in conception, is portrayed in the self-help literature as 'realized through a construction process based on instruction by therapeutic experts, hard work and interactive expression' (Simonds 1996:16). The dominant discourses within the sexual abuse recovery literature are based on the harm story of CSA, a story which constructs victims as so (inevitably) damaged that the effects can be identified across all areas of their adult lives, whether or not they have memories of such abuse. Such a relentlessly negative construction requires a therapeutic response which can alleviate those effects. The therapeutic corollary to the harm story, the 'healing discourse' (Davies 1995), is also predicated on the same negative construction of CSA but offers victims a way to leave their symptoms behind. It does so by drawing on the contradictory formulation of the self, both makeable and innate, found in much of the self-help literature.

As Kelly (1988) has argued of traditional responses to sexual violence, coping and recovery are measured according to a 'return to normal functioning' which assumes this to be desirable and fails to recognise that it is not possible. When this is applied to adult victims of CSA it is often not feasible to locate a time before the abuse took place. Instead of attempting to return to what was the aim, by returning to the true self, is to enable victims to start again. They do not return to a life that was but rather to a life that would have been. Victims are advised that:

The little part of you that is already whole can lead the rest of you through the healing process. (Bass and Davis 1988:156)

That person you want to become is already with you (Bass and Davis 1988:156).

Within the same texts readers are told:

It may take some time before you begin to get the first inklings of who you are becoming. (Bass and Davis 1988:166)

They are encouraged to 'release their inner strength' which is equated with the self, freedom and self-determination:

The self that's been hiding all these years, the unique and loving person you were meant to be. Together, we'll help free that person so that your life can finally be your own (Forward 1989:12).

In releasing their inner strength the survivor can become a true adult (Forward 1989, Parks 1990).

It is not always clear what these writers mean by the self. Whitfield, the author of a number of books on healing and recovery, is one of the few who provides some clarity when he suggests that:

One way to view the recovery process is to compare it with peeling away the layers of an onion. Each layer is a manifestation and consequence of the false self and our attachment to it. And each layer surrounds, constricts and imprisons our true self (Whitfield 1995:257-8).

The layers of this onion are not the abuse itself but the consequences of the abuse and the aim of therapy is to remove them:

Underneath all these layers, at the core of our being, lies the goal of recovery and our true identity: our True Self (Whitfield 1995:259).

In other texts victims are told that they cannot escape the past or completely leave it behind:

There is no such thing as absolute healing. You never erase your history. (Bass and Davis 1988:167)

She has mourned the old self that the trauma destroyed; now she must develop a new self (Herman 1992:196).

Here Herman acknowledges the effects of CSA on the self. She goes on to suggest that these effects are something the survivor can choose to remove:

She has some understanding of the person she used to be and of the damage done to that person by the traumatic event. Her task now is to become the person she wants to be. In the process she draws on those aspects of herself

that she most values from the time before the trauma, from the experience of the trauma itself, and from the period of recovery. Integrating all of these elements, she creates a new self, both ideally and in actuality (Herman 1992:196).

Adult victims are told they need to ‘relearn something that frees victims to be their adult selves’ (Parks 1990:133-4).

When healing and recovery is combined with the concept of an inner child, the adult victim is also encouraged to heal their child in order that they can become whole. As the child is believed to have been stuck at the time of the abuse and to be the one responsible for the negative thoughts and feelings displayed by the adult victim, the adult must learn to ‘reparent’ her. Often this reparenting is located within the developmental model of childhood, in which by starting again, the victim can grow up to be the person she would have been – an adult without the effects of CSA. She can, in effect, erase the sexual abuse of her childhood by erasing the consequences of that abuse. It is perhaps this aspect of healing which feeds into the idea of forgiveness: it is much easier to forgive someone’s actions if you no longer have to suffer the consequences of those actions.

Healing the self, breaking the cycle

The watchword of self-therapy, and of much of sexual abuse recovery literature, is ‘recover or repeat’ (Giddens 1991:79). It is not just that we might wish to embark on our own project of the self but there is an imperative within the recovery literature that suggests a failure to do so will lead to a catalogue of ills, from unhappiness and dissatisfaction to victimisation, self-sabotage and, for some, ultimately to suicide. This literature promotes itself as a means of ‘self creation’, ‘damage control’ and ‘revival’ whilst at the same time promises to reveal the ‘true’ self (Simonds 1996).

Whilst the harm story encourages women to construct themselves as sick, damaged and vulnerable to further abuse the healing discourse offers them a way to remove the effects of this abuse and become both powerful and healthy. To do so women must first accept they have been damaged. They are encouraged to contact an inner child or

damaged child like part and learn to 'reparent' her in order that they may 'grow up' to become the woman they would have been (Ainscough and Toon 1993, Bass and Davis 1988, Dinsmore 1991, Parks 1990). CSA is seen to be so devastating that it cannot be healed so much as undone and the idea of time having stopped allows for this. The adult victim can return to the point at which the abuse is believed to have occurred and, with the help of trusted friends and therapists, she can 'grow up' to be the powerful woman she should have been. Whether or not they adhere to the idea of a core self the sexual abuse recovery texts are based on the premise that, at least to some extent, the effects of sexual abuse can be undone. Without such an understanding they could not make the claim to be positive and empowering texts. The women who locate themselves in the pages of this literature may be 'damaged goods' but as long as they choose the path to recovery and healing they are not condemned to remain so.

The abuse of others is one of the main symptoms identified in the lives of men sexually abused as boys (Lew 1993). For women, repeated victimisation is identified as the main symptom of sexual abuse (Bass and Davis 1988, Dinsmore 1991, Parks 1990). Discourses of re-enactment and re-victimisation are used to depict a 'visible' victim and a hidden, sometimes passive, perpetrator which provides a monolithic, straightforward and therefore plausible explanation (Reavey 2003). However, these discourses also serve to de-contextualise violence and abuse and thereby limits or prohibits analysis which in turn reinforces the view that women are to blame, albeit as a result of previous abuse, for the abuse enacted upon them (Kelly 1996). Again, feminist analyses of violence against women (e.g. Kelly 1988, Kirkwood 1993) have been disregarded in favour of a new form of victim blaming in which the victim is held responsible for abuse enacted upon her (Kelly 1996). Whereas theories of the 'masochistic woman' and 'learned helplessness' (Walker 1979, 1984) constructed women as responsible because of their faulty psychologies the CSA recovery literature constructs women as responsible because of (their damaged psychologies and) their failure to heal. Other studies have shown that, rather than choosing abusive partners, 'victims of child abuse were more likely to leave their batterer sooner than women who were not abused' (Kirkwood 1993:19). In addition children whose mothers were victims of CSA may be more likely to come to the attention of child welfare services, not because their mothers are more likely to live with an abuser and/or be unable to

protect them, but rather because they are more vigilant in trying to protect their children (Kelly 1996). Despite encouragement to break the silence and end the denial and the importance of validating women's claims (Bass and Davis 1988, Dinsmore 1991) only some forms of knowledge can be accommodated and only certain narratives fit the framework which proponents of the healing discourse attempt to impose on victims.

The sexual abuse recovery literature promotes this 'flawed model' (Kelly 1996) of a cycle of abuse and in so doing carries an implicit threat for those who do not choose the path to healing and recovery. For these women, continuing to be 'damaged goods' is seen as likely (Bass and Davis 1988, Dinsmore 1991, Herman 1989, Parks, 1990) - or even inevitably (Forward 1990) - to lead to an ongoing life of misery and suffering wherein they are prone to experience repeat victimisation, or go on to become abusers themselves or, at the least, to be partly responsible for the abuse of others. The healing discourse offers women a new life, a new way to be, and, in directing them to 'break the cycle', offers them a choice in which they can not only decide who and what they want to be but also (how to avoid becoming) who and what they do not want to be.

Therapy may appear to be empowering and liberating but, some would argue (Furedi 2004), it has helped to institutionalise a regime of self-limitation. The powerful, self-determining self, the self of the human potential movement (see Maslow 1970, Rogers 1970) and the reflexive self of Giddens (1991) is undermined at the same time as we are encouraged to connect with it. The therapeutics of the twenty-first century have contributed to the normalising of sick and help-seeking roles wherein we are offered advice on how to survive rather than advice on how to improve and develop (Furedi 2004). The advice we are offered encourages us to seek professional help not only to cope with difficult and traumatic experiences but also the everyday ups and downs and the ordinary changes we are likely to encounter over the course of a lifetime. Suggesting that we need therapy or counselling to cope with, or survive, ordinary and even mundane experiences such as divorce, parenting, redundancy, an affair, and even sporting events such as the world cup, undermines the apparently liberating and empowering message of therapeutic discourses. However, as Furedi goes on to point

out 'People use culture and appropriate some – and by no means all – of its aspects' (Furedi 2004:175).

Within sociological writing on the self, Craib (1998) argues, there is a gap in the understanding and explanation of this self that fails to say anything of how it experiences the world (Craib 1998). Missing, he suggests, is the other half of the picture 'that half that goes on 'inside' the bearer of identity or identities, and the process of internal negotiation which this involves' (Craib 1998:4). A sociology of the self leaves us with 'a choice of being either a 'plurality' or 'assembly' of parts or a 'more or less unitary' self' (Craib 1998:5). Drawing on the work of Mead (1938) he asks why can we not be both at the same time, both the 'I' and the 'Me' (Craib 1998). We need to look not just at the constructed self but also at who or what it is doing this constructing.

Chapter twelve: The contradictory self

All these things get in the way of what I really am and what I could be

Introduction

We may understand or conceptualise it differently, but a sense of self, of who we are, is important to how we are and what we do in the world. Those who engage with the recovery and self-help literature are presented with a formulation of the self that is both static and evolving and as both unitary and fragmented. Their involvement with therapeutic discourses is itself illustrative of an uncertainty or dissatisfaction with who they are and how they see themselves, their own selves. In addressing these questions the women who participated in this study had to negotiate the contradictory self of the recovery and therapeutic literature. Within this literature they were presented with the concept of a core self, a self which could be returned to undamaged by their abuse, and a self as a project, which could be worked on and developed to create a stronger more powerful self able to negotiate a successful path through life. They were also presented with a damaged self in need of healing. This was the self that needs to be worked on as a project of correction and putting right, of who not to be, as much as a project of improvement, self-development and who to be.

The self

The selves who populated women's lives and who featured in their accounts were many and varied. Women brought their own understandings to the process of recovery and, drawing on the formulations of the self promoted within the therapeutic literature, they used and created different selves. The majority of those who participated in this study articulated a sense of self or 'I ness' (Scott 2001), even though there had been times for many of them when they had lost sight of this self. However, what or who this self was, varied not only between different women's accounts but also within their individual accounts. Women engaged with the therapeutic and recovery literature with the aim of improving their lives. In order to improve the lives to be lived they also needed to improve the self who would be doing this living. It is their experiences of

creating and living with these selves, their experiences of both being and doing, that the women in this study shared.

Women engaged with therapeutic literature for a variety of reasons and did so at different times. They did so in response to different questions and different challenges. The different formulations of the self they came across within this literature, and elsewhere, did not provide them with answers or strategies but they did offer them ways of working out their own answers. In doing so they were not constrained by any one understanding of the self. In constructing a narrative of childhood sexual abuse women were forced to engage with, but not necessarily to adopt, the idea of a core self. This was a self that could be returned to and, through removing the effects of abuse, could be freed to become the person she would have been. Not all the participants accepted this idea of a core self untouched by the abuse and, of those who did, not all embraced such a formulation uncritically or unambiguously. Of those who believed they had a core self only some accepted the idea that this core was untouched by abuse. Fiona did not reject the idea of a core self only the idea that this self had not been touched by her abuse. The significant factor for her was the age at which she was abused. Because she was so young when the abuse occurred she believed:

My core self was abused. My concept of myself, the abuse happened so young to me that myself wasn't formed at the time that was happening so as I grew up myself had been abused and I think that's why I still have quite a lot of issues because I feel like core me was abused. There's not a core me that I can remember before being abused. I haven't any memories before that...when I talk about me - that's somebody who was abused. It's part of who I am, I can't separate myself from it...I don't know who I was, who I would have been... It's not stopping me actually doing what I want to do or stopping me doing what I might have done had I not been abused. But it's always going to be part of who I am. (Fiona)

Fiona's belief that the abuse will always be 'a part of who I am' is based on the age at which she believes the abuse took place. However, as this suggests, although she embraces the idea of a core self she does at the same time acknowledge that this core is not static but is involved in a process of construction or development. The idea of life events contributing to the process of formation or creation of the self also informed the accounts of both Jay and Angela:

I don't believe personally that you could deal with the abuse and then become a different person because you are the person you are because of the abuse...The way I see it or feel it is that the abuse is a part of who I am the same as everything else that's happened in my life is a part of who I am, some good bits some bad bits. (Angela)

Would I still be the person I am now if the sex abuse hadn't happened and in a lot of respects yes, because of all the other things that went on. [Do you think you'd be a different person if none of the abuse had happened?] I think so because in some ways I am quite a strong character. (Jay)

Jay believed she would be a similar person had she not been sexually abused, not because she believed it had little effect on the person she became, or was becoming, but because she experienced so much other abuse which was likely to have contributed to the creation of a similar self. Although she believes in a core self her idea of the self as a process, as continually in the making, was an idea also shared by Fiona:

I don't know who I would have been if I hadn't been sexually abused. My personality is the way it is because of the life experiences I've had as well as how I was born, how I was brought up and partly because of the things that have happened to me and I think it had a big effect on me. Not just that though, it's not... I don't even know if it's the main effect but it certainly had a big effect on me for the worst I would say. (Fiona)

Many of the women talked of a 'true self' but, like the core self, this was not always a self who could be returned to untouched by the abuse. For some their true self is contrasted with their false self, a self formed in childhood which, like the inner child, is believed to exert an unhealthy influence on their lives. For Sarah this false self was conceptualised as a masquerade, something hiding the real thing. Her true self, she believed, had been locked away because of the abuse and so, she believes, she had

been living in a sort of fictional, masked world for so many years which happens doesn't it? Yeh and it's [my true self] come through. (Sarah)

Tracey also picked up on the idea of masks, hiding something more authentic or real, but recognising that it was Tracey who was doing the concealing:

Therefore a lot of masks and a lot of hidden agendas were inside there. Sometimes people thought oh she's alright, but actually, in actual fact I'm not, yeh. (Tracey)

Sarah employed a formulation of the self informed not only by the sexual abuse recovery literature but also by the other therapeutic practices with which she had been involved:

In my therapy there was a tape we worked on called the meaning of the stone child erm and erm, which is stories of I'm not sure if they're red Indian but these stories like Jungian and one of those is erm like a, you have a flame or a light inside you and that never goes out but through stages of life which is the inner self it gets small but it's still there and with mine it's just grown. (Sarah)

It is a self which she believes

Has always been there but it just needed to come out and grow basically and it has (Sarah)

Jenny, whose understandings were also informed by a range of different discourses believed in the idea of a false self who played a useful role in childhood but could outlive its usefulness:

In order to survive in our dysfunctional families we form a "false self" which serves our growth until there comes a time when this self becomes restrictive and we begin a journey to a "self" that is more reflective of our "true self" or soul. (Jenny)

Whereas Sarah's true self had 'come through' without her having to work at it, for Jenny this inner self has to be sought out. The idea of seeking, finding or uncovering the self featured in a number of women's accounts, although they did not all conceptualise this self in the same way as Jenny. Neither did they link their search for the self with an inner child:

So from all this information what I believe is, that I have a true self that is me. There is basically three things: there's my body, my mind and my soul/spirit. My true self is my soul/spirit is all I maybe am and then I am in this body which is me as well and then there's my mind and what's in my mind has been programmed by what happened to me as a child. So there's a lot of negative stuff in there and my mind most of the time actually is the thing that controls

my body and there's this thing that controls my true self. Kind of like being shut out, my true self is being shut out of me because of things that are in my mind. (Beccy)

For Beccy her true self, her soul, is a constant presence in her life, the 'I' that is doing the doing.

The process of healing and recovery was recognised by some women to be intricately bound up with their understanding and sense of their selves and who they were. It was through their recovery that they were able to work out who and what they wanted to be, and what self they wanted. For Fiona it was the process of falling apart and healing that enabled her to recognise a core self:

I have got a strong sense of self ... but who makes me up who I am only really happened after I had been depressed, before I was say 21 I really felt that I didn't know who I was. I felt quite anxious and unstable and fragmented and I didn't have a sense of who I was, where I was going, what it was all about and then when I got depressed I think I had some sort of a... well I had a sort of crisis like a breakdown and I really didn't know who I was. Everything fell apart. After that I was able to pick up the pieces and almost decide who I was going to be then. This bit I would remember, this bit feels right, this bit's me that bit's not me and ever since then I've had a kind of idea that I can cope with what comes along in life because I know who I am now and I know myself. I feel that I've got a core inner self that wasn't there before that happened. So although that was an incredibly painful time in my life and maybe if I'd been able to I would have avoided it. If I'd been able to hold everything together and not fall apart, and I was trying to, but in a way it was, if that hadn't happened I might not have got that real sense of who I am. (Fiona)

Like many of the participants Fiona drew on contradictory notions of the self. Her sense of self was linked to confidence in her self and her place in the world. It was important to Fiona that she knew who she was, where she was going and what life was all about. Without these certainties she felt fragmented and eventually fell apart, and it could be argued it was this lack of self that directed her towards therapy. It was important to Fiona's regained sense of self that she 'knew' herself and where she was going. She also talked of parts of the self as 'this bit feels right, this bit's me that bit's not me'. It was not clear if Fiona had lost her self or if her self had lost her way

although, as this was central to her sense of self then, at least for Fiona, losing her way was the same as losing herself.

Although she described the self she felt she came to know as a ‘core’ it was not only static but at the same time a self in process. There was also, like the self who featured in Beccy’s account, a self who appeared to be ever present. This was a self that was unable to hold everything together but that remembered the bits that were ‘me’ and the bits that were not ‘me’.

The lost or fragmented self

This idea of a lost, fragmented or shattered self was one that featured in several of the participants’ accounts, although for the majority it was a temporary state of being – a consequence or symptom of their abuse which could be addressed through healing and recovery. Although in the recovery literature the idea of fragmentation and becoming whole was often linked to the inner child, this was not such a clear connection in the accounts of my participants. Becoming whole was linked with finding the true self, or rebuilding a shattered self, rather than with integrating the inner child. Women used the ideas promoted in the literature but they did not necessarily employ them in the same way or attach the same meanings to them. Whilst some believed in a self that could be returned to, this was an idea rejected by others.

Some women, talking about a time before they began to recover or heal, made reference to a shattered or fragmented self. This was not necessarily a lost self but for some it was a self who felt lost:

I think I was pretty much out of touch with feelings and had no real sense of self or emotional maturity. (Jenny)

When I was going through therapy when I said lots of my life was disintegrating and it was like having a pane of glass that had been shattered and I was left with a big empty void and then starting to rebuild it bit by bit.... (Angela)

Everything that I had for comfort and security seemed to be gone and I didn’t know who I was anymore. My actual experience of that time was that my

personality felt like it was a pack of cards that had been thrown up into the air and I was all over the place. I didn't know who I was, what I liked, what I didn't like, what I wanted to do, what my strengths and weaknesses were. Everything was shattered. Going to that counselling every week held me together. (Fiona)

Healing enabled women to put themselves back together and in the process to play an active role in constructing a self that they wanted to be.

The 'front person' as self

Nowhere was the idea of a fragmented self more evident than in Anne's account of living with her alters. Through her dreams Anne was aware that she had hundreds of inner children, most of whom she had not yet had contact with. Of these none faced the outside world, the world beyond that of survivors and believers. As she says of these personalities they

don't operate in the outer world. (Anne)

There was not a need for integration and putting the self back together in Anne's world of multiplicity, although she does allow for the possibility:

My goal isn't specifically to integrate but it seems to be thought that it can help them [inner children]. (Anne)

Most of the time I did not feel the same sense of panic or despair in Anne's world as I felt when others were talking of falling apart. On the contrary, I felt a sense of contentment and at times of expectation. However, there were a few times when Anne made reference to a lack of, or at least an incomplete, self. This was a self she had felt particularly acutely before she began to recover and before she made contact with her inner children:

I mean, there wasn't much of a person because I've needed therapy...I was a very wounded person struggling along trying to look like everybody else. (Anne)

As the only participant who existed as ‘part of a group’ Anne’s experiences and understanding of her self were in some respects very different from the other participants. Whilst she would talk about her different personalities, referring to their experiences of abuse and describing what they did and said and how they differed from each other, there was also a constant presence, throughout both the interview and her account, in the form of her ‘front person’, her adult self. The front person and her adult self shared the name, which she changed on a regular basis. This was ostensibly because she was afraid she might be found by her abusers but might also have been related to how she saw or felt about her self. It might even have been an attempt to leave that self behind. Whether or not this was the case she always took her inner children with her, distanced from her adult self but never quite separate and never left behind.

The self becoming and the self that should have been

Whilst many acknowledged a core self, which may or may not have been untouched by abuse, they also embraced the idea of a makeable self. Not only did this allow them to move beyond their experiences of abuse but it also enabled them to take control of this process, to create a self that they wanted to be. This might have been particularly important for those who felt they had had little control over their lives prior to embarking on the road to healing and recovery.

For some women, such as Fiona, the self was linked with inner confidence. Although Fiona recognised a core self, which she believed was damaged by her abuse, rebuilding ‘self confidence’ so as to be able to recognise, not only who she was but also who and what she wanted to be, was an integral part of the process of finding her inner self:

It’s hard if you separate it out because obviously you don’t know what kind of person you would have been if this thing hadn’t happened to you. You might be quite the same as you are (laughs) you know, you don’t know. Cos those things happened so young that they’re part of you, your personality as you are growing up and you can’t separate them out. But I’ve got an idea in my head of the way I would like to be and I’m not. There are certain bits that aren’t me and I would like to be. So those things I think are damaged. (Fiona)

The confidence she had in 'knowing' her self was also translated by Fiona into a confidence and an optimism in her self:

I felt like I could cope with whatever life could throw. I would be able to deal with it because I'd found an inner confidence. I knew who I was and I knew I had the ability to cope with things and that was all good (Fiona)

Julie believed she had a core self untouched by her abuse, both physical and sexual, but also believed she had a say in the person she was to be, something she felt very strongly about. For Julie the self was very much tied up with the life to be lived and it was a life that she had claimed as her own, to be lived by her in the way that she wanted to live it:

How I personally feel is that there is something in me that's definitely untouched. There is no doubt about that I would say definitely. I mean it could be argued but that's how it feels to me and I will not, how it feels inside is I've had enough. This is the person I am and this is the person I always wanted to be. That's how I feel and that's the person, maybe that's a result of anything I have, I don't know it's arguable but how it feels for me is that it's my little life. (Julie)

Her understanding is influenced by therapeutic discourses but also by her attitude to her brother. It was not only Julie who could choose the person she wanted to be but, as she understood it, so too could her brother (who was the one who sexually abused her). In this way she was able to construct a positive image of herself and a negative image of her brother. This also served to allocate blame for the abuse he perpetrated against her firmly with him, which in turn reinforced her positive self-image.

The idea of starting again to become the person they should have been was a central feature of the literature. Although this idea links in with the concept of an inner child who needs re-parenting only Jenny referred directly to contacting her own inner child in order to start again as a significant feature of her healing. This contact, she believed, was not only helpful, but necessary, as she

had to become a child again to really grow up again healthily. (Jenny)

For her, recovery and healing involved working on her inner self:

Building a relationship with myself, slowly, slowly releasing pain and trauma, being re-parented in a healthy way. It was a strong and sturdy foundation. It was all slow, careful internal work – from the outside it may have looked like and felt like stagnation – this is the heroine’s journey – different from the hero’s journey. (Jenny)

The idea of a life meant to be lived was a feature of a number of women’s accounts. Although they did not conceptualise their recovery as a return to the inner child, a number of women did refer to a process of ‘becoming’ in which they believed, on recovery, the self they were ‘becoming’ was the self they would have been. For Sarah this was her inner self which needed to ‘come out and grow’. For Julie the abuse she experienced interfered with the person she could have been and healing had helped her to get back to that person:

What I do with my life now is the person that deep down I always felt I could be. It drives me... I wouldn’t say I got that from anybody in the family I’d say that was me. I think the erm, it’s the what’s inhibited me the negative side of myself or I haven’t unravelled some of the stuff that I needed to unravel. So having unravelled it I can then carry on being the goal orientated human being that I want to be. I wouldn’t say that that was necessarily a result of, I wouldn’t say I’m goal orientated because of any of the abuse that I’ve had. I would say I’m that sort of person that’s me. The person I like to be. What inhibited me was the negative side of me that did dwell on the issues, so therefore I feel the core of me is the person that put that stuff to one side and continuing to be that person that I want to be. But I think that’s always been inside me. (Julie)

Although Julie readily embraced the idea of a core self, she was also very clear that who she was or would become was down to her. Healing had enabled her to make choices she might not have been able to make before, but healing itself had also been a choice:

Now I’ve got this knowledge of myself and my childhood I then wasn’t prepared to be the person that I was. (Julie)

and

This was all untangling stuff so that I could move forward in my life. I am the person that I really want to be. That’s what came out of the first lot of counselling. (Julie)

and also

Well I always thought that the person I am today is a result, I think, of my childhood and the person that I've always wanted to be or the person I am today and the person I'm going to be in the future is the person that I would have been had I not had the, you know, if I wasn't so inhibited by my childhood I suppose. So I suppose I would like to say that I find that the abuse has inhibited me and the person that I'm going to be is the person I would have been had I not had those experiences. I would have grown confident. (Julie)

As she said of her therapy

It healed me enough to be confident enough to go forward. To be the person that I wanted to be. Yeh definitely yeh. Yeh I don't think I could even elaborate on it really. (Julie)

Some women believed healing would enable them to become who they would have been if they had not have been abused, as it would allow them to remove the effects of their abuse to free themselves to become this self. Others recognised in the self they were becoming, a process which included their abuse, their recovery and their experiences in-between. This was an understanding that could also be shared by those who recognised in themselves a core self. Believing the self to be, at least in part, influenced by traumatic or abusive experiences did not necessarily lead to a negative construction of the self as damaged, although this was reliant on their ability to heal:

I think, I am glad and happy about the person that I've become. For me to get here... because of the trauma in my childhood or in fact thirty years of trauma and battling and battling and battling to survive... would I go through that again if I had an option of a different childhood no I wouldn't. But I am pleased and happy to be the person I'm becoming. But I don't know any different from my childhood. (Sarah)

I feel that there's more I can get out of life or there's more I can learn. There's always more things you can understand about yourself. You never stop learning. Whether that be about the actual abuse itself or whether that be about the effects of how I view myself or the effects on my relationships that I have with the children or how I deal with them growing up... Cos I do think if I hadn't been abused then I wouldn't have been forced to have to be strong and so I would probably never have found out how strong I could be or what I could do (Angela)

For Julie, reaching adulthood was the significant factor in being able to leave behind the (negative) ideas and beliefs learnt in childhood and to choose the person you

wanted to be. She did not say what it was about adulthood that would enable a person to make those choices:

I believe every child starts off with the right intentions and then you just become moulded into something. As you get older you can choose to stay that way or you can move on. That's how I see it. I think at 3ish you are learning things from other people. You are copying, mimicking and your words are very much other people's words. Then when you get to a certain age you are the product of how you're brought up. I think you can choose to be whoever you want to be. You get to an age where I think I chose to be who I want to be today. (Julie)

The words of Beccy embody the ideas of many of the participants when she said,

All these things get in the way of what I really am and what I could be (Beccy)

A different understanding of the self was offered by Jenny. She believed that the life she was meant to live was one that she had been unable to live before she began to heal. She had gone through life with

a general feeling that somehow all was not well, that I perhaps wasn't living the life I could or was meant to. (Jenny)

However she also suggested that

perhaps, although I can't say it's been easy or comfortable this is the path I was meant to have trodden and would have done so sooner or later. (Jenny)

While Jenny recognised a core self she also believed that

my experiences have influenced the person I am and altered the flow of my life – (the life that my ego desired for myself). But as I believe in the idea of meaningful suffering then I can no longer untangle how I think my life ought to have been from how it is i.e. this is my soul's path. (Jenny)

In some respects the life that should have been lived and the life that so far has been lived are one and the same for Jenny. Although she seemed to suggest her life was mapped out for her, this did not mean she need not work on her self as that was part of the life mapped out. At the same time she identified an ego which might have chosen a different path.

The self and false memories

As Rose suggests, through their ‘passage through therapy’ women become ‘attached to the versions of themselves they have been led to produce’ (Rose 1989:251). Whilst the degree of coercion is questionable, the majority of participants in this study did become attached to the versions of themselves that emerged or were emerging through their engagement with the sexual abuse recovery literature. However, this attachment was less clear for those who came to believe that the memories on which these versions of themselves were constructed were false.

Their experiences of recovery, healing and finding (out) who they were had a positive outcome for the majority of women in this study. Those who had recovered what they came to believe to be false memories of abuse were often left with uncertainties. (Unfortunately little can be said on this subject of Nicole and Daisy, the two women who identified themselves as victims of FMS and whose participation took the form of a written account. However, the identity of victim was one to which they remained firmly attached). The process of recovering, and later coming to identify as false, memories of CSA had challenged not only the confidence they had in their memories, beyond those relating to childhood, but also their sense of self, of who they were. They had created a fissure in their biographical narratives that also threatened to fracture their sense of identity. The element of doubt that many of them referred to was not restricted to memories of abuse but to their very sense of who they were. It may be such a fracture that is evident in Rae’s response to a question about the effects of FMS on her:

But whether it’s altered me as a person or not I don’t really know because I don’t know... I honestly don’t know because I’ve got nobody to tell me if I’m any different now. (Rae)

and again

I don’t know how any of it has changed me as a person because I’ve got no guidelines to go by really. It’s only if I have a husband here and he could say oh well yes you’re definitely different about this or you are definitely different about that. (Rae)

Whilst I cannot say how Rae would have reacted before her experiences of FMS, at the time of this study she was reliant on a (significant) other to tell her if she had changed. Rae's inability to identify whether or not she had changed suggests that she did not have a strong sense of self. Uncertainty or doubt around her sense of self also surfaced in Hazel's account, within which she linked to a lack of confidence in her memories to a lack of confidence in herself:

I lost a lot of confidence; I lost an awful lot of confidence in myself. I don't trust my memories anymore. I do not trust my memories. I can't remember, I can't remember names anymore, people's names. I can't remember places, I can't remember. (Hazel)

Whether they had continuous or recovered memories, it was their confidence in their memories that was central to women coming to have a secure sense of self. It was memories that connected them to the past, and it was a connection to the past that enabled them to construct an identity or a self that had a continuity throughout their life. It was this continuity, this constant presence, that was also significant to women's self-confidence and sense of well-being.

Interestingly, when Rae visited a therapist to help her deal with FMS the therapy was related to how she saw herself and did not attempt to establish the truth or falsity of her memories. As she said of that therapist:

No I remember her saying that erm, what we need to restore in you is your original image of yourself and that's what she worked on. (Rae)

Rae did not return to a core self but she was able to return to a self that had not been sexually abused by her father. Whether or not she was a victim of CSA, she had been able to reconstruct a self that had not been sexually abused by her father, even if it had been abused by someone else. Perhaps reflecting her continuing uncertainty it was a self that has a strangely unreal quality to it; a self which she did not fully believe in and one which she needed someone else's help to construct. Hazel, Rae and Pat, who believed they had recovered false memories, had all devised ways that enabled them to

believe in their memories in some way. It may be the need for biographical certainty that led them to follow this route.

Rae also, like four other participants, believed in the idea of a self that was not limited to this life but had existed in a previous life and would continue to exist in future lives. This was an understanding which enabled women to explain how they had uncovered 'false' knowledge of sexual abuse in childhood. The sexual abuse they believe they experienced had occurred, but in a previous childhood. Sarah, who thought she might have been an abuser in a previous life, thought that the abuse she experienced in this life might help her in the next:

But in another life I might have a better childhood because my karma is going to be built up. (Sarah)

A sense of self as something to be improved, developed and healed played a central role in the participants engagement with the recovery literature. They were able to draw on the different formulations of the self promoted within this literature in response to different questions and different challenges. In doing so, they did not adopt uncritically the conceptions of the self they found in the literature but used them to make sense of their lives and who they were and to make meaning out of the stories they came to tell. In adopting a pragmatic approach they did not find the ambiguities and contradictions inherent in these different selves problematic but rather they found them useful. In engaging with these different formulations these women navigated their own path to a self that was both makeable and innate, both a process and a thing. It was something/one that they believed had been abused, and something/one trying to leave that abuse behind.

Together with the self as both static and in the making was another self populating women's accounts. This was a self who, as a constant presence, connected them with their pasts and to their futures. For some it was their only connection to an abusive past. This was the self who chose to learn from their experiences, a self who put them back together, who rebuilt them bit-by-bit, who chose who they were going to be and who was glad and happy about the person they had become. Some gave names to the

occupier of their 'inner space' (Craib 1998), such as the soul (Sarah and Jenny), the spirit (Beccy) and the front person (Anne), whilst others spoke of a true self. It was a self who helped them negotiate the contradictory selves of the recovery and therapeutic literature but it was also much more than that.

Chapter thirteen: Self-development and healing - to be and not to be

Everybody has got work to do their whole life

Introduction

Like much of the literature aimed at self-development and personal fulfilment, the sexual abuse recovery literature is ostensibly designed to help women improve their lives by working on improving themselves. The other, or makeable, half of the contradictory self of the recovery literature is a self that needs working on, a self that can be improved and made stronger and healthier. Healing offers women the promise of a better life, lived by a healthier and happier self. However, at the same time as it does so the healing discourse also suggests to women what they might become if they do not follow this advice. Failure to heal, women are advised, will lead to a life of misery in which the damaged self is compelled to repeat past abuses in the present and the future. Whilst abuse is identified as a symptom of CSA the implications of this connection are not applied equally to men and women. Instead it relies on assumptions about gender, gender relations and power in which sexually abused boys are said to be at risk of abusing others whilst sexually abused girls are believed to enter adulthood at risk of repeated victimisation (Reavey 2003). Women must avoid becoming what they do not, or should not, want to be if they are to become what they do, or should, want to become.

Healing the self/breaking the cycle

A central premise of healing and recovery - and found in other areas of self-help and self-improvement - is that, as damaged goods, victims must recover or heal in order to avoid repeating past traumas. In the context of CSA victims are not only susceptible to repeat victimisation but may, as well or alternatively, go on to become abusers themselves, or to allow abuse to be perpetrated against others. Although women may engage with the sexual abuse recovery literature with a view to explaining present unhappiness and creating a better life, they must also deal with this idea of a cycle of violence. As both repeat victimisation and perpetrating abuse are seen as evidence of a

failure to heal, healing offers a way to avoid this cycle whilst at the same time acting as a threat to those who are not yet restored to health. As the process of healing is equated with the process of growing up, women in this process together with those yet to start are constructed as childlike, itself equated with powerlessness and vulnerability. As this failure includes victimisation in adulthood, women who suffer other forms of abuse such as rape, domestic violence or harassment are also constructed as childlike and powerless and ultimately to blame for their own victimisation. Future victimisation is thereby constructed as a failure to exercise inner power by someone who has yet to grow up and is still in need of healing.

Not all the participants accepted that they might become abusers but those who did also believed that healing would help to direct them down a different path. For Beccy and Tracey the harm story constructed them as potential abusers. The healing discourse offered them a way to break this cycle:

I still remember when my mum first beat me and when I first got molested and now I feel like ok I was molested that was then. I'm not gonna, I'll make sure, I'm gonna treat my kids with respect and I'm never going to do what happened to me. I'm really glad that I'm doing this because when I have kids I don't want to pass anything like this on. I must break the cycle and that's what my mum should have done ages ago. I don't know how she was raised she never talks about her childhood so I can imagine it's probably something similar to what I went through probably. (Tracey)

Unlike Tracey, Beccy had no memories of sexual abuse, but has a family in which she can identify the symptoms of having been abused. As she said of the possibility of becoming an abuser herself:

No I won't because I'm aware so there's no damage. I'm the end of the line. The abuse stops with me that's it. In my family there is a whole history of alcoholism and emotional abuse. At least I know there was emotional abuse in the form of neglect mostly but also some emotional abuse. And er probably a history of sexual abuse but I can't verify it or anything but I have strong suspicions. And none of these people worked it through. None of these people did anything about it. My mother doesn't want to do anything about...No I think if you deal with it you'll be fine. If you don't then very possibly you will abuse your children, at least emotionally I think. Yeh I think that's pretty much true. I believe that anyway. I believe 100% of people who sexually abuse children have been abused in some way. They might not have been

sexually abused but they've definitely been abused emotionally or physically or in some way. I believe that 100% yeh. I don't think it's anything that crops up out of the blue, that you're born an abuser, that you are born with a mean streak or you're born cruel, I think it's something that's learnt. (Beccy)

Such an understanding not only provides Tracey and Beccy with an explanation but, as healing is suggested as the way to 'break the cycle', it offers them the means by which they can avoid following the path they believe their parents took. The idea they expressed also shares much with Sylvia Fraser's popular biography *My Father's House* (1987). Here Fraser, although appearing to accuse her parents, does at the same time avoid blaming them by positioning them as lacking the resources necessary to forgive and heal. As she suggests:

I was the first generation of my family to receive the education and the social resources and the personal support to fight back...mine is a middle-class story with built in loopholes and rescue stations and options and time locks and safeguards (Fraser 1987:253).

On one level both Tracey and Beccy hold their parents responsible but they could also cite a lack of resources to mitigate this level blame. Like Fraser, this was not an excuse available to either of them. Unlike their parents, Tracey and Beccy also had the education, social resources and personal support to construct such a 'middle class story'. Although sexually abused by her brother, Angela also used the idea of a cycle of abuse to reproach her mother who she believes should have protected her:

You see I think there is a cycle but I don't think the cycle necessarily goes along those lines. [How do you see it going?] Well in my family erm, it was my brother that abused me. Now I'm certain in my mind that my mum was abused [sexually abused?] Sexually abused when she was little. She's never told me and I wouldn't talk about it to my dad or anybody else – but the patterns I see and the connections I've made, I can see in the way my mum has behaved with me. That's one of the reasons that...because in my mind I was quite certain that she had been abused and therefore she should have seen what was happening to me. (Angela)

Not only did Angela find her mother liable but in her account the perpetrator, her brother, was rendered largely invisible. Angela believed that because her mother was a

victim of CSA she should have been able to recognise that Angela was also being abused. She focused on a lack of healing to explain, but not excuse, her mother's failure to protect her. Informed by the harm story and the healing discourse, Angela's account drew on ideas found in some of the sexual abuse recovery literature to position her mother as the family guardian and to look to her as both cause and explanation when things went wrong (Dinsmore 1991, Parks 1990). Tracey, Beccy and Angela did not believe they had been sexually abused by their mothers but nonetheless held them responsible and were determined not to be responsible for the abuse of their own children in the future.

Identifying abuse as a failure to heal not only positions victims as potential abusers but can also be used to construct abusers as victims. This was a feature of the literature which could be drawn on to explain the behaviour of those who had abused them, as well as those whom they held partly responsible for that abuse:

What leads people to sexually abuse children I think mostly because they've been abused themselves, I think statistically it verifies as well that that's true. I think its true. If its my father, I don't know if he's been sexually abused but he's certainly been emotionally abused and neglected so that would definitely explain. My mother was quite emotionally abusive and she was, she failed to protect me and she was emotionally and sexually abused. (Beccy)

Only one of the participants in this study referred to a male partner who had also been sexually abused in childhood. For Jay and her husband Stewart, both of whom had continuous memories of their abuse, the cycle of abuse, in which the male survivor is positioned as a likely abuser, was particularly significant. Both Jay and Stewart accepted to some extent that they would have difficulties as a result of their having been sexually abused and believed the gendered cycle of abuse promoted in much of the recovery literature. Whilst this identified Jay, as a female victim of sexual abuse, as vulnerable to further abuse as well as likely to have difficulty preventing the abuse of her own children, it positioned Stewart as a potential abuser, not only of their children but also of others. At the time they got married and were thinking of having children, this was the only understanding of which they were aware, and so this was the only narrative available to them:

So Stewart was terrified that he would end up being an abuser because he was abused. There was no other reasoning, just that, which was pretty scary for us both. (Jay)

When Jay entered adulthood the dominant construction of the female victim at that time positioned her as vulnerable to repeat victimisation and likely to have sexual difficulties, either having too much sex or not enough. For her and her partner it was only male victims who were likely to grow up to become abusers. Thus neither had been concerned about the possibility of Jay becoming an abuser, but were both concerned that Stewart might go on to abuse others. Their concern led them to develop strategies to deal not only with the effects of her childhood abuse but also of his. In spite of Stewart being positioned as a potential abuser they were able to develop a relationship in which she trusted him:

Yes because we were totally open about it from the beginning. He said he was abused by his brother and he was concerned about him because he's read these reports, so he said would I watch him. And I said well that doesn't make me feel very comfortable and he said well I don't think there's any chance of it happening but keep an eye on me. (Jay)

Although Jay was concerned about her husband when they first had children (over twenty years ago) there was nothing in what she said to suggest that her fears were founded. The idea that boys sexually abused in childhood go on to sexually abuse others created problems for Jay and her partner but it also enabled them to develop a degree of openness, in which Jay was able to 'watch' her husband:

And I thought well that's a relief actually, rather than having to do it on the sly which I would have done anyway, it's been brought out into the open. (Jay)

Keeping an eye on her husband was a course of action Jay had already decided on but having the idea out in the open made it easier for her. The gendered cycle of abuse identified Jay as a potential victim and her partner as a potential abuser and links in with ideas which hold women responsible for the maintenance of the family. It is the sexually abused woman who is identified as particularly vulnerable to failure in this regard. Whilst this clearly held concerns for them both it did not act as a script for them to follow. Rather it led them to devise strategies to avoid such an outcome.

Jay and Stewart were first introduced to the cycle of abuse, which constructed Jay as a potential victim and Stewart as a potential abuser, in the early 1970s. Through the current orthodoxy on child sexual abuse other women were introduced to the idea of a cycle of abuse in which they were not only positioned as vulnerable to repeat victimisation but also as likely to be responsible for the abuse of others. Although they all believed to varying degrees in the need for healing, not all women accepted that a failure to do so would result in their going on to abuse others or at least be responsible for others being abused. Some found this idea not only insulting but also potentially very harmful:

As you can imagine I was insulted by the idea that abusers abuse. I realise there is a lot of evidence to suggest so, but I don't believe that's so and I think it could be damaging to be told that you could go on to be an abuser. (Emma)

I can't remember how she said it but it was along the lines, people who have been abused when they were younger are likely to become abusers when they are older and you know that was like a slap in the face to me. I really thought to myself, you really do not know what you are talking about when it comes to working with people who have been abused. (Fiona)

This might be related to the extent to which women felt they have or can heal from having been sexually abused. Emma for example, although able to recognise many strengths in her life, also believed that her life would also bear the symptoms of sexual abuse. Whereas Fiona, although she believed she had begun to heal, also recognised that she still had a long way to go. Those who feel more positively about recovery or who have invested more heavily in a therapeutic solution are also those who accept the idea of a cycle of violence but with the proviso that it can be broken through healing.

Working on and improving the self

The idea of a core self, untouched by CSA, is particularly significant to women's understanding of healing. Whilst many women recognise the continuing effects of CSA, and believe that their experiences of having been abused cannot be left behind, many also embrace the idea of a self that can be freed from such (negative) effects and

healed can go on to live a happy, fulfilled and successful life. Whether or not women have memories of having been abused, this understanding of the self enables them to engage with therapeutic discourses and although they must (re)construct themselves as once damaged, in so doing they are also offered a way to reconstruct themselves as all-powerful. Recognition of a true or inner self did not preclude the idea of the self as a project to be worked on, to be improved and developed. Some envisaged an end to this work at the point at which they would be healed, possibly after they had found themselves, but for others it was and should be an ongoing process. For them the self was something that could not be left alone but needed constant attention and work.

For the majority of participants, involvement with the sexual abuse recovery literature can be seen as part of, or a continuation of, a project of self-improvement and self-development. Within their accounts there was little distinction made between healing work and self-development, although different activities might be positioned at different ends of a continuum. There were many reasons for embarking on such a project, which included, but were not limited to, a desire to lose weight or address some physical illness or condition. This project could also involve a more general approach to the self, which again for some also included the body. Much of this work was done in conjunction with self-help literature. The women read books on diet, health and illness, tried various alternative therapies such as massage and aromatherapy, became involved with various organised and less organised religions, such as Christianity, Buddhism, and Shamanism. Some went on courses for assertiveness and building self-esteem and confidence. They were also involved in a variety of other activities that included meditation, dance, exercise, tai chi, reflexology, hypnotism, painting, walking and writing, all of which were seen as ways of both healing and self-improvement or self-development. Whilst some women continued with these various activities beyond their healing, sometimes simply because they enjoyed them, others stopped when they believed they were healed and no longer in need of them.

The length of time women spent on healing and recovery varied from a few years to more than twenty. How they saw this and whether or not they believed there was an end point, possibly a point at which they were healed, also varied. Beccy had spent

over ten years working on her self. During this process she had drawn on different techniques and discourses ranging from those dealing with diet and sexual dysfunction to sexual abuse recovery. It was with the last that she felt she had made progress and, since beginning her healing, she had come to see an end to the process:

It's not a question of just going to therapy forever, there's an end to it and the end is being completely healed at the end and being free. So there's a beginning, a middle and an end and there's a process to go through and that's very clear. So you feel that there's hope at the end. (Beccy)

Jay also felt she had left a phase of her life behind when she finished her counselling:

I didn't expect it lasting so long or being as painful or causing so many problems...Yeh so I'm pleased that part of my life's behind me as well. I wouldn't want to go back through that either. It wasn't a very nice time. (Jay)

Not all the participants had such a clear idea of an ending. Those who did believe their recovery could reach a finishing point did not necessarily believe this should signal an end to the work they had to do on themselves. Tracey distinguished between healing, in which she could become whole, and other work that might need to be done on her self:

But I think you can be healed on one, on, entirely if that was the only thing that you want to have healed but I think there is always something that we can always work on for ourselves. I think yeh, definitely it can come to a halt yeh, I think you can be a whole person without any blocks. (Tracey)

Even Beccy, who seemed very clear about the end of her therapy, believed she might need a 'top-up', particularly if something else were to happen in her life which she might find difficult:

It could be that every now and then it comes back or something. You know if something bad happens in my life suddenly I'll have a dip. I'll immediately maybe go back for a couple of sessions. I'm not sure. But no the idea is that at the end it's over. (Beccy)

The idea of an end to the recovery process was not shared by Angela for whom recovery was linked to finding herself and learning who and how to be:

Well I don't think we ever do stop recovering...I think it's something that would drive you, yeh drive me more and more and more about who I am really. I mean as I said about doing the Art of Being course and I know there are other courses I would do which would stretch me and test me erm... I do have a certain inclination to try and put myself into a situation that I feel will be difficult and I need to see how I'd cope with it. But rather than doing that in life I try to do that on courses. (Angela)

Time out for the self

The idea of taking time out to work on the self, whether as part of their recovery or as self-improvement or self-development, featured in a number of women's accounts. For Fiona this was about recovery but she identified a negative side to this if the time out for recovery meant that victims did not move forward:

It was a self-help group that was just supporting you where you were. It wasn't a group to do anything therapeutic or to move on and people had been going to it for years and years and years and were still going to it. My idea is that you go to a group for a while but then you get back to your real life but that group's not your real life, it's a therapeutic place to be and you wouldn't want to keep going to it for years and years. You go to it for a while, when you're grown or when you no longer need it then you would leave and get back to normal life and socialise with... I mean your friends who you are socialising with for fun not for work or growth if you know what I mean. (Fiona)

Whether a self-help group or a facilitated group, the idea of going to a group for Fiona was about getting support in times of difficulty or working on the self in order to grow and move forward. Friendship, socialising and having fun was separate from the emotional work that needed to be done. This was also an attitude she took towards counselling:

That's what the counselling was about, moving through all that, not ignoring it, working through it and getting past it and moving on after it. (Fiona)

Although, as this quote suggests, Fiona saw an end to her recovery, a time when she had dealt with her abuse and was able to move forward, she did not see this as signalling an end to working on her self. Like a number of the others there were also times when she felt she might need to return to counselling or to working on her self in

response to some difficulty. However, she also introduced the idea of a self as an ongoing project to be worked on and improved:

I hadn't been getting as upset recently so maybe I've not been doing that much work so I'll maybe go and feel I'm getting a bit out of touch with my wee self.
(Fiona)

and again

I know there are things that are just not quite right and I would like to get them quite right. But that involves a wee bit of effort, a wee bit of work but it's hard work so quite often I avoid doing it because I don't enjoy it but it needs doing.
(Fiona)

She also made a connection between this project and her sense of self. One of the times she felt she needed to work on her self was when she was 'getting a bit out of touch'. Fiona took a diligent and industrious approach to work on herself and identified different elements of the self that might need work which might be done at different times of the day:

I have a habit, a long-standing habit of having a half hour on a morning of time, I wouldn't call it always meditation, but it's a quiet time that I have to myself. Sometimes I listen to self-help tapes, relaxation tapes or positive thinking tapes. I have books that I dip in and out of. That's not one of them 'cos it's not the type of thing for relaxing but positive thinking books that I like, affirming type books, religious books, directional kind of books that I might spend ten minutes reading. I might chant I might meditate I might pray but for half an hour in the morning I have a time to myself...most mornings and that's my habit. So that's the time when I would also look at self-help books but they're much more positive and general. I wouldn't use that time to do any work that's going to be upsetting or that's going to bring a wee bit of discord to my day. I'd rather do something that's going to bring a bit of calmness and peace to my day and I would do that in the morning. But they are more sort of general, positive thinking, self help spiritual type of things that I use. (Fiona)

And

Although I think there's work ahead I'm not afraid that I won't be able to do it. I know I'll be able to do it. And really my kind of world here, my mind set is that everybody has got work to do their whole life. Nobody gets to 30 and thinks that's me grown up, I'm happy, sits back...Everybody's got ups and downs and things that they have to deal with, things that they have to learn, growth that they have to meet right up to the day they die and I'm no different

to anybody else, just maybe some of my issues are different than other peoples. My recovery process has helped me get a positive view about. (Fiona)

As a subscriber to Cisters' newsletter, Fiona also had the occasional timely reminder of the need to pay attention to her self:

Cisters. It's a good attention bell every now and again. It's a good reminder that there's things to deal with because in my daily life it's quite easy to get complacent and a wee bit lazy, not wanting to be working on it and just wanting things to be...just wanting to toddle along in your life everything ok and so you don't tackle issues and sometimes issues need tackling. So a wee reminder like Cisters coming in every now and again gives you a little jolt like yeh, I'll have to do some work on this cos this is still here I still want to deal with it. (Fiona)

The idea of a self that needed to be worked at, or on, was an idea shared by a number of women although not all of them saw it as quite so separate from their everyday lives. For Jenny this project was an integral part of her daily life, or possibly her daily life was a project of healing and personal development and within this project she also saw her body as needing to be worked on. When asked how she saw her future Jenny wrote:

I will continue work with my own sexuality & releasing pain, letting go of fear in my womb area by belly dancing – creating & maintaining sexual health here.

The experience of sexual abuse has affected my interests & life course so that long term I see myself continuing to work with other survivors part time, building a retreat centre in America, learning more about the healing power of herbs & growing them.

Exploring tantra & celebrating the intertwining of my sexuality and spirituality. Continuing along the shamanic path.

Dancing more, sharing in circles. I want to come out into the world more again & be sociable after my long retreat! (Jenny)

She ended her account with the words 'Our journey continues...' (Jenny). Jenny made it clear that for her the self as a project to be worked on was an ongoing process to which she saw no end.

Anne's work on healing, recovery and personal development was also very intense, although quite different from the work which Jenny undertook. As with Jenny, her work could also be seen as a way of life or be seen to have taken over her life (although as noted earlier this could also be seen as a new way to be unhappy) whereby her adult self was in some ways lost to her inner children. Indeed, Anne did not do the majority of personal work on her adult self but worked more conscientiously on the children. Even where she did work on Anne the adult she often saw this as something that would benefit, or sometimes facilitate the surfacing of her inner children. In addition to 'the packages' that she put together for the children, much of the healing work Anne did involved meditation:

The body relaxing meditation I've done ever since the Buddhist monastery. These I find are healing aids. (Anne)

Whether as distinct personalities or aspects of her self, Anne's alters did provide her with an opportunity to address emotions such as anger and sadness and to express emotions such as happiness and joy. This was not how Anne articulated the work she did on her self but the work with her alters enabled Anne to address areas that she might otherwise find difficult. It was also through the children that she was able to engage activities that could be described as indulging or pampering, but which might also be described as therapeutic. At other times her children prevented her doing emotional work:

I can't do that amount of disciplined work because you know, I can't do it. I need to, I mean I see why now, because of the children inside me who need to play in different ways. (Anne)

Perhaps in recognition of the time she devotes to working with her children Anne does concede that healing and recovery is time-consuming and demands great commitment:

So I guess I find the exercises very hard, I might try and do them now. But there's so much to do in life that... But that maybe, with the anger exercises, I should do them, but you need an extra day to do anything. (Anne)

Jenny and Anne had both devoted to their lives to dealing with the after effects of the abuse they believed they suffered as children. However, whereas Jenny's life was dedicated to healing and moving forward it could be argued that Anne's life was dedicated to the children, and whilst some of her work involved helping the children to heal the primary motivation did seem to be making contact with them. In contrast to the intensive work of Anne and Jenny, some of the other participants took a more relaxed approach. A notable feature for many women was the continuing use of self-help books:

I mean I still do them erm, you know not every day but when I first started doing it I used to read books every day. Every book that I read was only about self-help. It was nothing else, and then afterwards. Now I read, I'm reading something else at the moment but I would have alternative reading on self help books. Then I'd make notes and do the exercises. (Tracey)

and

I spend at least a couple of hours on my own a week you know just to be with myself. (Tracey)

I mean I still read self help books. I still get them. If I'm going through a difficult time then I might go back to some of them I've got and go over stuff. (Angela)

This self as a project to be worked on, was one in which Sarah had also invested a lot of time and energy. However, at the time of our meeting it was an approach she was beginning to question. Over the previous seven or eight years she had devoted much of her time to working on her self but now:

My therapy is finished on Wednesday...Then I was going to go on to soul retrieval and different meditations and things with a different therapist from the spiritual café but then I looked around, lying in the bath and things, because I've been on a ten year cycle and, this was the 7th or 8th year sort of a goal basically. I'm going to do this, this and this in ten years. It was gonna be ten years of looking after myself, ten years of celibacy, ten years of this and that and ten years of therapy...And erm I was lying in the bath thinking well I don't have to be so sort of stringent about this just go with the flow, no more therapy...No. I'm going to, I've started going to meetings for meditation and I will continue with that to calm my mind which is the most important thing and how I relate to people as well. That's very important and how I feel about myself. So that's the journey. (Sarah)

Like the majority of women in this study, although she was leaving therapy behind, she had not completely put it behind her. Instead she felt that she would readily return to therapy if things went wrong or her life became difficult:

But yeh, I'm going to have a break from the therapy and if I need to come back to it at a later stage I will. (Sarah)

A more sceptical approach was taken by Jay, not because she felt there was nothing wrong but because she rejected the idea promoted within this literature that you should constantly be trying to improve yourself, and cure yourself of problems that did not exist or could not be changed. As she succinctly put it:

...But don't try and fix what isn't broken. (Jay)

and

All they [self-help books] do reinforce to me is what's negative...And send you searching for things that aren't there...And at the end of the day you're creating illusions to try and kid yourself that it's working. (Jay)

Women engaged with the therapeutic and self-help literature because they were unhappy with their lives and were looking to make sense of and improve them. On entering this world of therapy and self-help it was the self as a project to be worked on and improved that confronted them. However, this was not a singular or unitary self but rather a contradictory one, both makeable and innate; a true, powerful self that they could uncover but at the same time a self that needed to be work on. In looking for a cause and solution to their unhappiness or difficulties women were presented with themselves, but selves they were duty bound to improve. They were also furnished with an abundance of advice as to the required result and how to achieve it.

The participants in this study did follow much of the advice but they did not do so as if following a set of instructions, or to achieve a prescribed result. Rather, they played an active role in negotiating their own particular path to a place understood by them as better than the one they started from and accompanied by a self or selves that they understood and were comfortable with. Rather than finding the contradictory self of the recovery literature problematic it reflected their own understandings and

pragmatism. There were times when they needed a constant self to connect them to the past. At other times, wanting to break the cycle, they preferred a makeable self that could be healed from their experiences of abuse. The self of the recovery literature offered them both.

Although women were encouraged to work on their selves and many of them did, it was not all work and no play. As Rae said of her reflexology sessions:

It's my treat to myself once a month (Rae).

Chapter fourteen: Conclusion

Narratives of the self don't simply rest within us to motivate and guide our actions, nor do they lurk behind our backs as social templates to stamp us into selves according to the leading stories of the day. (Holstein and Gubrium 2000:3)

The current orthodoxy on childhood sexual abuse constructs victims as inevitably damaged and in need of healing. It is this understanding which has allowed women's unhappiness and dissatisfaction to be reinterpreted as evidence of abuse and 'symptoms' of abuse to be identified in the lives of adult women. The aim of this thesis is to look at the experiences of women in constructing and living with a history of childhood sexual abuse, whether their story was based on continuous, recovered or false memories. In so doing I have not engaged directly with the recovered memory wars but I hope I have added a new perspective, that of the women themselves. I have provided an opportunity for women to tell of their own experiences and the part they played in constructing their own histories. These range from coming to believe they were damaged by CSA, through their experiences of living with or rejecting this knowledge, to construct a self for whom they could write a positive ending, or a new beginning, to their life stories. Such an ending might lead some to healing but might lead others to a state of 'autobiographical limbo' (Tietjens-Meyers 1997), or take them deeper into the world of multiple personalities.

The debate on recovered memories has focused on the role of therapists in creating or bringing to the surface memories of abuse but the findings from this study show the need to look beyond this argument to the basis on which these stories are constructed and the part played by those whose stories are told. Women may be constrained by the story lines and narrative frameworks available to them but they are nonetheless actively engaged in constructing their own stories – stories which owe more to those narrative frameworks currently in circulation than they do to the recovery of memories. Of the sixteen women who participated in this study only five entered adulthood knowing of their abuse. The remaining eleven all came to believe that they were victims of CSA but only one recovered recall memories. The others were limited to 'alternative memories' which relied on the correlation of symptoms with perceived

childhood sexual abuse and, to a lesser degree, on the interpretation of dreams, hypnosis and 'body memories'. Of these eleven, two came to reject totally their histories of abuse and three to reject only those parts of their stories that identified their fathers as the perpetrators. Although all three were fairly confident in the stories they told, they did not have an explanation that would enable them to escape doubt entirely.

The participants might have arrived at the sexual abuse recovery literature from different directions, some sought it out and others were introduced to it, but they engaged with this literature for two reasons: they were unhappy with at least some aspect of their lives and were looking to fashion better ones. Not all were the first author of their story but they were able to construct or embellish on a sexual abuse narrative because it made sense and promised improvement. It enabled them to explain why they were unhappy and, in highlighting a cause, also offered a solution. Those who were able to maintain their adherence to a sexual abuse narrative had also been able to maintain at least some continuity with a past; whether or not it was a past of which they had memories.

Within their accounts women drew on different discourses and included details and subplots which did not necessarily support, and at times contradicted, their sexual abuse narrative. When they came to use the recovery literature to make improvements in their lives they did so not necessarily because they believed in the cause as it was identified in the literature but because it provided them with a solution that accorded with their needs and circumstances. Tracey's account, for example, incorporated a number of reasons for the sexual difficulties she had identified in her adult life but it was the solution she had come across in the sexual abuse recovery literature which offered her a way to address them. Moreover, in accepting that solution she did not need to reject any of the contradictory details contained in her account. Hazel, on the other hand, had engaged with a number of discourses on women's sexuality and, although she recognised some value in all of them, it was as a victim of CSA that she felt best able to negotiate the asexual relationship with her husband which she wanted.

For most of the participants, the story they told of sexual abuse did not involve abandoning an old story in favour of a new one but rather a reworking of their personal histories to include a sexually abusive childhood. They were able to do so because they could identify aspects of their adult lives which could be (re)interpreted as a consequence of childhood sexual abuse. Through telling their stories of abuse the tellers were able to maintain or establish a connection with a past childhood and the life they had already lived. Women who were not the first author of their story, but who were presented with a basic plotline, were also able to maintain a belief in the story if they could establish some continuity from their childhoods, through the lives they had so far lived to the lives they were living as adults. Hazel, Pat and Rae had all been presented with a story of sexual abuse and although they had ultimately rejected the details of their stories they did not reject the underlying plot. This was not because they were manipulated by misguided therapists, but because it was a story that made sense to them. They were ultimately able to tell their own story of sexual abuse, in part because it also drew on understandings which accorded with their pre-existing belief systems. They could use the story to understand and hopefully improve their lives, or at least some aspects of their lives, and in so doing maintain a connection with a past. It was important for all three that this childhood past was inhabited by a kind and loving father and so, whilst they rejected the specifics of the story as presented, they were able to write their own stories to include a sexually abusive childhood, without threatening the image they had of their fathers.

Emma had also been presented with a storyline that proved unhelpful and represented a break from her earlier story. She recognised that CSA had a continuing influence on her adult life but the causal narrative her counsellor tried to impose did not fit with her understanding and she was able to reject it. The story that made sense to Emma incorporated some effects of sexual abuse but could also accommodate other subplots such as one which told of sadness resulting from a miscarriage.

The two women who ultimately rejected their story of sexual abuse had not, unlike the other participants, been able to write a positive ending for themselves. They were also the only participants for whom the story of childhood sexual abuse represented a break from the past: not so much a reworking of their history as a rewriting of it. Although

they had presumably believed, or at least accepted, that they had been victims of sexual abuse it was a belief which they were unable to maintain. In rewriting their stories to take account of FMS neither Daisy nor Nicole gave up the identity of victim, they only swapped the nature of their victimhood, and had not addressed the difficulties which first lead them to seek help. Both women had only been able to use the FMS story to rewrite the recent past. It was not a story that connected them to a past that predated their coming to believe they were victims of CSA but nor was it a story to which they seemed able to write a happy ending, that could help them move forward. The realization that they had not been abused had not been a positive one for Daisy or Nicole.

Anne had also been unable to write a positive ending for herself based solely on a story of incest. However, the story she did construct was one that made sense to her and was one with which she could be, if not happy, at least content. It was also a story in which she could have confidence and in which she maintained a connection with her past. It was part of an ongoing interpretation of her life which needed to explain not only what was happening in her life but also what she had 'failed' to achieve. Each time she wrote the story she was elaborating on and embellishing a story she had already written and which was populated by an increasing number of personalities.

The majority of the participants in this study had been able to use the sexual abuse recovery literature to construct a story for themselves that made sense to them, explained present difficulties, connected them to the life they had already lived and offered them a way to move forward. By accepting these premises I am not arguing that their stories were true, only that they were good stories in that they fulfilled, or at least promised to fulfil, these criteria. They were not the only stories that could be told. There are other stories which would fit these criteria but are not based on a 'flawed model' (Kelly 1996) of childhood sexual abuse. These are stories in which women look to the conditions of their lives to recognise the social, material, economic and political constraints which restrict their possibilities. They are stories in which women do not have to construct themselves as damaged and ultimately responsible for their own unhappiness and well-being, which do not prescribe a life of self-monitoring and which would not return the tellers to their starting point of needing healing if

things go wrong. In order to write such stories the women would have to look to the outside world and not direct their gaze exclusively within. However, in the current climate of therapeutically influenced story telling these would be difficult stories for women to tell and to have heard.

The stories women were encouraged to tell were populated by an inner child, or damaged and childlike part of their adult selves, who is not only said to hold knowledge of their abuse, particularly significant for those without memories, but it is she who is said to be damaged and in need of healing. The recovery literature encourages women to make contact with this inner child in order to uncover knowledge and reparent her so that they might heal and grow up to become the woman they would have been. However, not all the participants made contact or developed a relationship with an inner child and of those who did, she was very different from the inner children found in the pages of the recovery literature. For some she was a damaged part of their adult selves, for others she was a discrete personality or even one of a group, but for some she was a disturbing creation of 'inner child work' – getting in touch with her, writing to her, letting her draw and write and giving her a name.

Only five of the participants entered adulthood with memories of CSA and so the majority relied on an inner child, however they conceptualised her, to provide evidence of abuse. However, with the exception of Sarah, this did not take the form of recall memories but was primarily the result of identifying the influence of an inner child on their adult lives. It was therefore not so much a search for knowledge as it was a wish for healing and reparenting that lead women to engage with this concept. This child was not forced upon them, although one woman had felt pressured to make contact, and not all women developed a relationship with an inner child. Those who did took a creative and pragmatic approach to the inner child, or children, with whom they came to share their lives. These children were not prescribed by the recovery literature but reflected the needs, wishes and circumstances of those women who shared their lives with them.

Whether they saw her as a separate part of their adult selves, or as a discrete personality, women were able to use the inner child as a means to express thoughts, feelings and emotions and to act out behaviours which they might otherwise have found too difficult. Fiona's inner child, for example, allowed her to engage in activities which she saw as inappropriate: it was her inner child, not her adult self, who danced round her flat, went to bed with a teddy and lay on the floor colouring in pictures. It was through their inner child that some women were able to pamper or treat themselves and indulge their own needs and desires. Anne, for example, brought her inner children cards and presents and even wrote poems for them.

Some women used the inner child at various times to explain, enable and at times excuse thoughts and actions which did not conform to what they understood to be appropriate for adult women. In developing a relationship with an inner child women were finding ways to engage in different aspects of their lives without threatening the image they had, or were trying to establish, of themselves as healthy, mature adult women. She enabled women to distance their (adult) selves from aspects of their behaviour with which they were uncomfortable and for some she also provided a way to abdicate responsibility and to avoid blame. However, whilst some women had used their inner child in maintaining an image of themselves as a mature woman, Anne's inner children might have helped her avoid such an identity; it was through her children that Anne exhibited the feminine characteristics with which her adult self was uncomfortable.

Those who had accepted the concept of the inner child could be constrained as well as liberated by the relationship. As Jay eloquently argued, why should adult women be prohibited from expressing certain thoughts and feelings and acting out certain behaviours? Using the inner child as a vehicle might have enabled women to deviate from the norms of acceptable womanhood but at the same time it reinforced the idea that their 'childish' thoughts and actions were inappropriate. As much as the recovery literature claims to be empowering it does not empower women to challenge these stereotypes. Jay had also expressed concern over the role the inner child might play in encouraging women to act irresponsibly but this was not an issue raised by other participants.

Anne was the only participant to live 'as a group' but, together with the accounts of some of the other participants, her story suggests alternative routes into the field of multiplicity other than through hypnosis. Jay believed that inner child work was responsible for the emergence of alter personalities who might go on to lead a life of their own. It was a particular concern, she felt, for women who had been abused over a long period of time. This was not, she believed, because long periods of abuse caused multiplicity but rather because doing inner child work with someone who was abused for many years was likely to result in the creation of many personalities, all of different ages and possibly with different experiences. Jay gave up inner child work herself when she realised she was in danger of creating her own multiple personalities, of different ages and with different names. Fiona, who did not have memories of her abuse, had made contact with an inner child and although she was certain in her belief that she had been abused there were times when she felt she needed more information. Fiona saw her inner child as separate from her adult self and was at times concerned that she was becoming more separate and hard for the adult Fiona to control. She believed that it was this child who knew of her abuse and therefore, when she considered going deeper in her search for additional knowledge, this was a search which might well lead her to another inner child.

Unlike Fiona's inner child, who provided knowledge of abuse, the inner children with whom Anne shared her life were seen by Anne as evidence of abuse in themselves. The relationships Anne developed with these children involved making contact and 'parenting' them rather than uncovering knowledge. Anne had constructed and elaborated on a story in which she was a victim of more and more extreme forms of abuse but it was also a story for which she had as yet been unable to write a happy ending. The alters who populated her story were used by Anne as evidence of the severity of her abuse and as such also provided an explanation for why she had been unable to move forward. They also fulfilled the roles identified by other participants as well as providing her with companionship. In doing so they might also have mediated against her writing a happy ending. Anne believed her alters were created at the time of trauma but she developed such intense relationships with them that they had become like friends; companions in her otherwise isolated world. They played a major part in Anne's life but whether they could ultimately help her to be happy is unclear.

On entering the contemporary world of sexual abuse recovery, women are presented with a narrative framework in which the story they are encouraged to write is lived by a self that needs to be worked on and improved. Through undertaking this work, they are advised, they could go on to live in a brighter future but failure to do so would condemn them to a life of misery, vulnerability and repeat victimisation. Those who are unable or unwilling to embark on this project for themselves are told they have a greater responsibility to society; failure to heal might also result in their being responsible for the abuse of others, by allowing others to perpetrate abuse if not as perpetrators themselves. Women are presented with a relentless tide of both optimism and negativity within which claims of empowerment are set against warnings of ongoing vulnerability and victimisation. In order to maintain these two messages the literature relies on two contradictory formulations of the self: the core self who has been damaged by abuse and the makeable self who can, on healing, become empowered.

This self of the recovery literature was at the same time conceived of as both makeable and innate, as both a thing and a process. This literature encourages women to make contact with their true inner self and at the same time to work on a self that was damaged and in need of healing. Far from being problematic to the participants it was through negotiating a path between the contradictory sides of this self, drawing on the different selves they found in the literature, that they were able to construct a self with whom they could live. They could not only find who they 'really' were, their 'true' self, but could also construct who they wanted to be, by working on their makeable self. As many of the participants relied on the symptoms they identified in their adult lives to know of past abuse they needed to establish and maintain a connection between a self of the past and a self of the present. In order to realise the promise of the recovery literature - empowerment and a better life - they also had to leave their damaged self behind. The different formulations of the self presented in the literature not only enabled participants to find a formulation that accorded with their own understandings and needs but they could draw on different formulations as these needs changed. However, even where they drew on the literature they did not necessarily make use of the ideas in the ways that were suggested. Like other aspects of healing

and recovery, women were in control and used those elements that were useful and made sense to them and discarded those elements that did not.

Those who entered adulthood knowing of their abuse did not need to prove, to themselves or others, that they had been abused and were keen to distance themselves from their abused child-self. It was important for them to show that they had not been permanently damaged and could go on to live happy fulfilling lives. However, there were also times when they wanted to reinforce the wrongfulness of CSA, but they were limited in this endeavour by the currently available stories. Those who entered adulthood without memories were more in need of establishing, and to some extent maintaining, a view of the child self as damaged, as it was her who supported their stories. At the same time they also engaged with the recovery literature because they wanted to improve their lives. Therefore, although they needed to maintain a connection to the past they did, at the same time, want to distance themselves from it so as to be able to write a happy ending to their stories. The two self-identified FMS victims who rejected entirely their stories of CSA, were not able to construct a strong powerful self but only a damaged one, albeit one damaged in adulthood. They had not been able to draw on the formulation of the makeable self to distance themselves from their damaged selves.

The idea of a core self played a central role in women claiming the identity or status of victim, particularly for those with no memories, but it was the idea of a makeable self that was central to their being able to then leave the damaged part of that identity behind. It was by using the formulation of a makeable self that enabled women to claim the identity of someone who is healed and therefore strong and powerful. Those who had been able to construct a story of abuse and maintain the belief that they had been victims of CSA had successfully navigated a path between these two selves and constructed, for themselves, a powerful adult self, free from the effects of abuse. It was for these women that the identity of survivor was a positive one. Daisy and Nicole had not been able to establish a positive identity through a story of CSA but neither had they been able to establish a positive identity as victims of FMS.

Although they were presented with two formulations of the self there was another self present in the accounts of participants. Some gave names to this third self; it was their spirit, their soul or their front person, others spoke of a true self. This was the self who navigated a path between the contradictory selves of the literature and helped them connect their adult selves to a past whilst at the same time distancing those selves from the damaging effects of that past. It was also this self who connected their core and their makeable selves. It was the occupier of this 'inner space' (Craib 1998) who established or maintained a connection between their adult selves, the subjects of their stories, and their child selves, the selves who were sexually abused. It was through this connection that participants were able to maintain a continuity in their stories; whether or not they remembered their abuse. It was this self who was able to identify or recognise elements of their core; those bits that were them and those bits that were not. This third self was responsible for working on the makeable self. The one who chose who and what they wanted to be as well as who and what they did not want to be. The third self was the constant presence deciding on the nature and direction their project of the self, or the self as a process in the making, was to take. Deciding who and what they wanted to be, as well as who and what to discard, enabled them to establish and maintain a distance between their adult and child selves. It was this that enabled them to construct themselves as victims of CSA and at the same time construct themselves, or at least work towards constructing themselves, as healed and therefore no longer damaged by that abuse; as 'strong at the broken places' (Sanford 1991). However, it is a self that, within the discursive framework of sexual abuse recovery, can only be maintained through a constant self-monitoring which might with luck keep them free from further unhappiness or dissatisfaction but which could be held responsible if that state was not reached or maintained.

This thesis has been about women's engagement with the contemporary sexual abuse recovery literature; the stories they have told of coming to know they were abused, of living with that knowledge and of moving forward. I hope I have contributed to the debates on healing and recovered memories of CSA as well as the debates on multiple personality syndromes. I believe I have demonstrated the active, imaginative, pragmatic role women have themselves taken in writing their own stories, constructing their own lives and creating for themselves a self with whom they can approach the

future. Whilst I would not argue that these are the only, or even the best, stories that can be told I do believe that they are the stories women chose to construct for themselves, albeit drawing on a narrative framework that was limited and a model of childhood sexual abuse that was flawed. However, even within the accounts they gave to me there are more stories, more subplots and more endings than I have been able fully to explore here. I have had to limit my study to only some of these and there are therefore gaps and silences which I believe should also be looked at. I have not, for example, been able to look at women's experiences of childhood, their sexuality, the relationships they had with family members, or the role that religion or politics played in their lives. Neither have I been able to investigate those aspects of their lives that could not be accommodated in the stories they told. A significant group who did not feature in my study were those formerly abused women who did not see themselves as psychologically damaged and in need of healing.

I have also not been able to explore the range of alternative endings to a story of sexual abuse. I felt it important to look at some of the possible routes for the emergence of multiple personalities, and whilst I feel I have contributed to our understanding of this area, the number of participants whose experiences touched on MPS did limit this aspect of my study. I was also prevented from investigating the stories of those women who believed they were victims of FMS. Of the five who claimed such a status, only two rejected entirely the idea that they were victims of CSA. Neither of these two women had, under the circumstances of their participation, been able to engage fully with the questions and it was therefore difficult to draw much from their accounts. All those who participated were either still involved in therapy or had not long since left. Therefore I was not able to look at how the different endings or new beginnings had served them and what problems, if any, they had encountered. I was also not able to look at what might happen to those women who, based on recovery and healing, write a happy ending which is at some later date threatened.

In looking at narratives of sexual abuse I have had to engage to some degree with the recovered memory wars. I have taken as my starting point women's claims to have been victims, either of CSA or FMS, and have therefore avoided the questions of truth

and falsity. In exploring the role played by women themselves in the construction and use of stories of sexual abuse I hope to have moved the debate on recovered memories beyond the simplistic confines of a true/false dichotomy, in which women are positioned as passive victims. I have tried to open up a space within which we can recognise the diverse, creative and pragmatic ways women negotiate their own paths through the literature on childhood sexual abuse, recovered memories, multiple personalities, narratives of abuse and the self. I hope this has also contributed to the creation of a space within which it is easier for women to formulate different stories to those in which they are encouraged to look inward and construct themselves as damaged and in need of healing. I hope also that this can be a space in which women are no longer constrained by the dominant discourses of femininity and can choose for themselves if and when they want to be playful, sensible, sexual and, in valuing themselves, can choose when to treat or pamper themselves without the need to create an inner child as a means to do so. Women, whether or not they are the victims of sexual abuse, would be better served if future research were to open up the potential for them to tell different stories and construct different selves, no longer the selves whose only hope of a brighter future is to admit that they are psychologically damaged. As part of this project we need to revisit women and children's experiences of sexual abuse and challenge the prevailing orthodoxy of the harm story. In doing so we must not dismiss the wrongfulness of child sexual abuse but equally we should not equate wrongfulness with inevitable long-term psychological damage. Adult victims of childhood sexual abuse are as limited by external constraints as much as those who were not sexually abused as children, and it is these constraints that we should address if the lot of all women is to be improved.

Appendices

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Appendix 1

The participants

Angela. Interview

Continuous memories of CSA perpetrated by her brother. Memories of emotionally abusive parents.

Age 36. Cohabiting. 2 children (8, 10) from previous marriage live with their father. Heterosexual. White British.

Education: Degree level (BSc).

Occupation: Training in complementary therapies, purchaser/ contracts officer.

History: parents heavy drinkers, often arguing/fighting. Left home to go to college. Started work, got married, had 2 children, separated from husband. Told parents of her abuse, entered counselling, returned to work and gave ex-husband custody of children. Moved around the country. Mother died. Began training in complementary therapies. Now settled and with current partner. She has accessed counselling and therapy on a number of occasions as well as alternative therapies/healing. She has also read self-help books, general and aimed at survivors of CSA and survivor biographies of which she says she found the self-help books aimed at survivors especially helpful.

Anne. Interview

Recovered memories of incest and later of ritual abuse in adulthood.

Age 56. Single. Heterosexual (bisexual '?'). White British.

Education: Degree level (BA).

Occupation: Not in paid employment. Involved in writing.

History: Traumatic childhood – At 8 witnessed death of younger brother (2years), at 12 sent to boarding school. Mother suffered depression during Anne's childhood and later had breakdown – spent 10 years in hospital and died when Anne was 52. Second brother also suffered breakdown – he spent 2 years in hospital and killed himself when Anne was 40. Anne suffered breakdown when she was 34. From the age of 34 she has accessed various counsellors, therapists, religious teachers. They have ranged from very helpful and supportive to sexist or incompetent. The most helpful have been the ritual abuse counsellors. During this time she has recovered memories first of incest and then of ritual abuse through guided flashbacks and analysing dreams. She has read self-help books aimed at survivors but finds them too difficult to use without support.

Beccy. Interview

Recovered memories of CSA when in her twenties.

Age 30. Cohabiting. Heterosexual. White French.

Education: Degree level. (BA and BTEC).

Occupation: Artist and graphic designer.

History: Moved home and town and lived with her mother and sister from the age of 8 after her parents divorced. Saw a psychosexual counsellor in France. Age 21 left France to live and work in England, met current boyfriend. Age 25 went to university. Identified 'the main problem' as a sexual problem in her relationship. At age 27 entered therapy and father died. Came to believe she was sexually abused during therapy and thinks it might have been perpetrated by her father and his friend. Has

read self-help books, general and aimed at survivors, and survivor biographies, of which she found the self-help books aimed at survivors helpful, although not necessarily without the help of a therapist.

Daisy. Written account

Recovered 'False memories' of sexual and then satanic abuse when in her 30s, under hypnosis.

Age 49. Single/divorced. 'Gone off men'. White British.

Education: O levels.

History: Unhappy childhood with an alcoholic father and resentful mother. She did not do well at school, developed anorexia/bulimia and 'was troubled' until she was 23 when she was diagnosed with schizophrenia. The best things to happen to her she says were meeting her husband and meeting her first (Laingian) therapist. Saw a (Laingian) therapist for 8 years. Then age 36 she went to hypnosis where she 'recovered false memories' of CSA. After 2 years she moved and was referred to another hypnotherapist where she recovered false memories of satanic abuse. She came to question these memories after seeing a TV programme (Newsnight on BBC2). She was referred by her GP to a Rogerian counsellor but this made her feel 'a million times worse'. Since this time she has complained to the General medical council has been actively seeking compensation and restitution. She used general self-help books and those aimed at survivors of CSA together with survivor biographies, before and after coming to believe her memories were false but found none of them helpful. She is now taking sedatives but does not see a counsellor or therapist, as she no longer trusts them. She believes she will 'never be well again'.

Emma. Written account

Continuous memories of CSA.

Age 32. Single. 1 son (15). Heterosexual. White British.

Education: Degree (BSc). Complementary therapies.

History: Sexually abused between ages 10 and 15. Ran away from home age 15 which led to the involvement of social services and the arrest of her abuser. Became pregnant to first sexual partner at age 16 (gave birth at 17). Returned to college age 24. Became pregnant again at age 27 but had a miscarriage. Further counselling following miscarriage – 'doctors orders'. Found support and group therapy for the whole family when still a teenager very useful, but found second period of counselling unhelpful. Has also read self-help books of which she found the general ones especially helpful but the ones aimed at survivors less so.

Fiona. Interview

Recovered memories of CSA when aged 21.

Age 37. Cohabiting. Heterosexual. White British.

Education: 8 O grades, 5 higher grades, SVQ iii (Care).

Occupation: Part time student – final year of BSc.

History: Started University aged 18. Sexually assaulted by long-term boyfriend. Depression, recovered memories of CSA by father, began counselling, left parental home and university. Accessed counsellors and therapists on a number of occasions over the last twenty years. Read self-help books – general and those aimed at survivors

of CSA and survivor biographies. Looked at Internet sites but found them very disturbing. Briefly attended survivor group – of limited help.

Frances. Written account

Recovered memories of CSA – ‘minor abuse’ remembered at around age 17 and more serious abuse remembered at age’s around 25, 29 31.

Age 36. Single. Married twice/separated (long term estranged from husband). Bi sexual. One son (14). ‘Quarter Indian of white appearance, British’. Son is ‘half African’

Education: O level and RSA i and ii in typing and shorthand.

Occupation: Not in paid employment.

History: Unsettled life since leaving parental home and going to college, has moved home many times. Physically and sexually attacked – ‘helpful in recovering repressed memories’ but ‘would have preferred good old fashioned hypnotism’. History of drinking, drugs, self-harm and eating disorder. Has accessed variety of counsellors, therapists, psychiatrists and psychologists over a twenty-year period. Experiences ranged from very positive (child psychologist and current therapist) to detrimental (psychiatrist). ‘I’ve had lots of therapy – most of it inadequate or inappropriate’. Spiritualist church also helpful –her ‘saving grace’. Read self-help books, general and those aimed at CSA/recovered memories all of which she found helpful. Was not aware of therapy groups or survivor biographies and does not use the Internet.

Hazel. Interview

Recovered ‘false memories’ of CSA when in her late twenties (c. 1985). Rejected memories of abuse by her father but not the idea that she had been sexually abused by someone.

Age 48. Married. 1 son (24). Heterosexual. White British.

Education: GCSEs.

Occupation: Warden in supported housing.

History: Father in the forces and so moved home (13 times) and schools often, and so kept leaving friends. Sent to boarding school, where she was bullied. Told by her mother that her father had ‘slept with’ his wife’s mother (Hazel’s grandmother). Started to put on weight. Got married. Had son. Diagnosed with arthritis. At age 29 she went to hypnosis to lose weight and recovered false memories of CSA perpetrated by her father. Read self-help material for survivors and survivor biographies during the time she believed (sort of) her memories, which she found very helpful. Did not read self-help material after she rejected her memories.

Jay. Interview

Continuous memories of CSA. Memories of physical and emotional abuse.

Age 45. Married. 3 children (21, 25, 28). Heterosexual. White British.

Education: Qualifications in community care (children, teenagers and the elderly). Play leader. NVQ level 3 in massage, aromatherapy and reflexology. Ongoing courses in deaf awareness and sign language.

Occupation: mother, carer, part time student.

History: Traumatic childhood in which Jay experienced severe emotional and physical abuse in addition to sexual abuse. Parents separated when she was 3 and left her with

her grandparents. Sexually abused by grandfather. Grandmother taken ill when Jay 10 and she became the carer until she died. Jay went to live with mother and stepfather but told she was not wanted. Raped by family friend. From age w4 was abused (physical, emotional and sexual) by stepfather and later by stepbrother. Also gang raped by 4 men whilst walking home. Became pregnant but lost the baby. Tried to get help from social worker but he told parents and Jay beaten. Swallowed safety-pins as a cry for help but no help coming. From age 14 became promiscuous – ‘wanted to fit it and be accepted’. Met future husband and when 15 ran away together. Both worked as casual labourers moving around the country for several years. Had 2 children and 6 miscarriages and epilepsy (not yet diagnosed). Bad pregnancy followed by depression – no support except for husband. Returned to home town and had third baby. Oldest son left home, second son has mental health problems (later diagnosed with schizophrenia) and taken into care. Grandfather a double amputee came to live with them until he had a stroke and went into a home where Jay visits regularly. Oldest son now married and living abroad, second son in a hostel and third son sent to prison. Has spent last 3 years in recovery. Counselling through rape crisis centre (RCC), anger management course, writing self-help group and cisters newsletter. Also has access to self-help books (though RCC) but finds these very difficult to use. Some exercises done as ‘homework’. Read survivor biographies which she found very helpful.

Jenny. Written account

Recovered memories of CSA whilst in her late 30s.

Age 45. Cohabiting. Heterosexual (75%), bisexual (15%). White British/Afghan.

Education: Drama school. Degree (BSc). Alternative therapies.

Occupation: Healer, actress.

History: childhood attended convent schools and took dancing lessons. Left school and went to drama school. Between ages of 23 and 30 had ‘lots of failed relationships and various acting jobs’. Continuing with acting career. Age 30-31 recovered memories of abuse during a meditation/visualisation from a book called *Beyond Victim* (M Baldwin). Age 32, 6 months travel and then started therapy. Continued with therapy and healing and now involved with a group running healing workshops and still acting. Has been involved in group and individual therapy and counselling and self-help groups. Has also read a lot of self-help books, general and those aimed at survivors, and survivor biographies. She has found all of these very helpful.

Julie. Interview

Continuous memories of CSA perpetrated by her brother. Memories of aggressive and verbally abusive father.

Age 41. Married (twice). 4 children (19, 16, 14, 3). Heterosexual. White British.

Education: O levels, left school at 16.

Occupation: Part time student, mother and care assistant.

History: Remembers her father had a temper. Moved homes a few times. When aged 8 was sexually abused by brother. When 15 family moved into a pub. Left school and worked as a hairdresser. Past driving test when 18. Got married at 19, had three children, got divorced at 34. Met new husband at 36 and had fourth child at 38. Accessed Parks Inner Child Therapist (PICT) (two periods of counselling) in late 30s. Also read advice books, general and aimed at survivors both of which she found helpful.

Nicole. Written account

Recovered 'false memories' of CSA

Age 61. Single. 'I was perfectly heterosexual'. White Belgian.

Education: Qualified nurse

Occupation: Nursing.

History: At age 15 father died. At age 21 qualified as a nurse. Came to England when 32 to visit but stayed and worked in nursing. When 36 returned home to nurse dying mother then came back to England. At age 55 she was 'illegally hypnotised' by a psychiatrist who implanted false memories of CSA in her mind. Nicole also claims this doctor emotionally, verbally, physically and sexually abused and tortured her. It is not clear why she first saw the psychiatrist. She rejects her memories and believes she is the victim of FMS. She has since reported the doctor to the general medical council. She has not read self-help books.

Pat. Interview

Recovered 'False' memories during scientology sessions when in her late 20s and early 30s. Rejected memories of abuse by her father but not the idea that she had been sexually abused by someone.

Age 45. Married. 2 children (16, 14). Heterosexual. White British.

Education: Degree level (MA).

History: Sporting childhood in which she represented her country in her field. Went to university where she met her husband with whom she now has two children. Worked as a lecturer. Husband had accident which left him with severe bad back for some time, whilst setting up his own business. Suffered ME type symptoms (not depressed) following the birth of her second child. Went to scientologist to deal with 'ME' and felt better immediately. However, also recovered false memories of CSA perpetrated by her father. Continued with scientology sessions and belief in memories for about 5 years. Came to reject her memories after watching a TV programme but continues with the scientology sessions. Has read general self-help books as well as those aimed at survivors of CSA and survivors of FMS along with survivor biographies, all of which she found helpful.

Rae. Interview

Recovered 'false memories' of CSA when in her 40s. Rejected memories of abuse by her father but not the idea that she had been sexually abused by someone.

Age 61. Single (has partner). 1 daughter (40), 2 Stepdaughters (46,51). Heterosexual. White British.

Education: Grammar School.

Occupation: Child welfare services.

History: Accident when age 4 she was scalded. At age 9 an incident of abuse by child of 8 and but told no one. Stole from mother, grandparents school friends during her childhood (but not sure why). Age 16 left school and got a job. Caught stealing and sent to a 'home for a week and then put on probation. Left home age 18. Met husband who had 2 children (4,10). Had baby at age 22. Husband abusive, Rae made a number of suicide attempts. Left husband when age 32. Started working in children's welfare. Also fostered children at home. Traumatic life, during which her father and close aunt

have died, and she, family members and friends have all experienced periods of depression, poverty and other difficulties. In late 30s went to hypnotist to lose weight and 'found memories'. On rejecting her memories she went to see a therapist which she found very helpful. Has also read self-help books aimed at survivors of FMS and been involved in a support group which she found helpful.

Sarah. Interview

Recovered memories of CSA by an uncle when aged 20.

Age 37. Single. Lesbian. Ethnicity other.

Education: O levels.

Occupation: Company receptionist.

History: Hospitalised and diagnosed with schizophrenia. Recovered memory of abuse following an accident and whilst in the hospital A&E. Accessed counselling and alternative healing and is no longer on medication for schizophrenia. Read self-help books which she found helpful.

Tracey. Interview

Continuous memories of CSA perpetrated by uncle. Memories of a physically and emotionally abusive mother.

Age 30. Single (with partner). Heterosexual. Indian/Portuguese (New Zealand).

Education: Degree level. (B Music, BA).

Occupation: Professional singer, legal secretary.

History: Childhood was both abusive (emotional, physical and sexual) but also successful in terms of Tracey's achievements in music and at school, winning major competitions. Went to university where she was involved in musical productions. Met long term boyfriend and together they came to England when Tracey was in her twenties. Entered PICT therapy. When 29 she discovered she was adopted. Read self-help books and survivor biographies – both of which she found more helpful than therapy.

Appendix 2

Article sent to Cisters newsletter

Dear C.I.S.'ters

I am a PhD / research student in the Centre for Women's Studies at the University of York researching women's experiences and understanding of childhood sexual abuse and recovery.

My own experiences over the last 40 years have contributed to my motivation for undertaking this piece of research. On returning to education as a mature student I have gained a BA and MA in Women's Studies which has expanded my knowledge, including the issues surrounding all forms of violence against women, and prepared me to undertake a PhD. However, my knowledge of this subject is not only academic. I was also a victim of 15 years of sexual abuse in childhood and have experienced counselling/therapy provided by both the mental health service and voluntary (women's) organisations. For the last few years I have also been working as a volunteer for York Women's Aid outreach project.

Since the 1970s the growing concern over child sexual abuse has extended to include adult victims. This concern has led to the development of therapies and advice aimed at healing, recovery and moving on both for women with continuous memories and for women who come to believe they were sexually abused. Whether looking for counselling / therapy or self help books women are now confronted by a vast array from which to choose. Central to the models employed in the various therapies and advice manuals are particular understandings of child sexual abuse, its causes and consequences, and of healing and moving on. The aim of my research is to explore women's engagement with these models. Rather than looking specifically at women's experiences of sexual abuse I intend to explore their experiences of healing, recovery and moving on which may have involved mental health services, counselling, self help manuals, survivor organisations and the Internet. I hope to look at: women's use of knowledge and available resources to understand and make sense of their lives; the extent to which the ideas embodied in therapy and advice books are accepted and found to be useful or rejected as unhelpful or even detrimental.

I hope this research will not only contribute to a greater understanding of women's recovery from sexual abuse but also improve the resources available to women, including those who believe themselves to be sexually abused in childhood but are unable to base this belief on recall memories.

Thank you for taking the time to read this article. I hope some of you will be interested in participating. If you are please contact me, **Jo Woodiwiss**, at the **Centre for Women's Studies, University of York, Heslington, York YO10 5DD**, by email on jw166@york.ac.uk, or phone **07796 931385** to leave a message and I will get back to you. Participation can take the form of interviews and /or written accounts. The interviews will take place at a time and place to be agreed with each participant, hopefully between September 2002 and the spring of 2003. The written accounts can be done when convenient for participants and I will provide some guidelines beforehand. Any expenses incurred during participation in this project will of course be reimbursed. There will also be an opportunity to express your thoughts and feelings on participating in the research. Unfortunately I will be away from the university in July / early august and therefore unable to answer your replies during this period. I will of course answer any replies I receive before I leave and answer immediately any that are waiting for me on my return.

The research is sponsored by the Economic and Social Research Council and supervised by Professor Stevi Jackson. I will pay strict attention to issues of confidentiality and respect and abide by the code of ethics of the British Sociological Association.

Thank you again for your time, Jo.

Appendix 3

Article sent to bfms/newsletter

Request for research participants: Are you interested in participating in a research project looking at how true and false narratives of childhood sexual abuse come to be constructed?

I am a PhD student at the University of York researching women's experiences of constructing narratives of childhood sexual abuse. The research is funded by the Economic and Social Research Council and supervised by Professor Jackson. It will be conducted in accordance with British Sociological Association ethical guidelines.

The aim of the research is to look at the processes by which women come to construct a history of childhood sexual abuse and the resources involved in constructing such histories. Although I am concerned about 'recovered memories' my intention is not to engage directly with their truth or falsity but rather to focus on women's experiences and understanding of how sexual abuse narratives come to be constructed. I aim to look at the experiences of women who have continuous memories and those who have 'recovered memories' of sexual abuse in childhood. I am particularly interested in the experiences of women who have rejected the sexual abuse histories they once believed to be true.

It is hoped that this research will not only provide a greater understanding of how and why women come to construct sexual abuse narratives but also identify more appropriate responses for those women who, although unhappy or disaffected with their lives, do not have normal recall memories and may not have been sexually abused.

The research can take the form of written accounts and / or interviews. If you are interested in participating please contact me, Jo Woodiwiss, at the Centre for Women's Studies, The University of York, Heslington YO10 5DD or email jw166@york.ac.uk.

Appendix 4

Consent form

**Centre for Women's Studies
University of York
Heslington
York YO10 5DD**

I..... agree to participate in the research project conducted by Joanna Woodiwiss of the centre for Women's studies at the University of York. The research is conducted as part of a PhD sponsored by the Economic and Social research Council. The research will take the form of a questionnaire and either an interview (to be taped and transcribed) or written account. In agreeing to participate in this research I recognise that Joanna Woodiwiss is not in a position to offer counselling and that I must therefore take responsibility for my own emotional well-being.

I understand that information derived from my participation may be used in the analyses and writing up of the project together with the writing of a thesis and possibly papers/articles based on the research but that names and any identifying features will be removed or changed.

Signed:

Name

Date.....

Joanna Woodiwiss

Date.....

Appendix 5

Abuse Narratives Questionnaire - CSA

Q.1 Personal background

Name Age

Pseudonym

Are you married /cohabiting?

Do you have children? If yes please specify: Age Gender

Sexuality (please tick) heterosexual..... lesbian..... bisexual..... other.....

Ethnicity: White British White other (please specify).....

Black British (please specify)..... Asian British (please specify).....

Mixed (please specify)..... Other (please specify).....

Please list your educational / vocational qualifications

Please list your main occupations since leaving school

Q.2 Can you list the major events of your life from childhood to the present? You don't need to provide details here so could you answer this question in the form of a list. (This could include leaving home, employment, college, boy/girlfriends, abuse, having children, death of abuser, therapy).

Q.3a Can you say who it was who abused you?

Q.3b To your knowledge are they still alive?

Q.4 Did you always know of your sexual abuse history or did you learn of it / recover memories later in life?

If the memories / knowledge were recovered can you say:

- When?
- Where?
- How?

Q.5 Can you tick the sources of help and support you have made use of and which you found particularly helpful.

	Used	Esp. Helpful		Used	Esp. Helpful
Therapy (1to1)			General advice/self-help books		
Counselling (1to1)			CS A advice/self help books		
Group therapy			Survivor (auto-)biographies		
Self-help groups			Friends		
Survivor organisations			Family members		
Internet sites			Other (please specify below)		

Q.5b If there are any you have not used could you say why.

Q.6a What do you think are the main causes of childhood sexual abuse?

Q.6b What do you think are the main consequences of childhood sexual abuse?

Q.7 What do you think of the ways in which the media portrays childhood sexual abuse?

Q.8 What do you see as the purpose of

a) Therapy /counselling

b) Self-help books

Appendix 6

Abuse Narratives Questionnaire - FMS

Q.1 Personal background

Name

Age

Pseudonym

Are you married /cohabiting?

Do you have children?

If yes please specify:

Age

Gender

Sexuality (please tick)

heterosexual.....

lesbian.....

bisexual.....

other.....

Ethnicity: White British

White other (please specify).....

Black British (please specify).....

Asian British (please specify).....

Mixed (please specify).....

Other (please specify).....

Please list your educational / vocational qualifications

Please list your main occupations since leaving school

Q.2 Can you list the major events of your life from childhood to the present? You don't need to provide details here so you can answer this question in the form of a list. (This could include leaving home, employment, college, boy/girlfriends, marriage, 'recovering memories', having children, therapy).

Q. 3 Can you say briefly when, where and how you came to 'recover' memories of child sexual abuse?

- When?
- Where
- How?

Q.4 Can you say briefly when, where and how you came to question these 'memories'.

- When?
- Where
- How

Q.5a Can you tick the sources of help/support you made use of, and those you found especially helpful, up to and including when you believed you had been sexually abused.

Source of support	Used	Esp. Helpful	Source of support	Used	Esp. Helpful
Therapy (1to1)			General advice/self-help books		
Counselling (1to1)			CSA advice/self help books		
Group therapy			Survivor (auto-) biographies		
Self-help groups			Friends		
Survivor organisations			Family members		
Internet sites			Other (please specify below)		

Q. If you have not used any of these can you say why not

Q.5b Can you tick the sources of help and support you have made use of, and those you found especially helpful, in the process of healing and recovery from false memories.

Source of support	Used	Esp. Helpful	Source of support	Used	Esp. Helpful
Therapy (1to1)			General advice/self-help books		
Counselling (1to1)			CSA advice/self help books		
Group therapy			FMS advice/self-help books		
Self-help (retractor) groups			Survivor (including retractor) (auto-) biographies		
Survivor (inc. retractor) organisations			Friends		
Internet sites			Family members		
Other (please specify below)					

Q. If you have not used any of these can you say why not. Q.6a What do you think are the main causes of childhood sexual abuse?

Q.6b What do you think are the main consequences of childhood sexual abuse?

Q.7 What do you think of the ways in which the media portrays childhood sexual abuse and the victims of such abuse?

Q.8 What do you see as the purpose of

a) Therapy /counselling

b) Self-help books

Q.9 If your memories were recovered during therapy do you think preconceived ideas on child sexual abuse influenced

a) The way your therapist treated you

b) Your (temporary) acceptance of the idea that you were sexually abused

Appendix 7

Interview structure - CSA

Name.....

Date.....

Context and aims of research

The growing concern over child sexual abuse has led to the development of therapies and advice aimed at healing, recovery and moving on for women with continuous memories and for those who have come to believe they were sexually abused.

These therapies and advice manuals employ particular understandings or models of child sexual abuse (causes and consequences), healing and moving on. The aim of the research / this interview is to look at how/why you / women engage with the different models rather than looking specifically at experiences of sexual abuse.

Q.1a Could you describe what was going on in your life when/before you went into therapy.

Q.1b Could you describe what was going on in your life when /before you began reading self-help books aimed at adult survivors of childhood sexual abuse?

Q.2a Could you describe your experiences (both positive and negative) of therapy/ counselling?

Q.2b Could you describe your experiences (both positive and negative) of reading self help books?

Q.2c experiences of other resources?

Q.3 Therapies and self help books use (different) models of child sexual abuse and healing/recovery. Can you say what you think of these ideas and how you found them to be helpful and or unhelpful?

Q.4a Do you think your experiences of childhood sexual abuse have influenced the person you are today and if so how?

Q.4b Do you think your experiences of the healing/recovery process have influenced the person you are today and if so how?

Q.5 In terms of resources is there anything else you think would have been useful?

Q.6 How do you see your future?

Appendix 8

Interview structure - FMS

Name.....

Date.....

Context and aims of research

The growing concern over child sexual abuse has led to the development of therapies and advice aimed at healing, recovery and moving for women with continuous memories and also for those who come to believe they were sexually abused. These therapies and advice manuals employ particular understandings or models of child sexual abuse (its causes and consequences), healing and moving on. The aim of this research is to look at your engagement with these different models, rather than looking specifically at the content of the memories you came to 'recover'.

Q.1a Could you describe what was going on in your life when /before you went into therapy.

Q.1b Could you describe what was going on in your life when /before you began reading self-help books aimed at adult survivors of childhood sexual abuse?

Q.2a Could you describe your experiences (both positive and negative) of therapy/ counselling up to and including when you believed you had been sexually abused?

Q.2b Could you describe your experiences (both positive and negative) of reading self help books up to and including when you believed you had been sexually abused?

Q.2c experiences of other resources?

Q.3 Therapies and self help books use (different) models of child sexual abuse and healing/recovery. Before you came to believe your memories were false can you say what you thought of these ideas and how you found them to be helpful and or unhelpful?

Q.3b Could you describe how and when you came to believe your memories were false. Could you say what has helped you to deal with / recover from these false memories?

Q.4a Do you think your experiences of false memory syndrome have influenced the person you are today and if so how? OR
Do you think you would be a different person today if you had not had these experiences of FMS?

Q.4b Do you think your experiences of the healing/recovery process (from FMS) have influenced the person you are today and if so how?

Q.5 In terms of resources is there anything else either you think would have been useful or you wish you had not had?

Q.6 How do you see your future?

Appendix 9

Guidelines for written account - CSA

Name:
research.

Date:

Thank you again for taking part in this

Location and aims of research

The growing concern over child sexual abuse has led to the development of therapies and advice aimed at healing, recovery and moving on. These therapies and advice manuals employ particular understandings or models of child sexual abuse (causes and consequences), healing and moving on. The aim of this research is to explore women's engagement with these models. Rather than looking at your experiences of abuse I am asking you to focus on your experiences of healing, recovery and moving on – to look at how you have made use of different sources of help and support and the extent to which they have been useful and helpful and / or unhelpful or even detrimental.

I have tried to design the structure so that you do not have to address everything at once and also to make it easier for you to leave and come back to if and when you like. Therefore rather than simply asking for an account which covers all of the material I have asked a series of questions which you can answer in as much or as little detail as you choose. I have enclosed a sheet of more specific guidelines for each question in case you get stuck or it is not clear what I am asking so it is up to you whether you read these or not. If there are any questions you do not want to answer or feel unable to answer then please feel free to leave them. Also if there is anything you would like to add please feel free to include it on additional sheets.

Questions

- Q.1a Could you describe what was going on in your life when/before you went into therapy.
- Q.1b Could you describe what was going on in your life when /before you began reading self-help books aimed at adult survivors of childhood sexual abuse?
- Q.2a Could you describe your experiences (both positive and negative) of therapy/ counselling?
- Q.2b Could you describe your experiences (both positive and negative) of reading self help books?
- Q.2c experiences of other resources?
- Q.3 Therapies and self help books use (different) models of child sexual abuse and healing/recovery. Can you say what you think of these ideas and how you found them to be helpful and or unhelpful?
- Q.4a Do you think your experiences of childhood sexual abuse have influenced the person you are today and if so how?
- Q.4b Do you think your experiences of the healing/recovery process has influenced the person you are today and if so how?
- Q.5 In terms of resources is there anything else you think would have been useful?
- Q.6 How do you see your future?

Guidelines

Q.1a This question is asking you to look at why you went into therapy, including any reasons that you may not at first connect with the decision to enter therapy. Therefore, rather than asking a direct question I am asking you to look at all the things (personal, work, family, friends, finances, emotions) which were going on in your life and which may have contributed to your decision. You don't need to be sure they did to write them down. If you have also used self-help books could you say if you started reading these before, during or after you first went into therapy/counselling and whether you think they contributed to your decision to enter therapy.

Q.1b This question is similar to question 1a but in relation to reading self-help books. You may have read different books, or types of books, at different times in your life in which case you may have a number of different answers for these different periods. Again you don't need to be sure of the relevance to write it down.

Q.2a This is a general question asking about how you felt / what you thought during the process of therapy/counselling. (Q3 asks more specifically what you thought about the ideas used in the therapy.) You could include how you felt about your therapist/counsellor as well as how you felt, before and after your sessions. If you have seen more than one therapist/counsellor you may want to say something about differences/similarities and which you preferred.

Q.2b This is similar to question 2a but in relation to self-help books. You may have read more than one book or more than one type of book (e.g. general self-help and recovering from childhood sexual abuse) in which case you may want to answer this question in relation to each book and /or each type of book. You may want to say something about when/where you read them, why you read them and how you felt during and after you read them. Also you may want to say if one book or type of book led you onto reading others or to therapy or if they were recommended during therapy.

Q.3 Questions a and b are looking more specifically at what you thought of the ideas used in therapy/self-help books. These ideas might include

- What leads people to sexually abuse children?
- The effects of having been sexually abused in childhood.
- Identifying symptoms of having been sexually abused.
- Dealing with different feelings (e.g. sadness, anger, pain).
- Techniques for healing/recovery (such as letter writing).
- Concepts such as the inner child and making contact with her.
- Communicating with/comforting your inner child.
- Enabling your inner child to speak (or draw pictures) about the abuse.
- Concepts such as a core or inner self which may be un/damaged by abuse.
- A core or inner self which can be returned to (untouched by the abuse).

This is not meant to be a comprehensive list and there may be many more ideas that you have come across during your own therapy and/or reading of self-help books.

Q.3a Asks you to say which of these made sense to you and/or you found to be helpful.

Q.3b Asks to say which did not make sense and/or you felt were unhelpful.

Q.4a This question is asking specifically how you think the abuse may have influenced the person you have grown up to be (the next question asks about the influence of recovery on who you are).

Do you think for example that you would be the same if the abuse had not happened to you? If you think you are different because of the abuse can you say in what ways (both positive and negative).

Looking back to the previous question you may find it helpful to think in terms of a core self or an inner child and whether there is a part of you that is not changed by the abuse.

Thinking in terms of what you need to recover might also be helpful.

Q.4b This is similar to the previous question but in relation to your experiences of recovery.

I am asking you here to look at how recovery may have affected who you are now. You can answer this in terms of how you might be different to before you started your recovery but you can also look at how you think you might be different or similar to how you might have been if you had not had the experiences of abuse/recovery.

Again thinking in terms of a core self or inner child might be helpful- for example do you think recovery makes you a different person or allows you to go back to become the person you would have been without these experiences?

Q.5 You can answer this question in terms of different sources of help and support and/or in terms of different ideas around the issues of child sexual abuse and recovery.

Q.6 I am asking you here to look at what if any long terms effects you believe your experiences of sexual abuse and recovery/dealing with the abuse might have on you. You might think there are no long-term effects or you might see negative and/or positive effects. However, I have asked this as a more general question so that you do not have to be sure that something is or isn't a result of abuse/recovery to write it down.

Q.7 This is for you to add anything you want to.

You may feel there were questions you think I should have asked in which case you could answer them here or you may just want to say a bit more. You may also want to say something about how you felt/feel about participating in this piece of research. Please feel free to write anything you want if you want but don't feel you have to write anything.

Appendix 10

Guidelines for written account - FMS

Name:
research.

Date:

Thank you again for taking part in this

Context and aims of research

The growing concern over child sexual abuse has led to the development of therapies and advice aimed at healing, recovery and moving for women with continuous memories and also for those who come to believe they were sexually abused. These therapies and advice manuals employ particular understandings or models of child sexual abuse (its causes and consequences), healing and moving on.

The aim of this research is to look at your engagement with these different models, rather than looking specifically at the content of the memories you came to 'recover'.

Q.1a Could you describe what was going on in your life when /before you went into therapy.

Q.1b Could you describe what was going on in your life when /before you began reading self-help books aimed at adult survivors of childhood sexual abuse?

Q.2a Could you describe your experiences (both positive and negative) of therapy/ counselling up to and including when you believed you had been sexually abused?

Q.2b Could you describe your experiences (both positive and negative) of reading self help books up to and including when you believed you had been sexually abused?

Q.2c experiences of other resources?

Q.3 Therapies and self help books use (different) models of child sexual abuse and healing/recovery. Before you came to believe your memories were false can you say what you thought of these ideas and how you found them to be helpful and or unhelpful?

Q.3b Could you describe how and when you came to believe your memories were false. Could you say what has helped you to deal with / recover from these false memories?

Q.4a Do you think your experiences of false memory syndrome have influenced the person you are today and if so how? OR

Do you think you would be a different person today if you had not had these experiences of FMS?

Q.4b Do you think your experiences of the healing/recovery process (from FMS) have influenced the person you are today and if so how?

Q.5 In terms of resources is there anything else either you think would have been useful or you wish you had not had?

Q.6 How do you see your future?

Guidelines for written account

A number of the questions ask about practises which you have since rejected and ideas which you no longer believe to be true.

Q.1a This question is asking you to look at how and why you went into therapy/counselling, including any reasons that you may not at first connect with the decision to enter therapy. Therefore, rather than asking a direct question I am asking you to look at all the things (personal, work, family, friends, finances, emotions) which were going on in your life and which may have contributed to your decision. You don't need to be sure they did to write them down. If you have also used self-help books could you say if you started reading these before, during or after you went into therapy and whether you think they contributed to your decision to enter therapy.

Q.1b This question is similar to question 1a but relates to your reading/use of self-help books. If you have read different books, or types of books, at different times in your life you may have a number of different answers for the different periods and / or types of books.

Q.2a This question is asking about how you felt / what you thought during your therapy /counselling but focussing on the period before you identified your sexual abuse memories as false. You could include how you felt about your therapist /counsellor as well as how you felt before, during and after your sessions. (Q.3a asks more specifically what you think of the ideas and models used in therapy and Q.3b asks how/why you came to believe the memories were false and how you dealt with /recovered from the false memories).

If you have seen more than one therapist you may want to say something about differences/similarities and which you preferred.

Q.2b This question is similar to Q.2a but relates to your reading/use of self-help books. You may have read more than one book or type of book (such as general self-help, recovering from childhood sexual abuse or recovering memories) in which case you may prefer to give a separate answer for each book or type of book.

You may also want to say something about when/where you read them, why you read them and how you felt during and after reading them. If you have read more than one type of book you may want to say if one led you onto reading others or to therapy or if they were recommended during therapy and if so did they form some part of the therapy.

Q.3a This question is looking more specifically at what you thought of the ideas used in therapy/self-help books – again before you came to reject your memories as false. Could you say which ideas and techniques made sense to you and /or you found to be helpful and then which did not make sense and/or you felt were unhelpful.

These ideas might include:

- What leads people to sexually abuse children?
- The effects of having been sexually abused.
- Identifying symptoms of having been sexually abused.
- Dealing with different feelings (e.g. sadness, anger, fear, pain)
- Techniques for uncovering memories (such as dream analysis, hypnosis, guided imagery).
- Techniques for healing/recovery (such as letter writing, painting).
- Concepts such as ‘body memories’ or other ‘alternative memories’.
- Concepts such as the inner child and making contact with her.
- Communicating with / comforting your inner child.
- Enabling your inner child to speak (or draw pictures) about her abuse.
- Concepts such as a core or inner self which may be un / damaged by abuse.
- A core or inner self which can be returned to (untouched by the abuse).

This list is not meant to be comprehensive and there may be many more ideas that you have come across during your own therapy and /or reading of self-help books.

Q.3b This question is asking you to look at how you came to identify your memories of sexual abuse as false. I am asking you to look at things such as whether this was a sudden recognition (and what do you think sparked it off) or a gradual questioning of the ‘memories’ (and what you think led you to question your memories). You might also want to say something about how you were feeling at this point and more specifically how you were feeling about your therapy.

I am also asking you to say something about what helped you to deal with /recover from what you came to identify as false memory syndrome. It might, for example, have been other forms of therapy and/or self help books or you may have stayed away from these things but been helped more by friends and family, survivor organisations and groups such as the bfms.

Q.4a This question is asking you to think how FMS (the next question looks at recovery) has influenced the person you are today. Do you, for example, think you would have been a different person if you had not had these experiences? If you do can you say in what ways you think you would have been different.

Depending on how you answered question 3a you may find it helpful to refer back to some of the ideas you thought useful (such as a core or inner self).

Q.4b This is similar to the previous question but in relation to your experiences of recovering from FMS.

You may prefer to answer this question by looking at how the experiences of FMS and recovery have/have not influenced the person you are today rather than just your experiences of recovery.

Q.5 This question is asking you to look at the sources of help and support you used and asking you to say what you found helpful and unhelpful a) when you believed your memories to be true and b) when you identified them as false.

You can answer this in relation to therapy or other sources of help and support (such as friends and family) or both.

Q.6 I am asking you here to look at what if any long-term effects you believe your experiences of FMS and recovery might have had on you. You might think there are no long-term effects or you might see negative and /or positive effects. However, I have asked this as a more general question so you do not have to be sure that something is or isn't a result of FMS/recovery to write it down.

Q.7 This is for you to add anything you wish.

You may feel there were questions you think I should have asked in which case you can answer them here or you may just want to say a bit more. You may also want to say something about how you felt/feel about participating in this piece of research. Please feel free to write anything you want but don't feel you have to write anything.

Alternatively you may want to comment on how you found participating in this research but not as soon as you have finished your written account in which case you can always write send that to me later.

Appendix 11

Texts referred to by participants

The following is a list of those texts referred to by the participants in this study. It should, however, be noted that not all the participants could remember what books they had read or the names of these books. It should not be seen as an exhaustive list.

- Ainscough, C and K, Toon (1993) *Breaking free: Help for survivors of child sexual abuse* London: Sheldon Press
- Bass E and L Davis (1988) *The courage to heal: A guide for women survivors of child sexual abuse* London: Cedar
- Bass, E and Thornton, L (1983) (eds) *I never told anyone: writings by women survivors of child sexual abuse* New York: Harper and Row
- Bass, R (1992) *Just after Inca...One woman's journey through incest to healing* Freedom, CA: The Crossing Press
- Beattie, M (1992) *Codependent no more* Minnesota: Hazelden
- Caine, L and R Royston (2004) *Out of the dark* London: Corgi
- Cameron, C (2000) *Resolving childhood trauma: A Long-Term Study of Abuse Survivors*. London: Sage
- Chase, T (1987) *When Rabbit Howls* New York: Jove Books
- Comfort, A (1972) *The joy of sex: A gourmet guide to love making* New York: Simon and Schuster
- Danica, E (1996) *Beyond don't: Dreaming past the dark* Charlottetown PEI: Gynergy books
- Dinsmore, C (1991) *From surviving to thriving: Incest, feminism and recovery* New York: State University of New York Press
- Dowling, C (1981) *The Cinderella complex* New York: Pocket Books
- Draucker, C B (1992) *Counselling survivors of childhood sexual abuse* London: Sage
- Ernst, S and L, Goodison (1981) *In our own hands: A book of self-help therapy* London: The Women's Press
- Forward, S (1989) *Toxic parents* New York: Bantam
- Fraser, S (1987) *My father's House: A memoir of incest and of healing* London: Virago
- Hay, L (1984) *You can heal your life* London: Eden Grove Editions
- Herman, J L (1992) *Trauma and Recovery: From domestic abuse to political terror* New York: Basis Books
- Kennerly, H (2000) *Overcoming childhood trauma* London: Robinson
- Lew, M (1988) *Victims no longer: A guide for men recovering from sexual child abuse* London: Cedar
- Norwood, R (1985) *Women who love too much: When you keep wishing and hoping he'll change* London: Arrow
- Parks, P (1990) *Rescuing the 'Inner Child': Therapy for adults sexually abused as children* London: Souvenir Press
- Pelzer, D (1997) *The lost boy* London: Orion

- Pelzer, D (1999) *A man named Dave* London: Orion
- Pelzer, D (2001) *A child called it* London: Orion
- Randall, M (1987) *This is about incest* Ithaca NY: Firebrand Books
- Renvoize, J (1993) *Innocence destroyed: A study of child sexual abuse* London: Routledge
- Sanford, LT and ME Donovan (1984) *Women and self esteem: Understanding and improving the way we think and feel about ourselves* London: Penguin
- Sisk, S and Hoffman, C (1987) *Inside scars* Gainesville Fl: Pandora Press
- Spring, J (1987) *Cry hard and swim: The story of an incest survivor* London: Virago
- Whitfield, C L (1995) *Memory and abuse: Remembering and healing the effects of trauma* Florida: Health Communications, Inc
- Woititz, J (1983) *Adult children of alcoholics* Deerfield Beach Fl: Health Communications, Inc

Appendix 12

Post viva reflections - The vulnerable self and the research process

Whenever we undertake a piece of research or a piece of writing we are faced at the outset with a number of questions and challenges, not all of which appear at first glance to be central. When we have defined our research questions we must also look at whom it is we are writing for, and whether or not we are trying to write the same piece for more than one audience, as well as why we have undertaken the work and what we wish to achieve.

During the process of conducting our research we can to some extent protect ourselves from the critical gaze of others. However the point at which we put our findings down on paper, whether in the form of a presentation, article book or PhD thesis, is the point at which we make ourselves vulnerable by opening our knowledge claims to scrutiny (Ramazanoglu 2002). However, it is not always just our knowledge claims that we open up to challenge. The history of this project has demonstrated very clearly to me that conducting research, particularly on a sensitive and controversial subject, can leave the researcher vulnerable to challenge and even attack on a number of levels.

This research project has its roots in my own personal history as a feminist activist, and I hope a feminist academic, and as a female survivor of childhood sexual abuse. It is my understanding of CSA and of feminist politics that has lead me to undertake, not simply a piece of research looking at women's use of CSA narratives, but this particular piece of research. A different personal history would have lead to a different thesis, in which I would have asked different questions and generated different knowledge, and which would have been undertaken for different reasons. However, this is the history I have, a history of CSA, of activism and of a so far successful academic career. It is not a history I attempted to conceal from my research participants. The majority of participants, those who had continuous or recovered memories of CSA, were informed of my own history through the initial article asking them to participate. Those who responded to the bfms article/letter were not given the same history as I did not want them to think I was 'taking sides' in the recovered memory wars. However, the three who were interviewed all asked and were told of this aspect of my history.

Another aspect of the history of this project was not one I shared with my participants and indeed it is not one I have previously shared with a great number of people outside a circle of close friends and colleagues. This is the history of this particular research project: a project which sought to challenge the entirely negative construction of CSA and its victims, which looked at why women might construct themselves as damaged, often as a result of childhood experiences of which they had no memory, why the self-help section of my local book shop was rapidly expanding at the expense of the Women's Studies section and what role feminists might themselves be playing in this disturbing trend.

The driving force and motivation behind this research project was twofold. Firstly to contribute to a greater understanding of what it means to be a victim of CSA which

might in turn contribute to the creation of a space in which victims of such abuse do not have to construct, or perceive, themselves as inevitably psychologically damaged. Secondly, as a feminist, I was concerned at the number of women who turned to self-help material in an attempt to understand and improve their lives, which I believed may be linked to the lack of feminist alternatives available to them in what is sometimes referred to as a post feminist age. The hostile reaction by many to this research therefore came as something of a shock. Not only was I accused of being anti-feminist but also of denying or failing to understand what it means to be a victim of CSA and the psychological damage that results from such experiences. Some went so far as to accuse me of supporting the arguments put forward by paedophiles and child abusers whilst others simply accused me of being misguided and naïve. Those who voiced these criticisms shared the view that I had no right to call myself a feminist and should not undertake this piece of research and certainly not within a women's studies department. Of course not everyone shared these views. I had support from staff in the department of Women's studies at Leeds University where I first raised the idea, from staff in the Centre for Women's Studies at the University of York as well as from friends, family and colleagues at Support and Survival and York Women's Aid.

Undertaking a piece of research under such circumstances can leave one feeling very vulnerable and I was no exception to this. However, I felt this most acutely when I was writing papers and presenting my work. During the fieldwork stage of the research I did not feel vulnerable and was happy to situate myself, or some aspects of myself, in the research. It was when I came to write up the research and returned to the academic environment that my feelings of vulnerability resurfaced. As a PhD student writing up a thesis, and preparing for a Viva, one can be particularly vulnerable. It is here that one offers up a substantial piece of work to be judged and during the course of that process one feels one self to be judged as well. It is not just the work that is being assessed but in many ways the researcher, particularly if they wish to pursue an academic career: do they measure up? Are they made of the right stuff? When I came to write up my own thesis I was aware of this vulnerability but I was also aware of how much more vulnerable I might make myself if I announced to my audience that I too was a victim of CSA.

It is after all difficult to tell a different story to 'the harm story' – that story of inevitable psychological damage. My own story is very different from the harm story but this different story is not captured in the simple words 'I was a victim of childhood sexual abuse'. When I started to write up my research I did not know who the examiners would be but I did know that many of the academics I had spoken too about my PhD had accused me of failing to recognise the damage caused by CSA – would they then see this damage in my own writing? Would such knowledge cloud their judgement?

I write this after the viva where I think I passed the test of my work measuring up. But does this justify my fears or allay them? - I'm not sure. I do however hope that this thesis might not only create a space for women to tell different stories but might also encourage those (many of whom are feminists) who were hostile to my research to think again.

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